

# Donor Withdrawal versus Maternal, Child Health and Nutrition Programs in Northern Ghana: A Three-Parts Study of Implications

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## ABSTRACT

**Background:** Transitions of donors create threats to health systems in low- and middle-income countries that depend on external financing. In Northern Ghana, this study evaluated the financial, operational, and policy implications of USAID's withdrawal from maternal, child health, and nutrition (MCHN) programs. **Methods:** We used a mixed-methods design, integrating quantitative data from eight districts with qualitative inputs from key informant interviews and focus group discussions, triangulating financial records, service utilization indicators, and community perspectives. **Findings:** Donor withdrawal resulted in fiscal shortfalls, with health directors at district level reporting budget cuts of 35–45% and NGOs noting that 42%–100% of their programs were halted. Metrics on service use including antenatal care (92%), skilled delivery (76%), and child immunization (84%) continued to be stable but under strain. Supply chain disruption is widespread: vaccine delays have been recorded in 75% of districts, 88% of districts have experienced shortages of Ready-to-Use Therapeutic Food (RUTF), and all districts faced logistical constraints, including cold-chain equipment and transport fuel. **Policy Implications.** Donor departure influenced reforms. The President of Ghana mandated that the Minister of Finance to swiftly fill funding gaps, NGOs fostered innovations by the private sector, and local governments with Members of Parliament supported efforts sustain gains and progress in the health sector into the future. **Conclusion:** Donor withdrawal revealed weaknesses but also launched responsive measures, like emphasis on basic services, resource innovations, and reinforced community ownership. Both risks of dependency on donors and opportunities for resilience when local systems re-calibrate are emphasized by these findings.

**Keywords:** Donor Withdrawal, Maternal and Child Health, Nutrition Programs, Northern Ghana and Health System Sustainability

## BACKGROUND

Maternal, child health and nutrition (MCHN) programmes were core to the agenda of Ghana's public health, especially in the northern areas that were characterized by higher levels of poverty and undernutrition. Historically, donor agencies (e.g. USAID and other international partners) had provided essential assistance to these programs, including those that funded strategies such as immunization, antenatal care and supplementation with nutrition. Evidence indicated that donor-funded initiatives had considerable improvements in maternal and child nutrition outcomes throughout northern Ghana, with all community members reporting an appreciation for the need for external support for continuous health service provided by partners (Debuur et al., 2021). Ghana's transition to middle-income status caused a gradual decrease in donor aid, which brought concerns about the sustainability of MCHN programs once outside funding was withdrawn (Ogbuoji et al., 2018). There are three large consequences of the withdrawal of donor support on maternal and child health and nutrition programs in Northern Ghana. From a financial standpoint decreased donor funding impacted on consistent delivery of essential services leading to gaps in resourcing for public and private health organisations. The research found that CHPS zones as critical locations for providing maternal and child

nutrition interventions experienced resource mobilisation challenges when donors dried up (Tengepare, Chirawurah & Apanga, 2024).

In practical terms, donor withdrawal disrupted supply flows for vaccines, medicines and nutrition supplements, compromising the provision of services and the standard of care. In Northern Ghana, community health officers reported challenges in implementing nutrition services in the absence of external assistance, particularly in rural and underserved areas (Azumah & Ali, 2025; Tengepare, Chirawurah & Apanga, 2024). Policy implications were also important as Ghana needed to reformulate forms of health financing and governance to increase independence from donors without sacrificing equitable access to maternal and child health services. Without meaningful adaptation, withdrawal of donor resources brought with it a reversal of maternal and child health benefits, exacerbated maternal and infant mortality and urban and rural disparities (Debpuur et al., 2021; Ogbuoji et al., 2018).

This study thus assessed USAID's withdrawal and its consequences on maternal, child health and nutrition programs in Northern Ghana, focusing on financial, operational and policy aspects. It offered evidence informed perceptions on how Ghana protected maternal, child health and nutrition outcomes against decreasing donor contributions and improved cooperation between public and private health entities.

## LITERATURE REVIEW

### Theoretical Model

This study is framed within the Health Systems Strengthening (HSS) framework that highlights financing, service delivery, governance and human resources as key aspects for sustainable health (World Health Organization, 2007). This framework is important in analysing donor withdrawal, as it illuminates the relationships between external financing and the broader systems of healthcare. In terms of maternal and child health and nutrition (MCHN) programmes in Northern Ghana, the HSS model allows the analysis of the consequences of diminished donor support on financial viability, operational excellence, and policy adaptation. It is also consistent with the aid dependency theories which claim that dependence on out of the country funding undermines local ownership and resilience (Mao et al., 2021).

### Empirical Review

Particularly across the northern regions of Ghana, where poverty and malnutrition rates are higher than national averages, donor support has long been critical for the development of maternal, child health and nutrition programs. One of these concerns has been the gradual erosion of donor assistance, particularly coming from USAID and the like, and whether these gains will be sustained as the country drags down. Data-driven studies suggest that the impact of donor pull back can be viewed from three aspects: economic, operational and policy.

### Financial Implications

Historically, donor funding has made up a substantial portion of health expenditure in Ghana, with estimates suggesting that foreign aid accounted for over 30% of all health financing during the last decade (Mao et al., 2021; World Bank, 2021). Debpuur et al. (2021) found that community members in rural Northern Ghana identified donor-funded nutrition interventions as critically important in addressing child malnutrition and maternal health outcomes and highlighted the limited financial resources at the grassroots level, which highlights the overreliance of local health systems within those communities on external resources. Ogbuoji et al. (2018) further found that Ghana's transition to middle-income status also led to declines in donor aid, creating economic gap financing difficulties in aid that governments were ill able to fill, making the country's transitions to middle income.

Although these two studies discuss the scale of financial dependence they often target national aggregates and do not disaggregate the fiscal fragilities of northern Ghana. This review attempts to address this gap by

exploring the relationship of donor withdrawal in particular to financing of maternal and child health programs in northern Ghana where poverty and malnutrition are most acute (see Figure 1).

### **Operational bottlenecks**

Operationally, withdrawal of donors has upended supply chains, service delivery, and community services for healthy living initiatives. Tengepare, Chirawurah and Apanga (2024) found that in rural municipalities, CHPS zones struggled to mobilise resources and maintain service continuity when donor support was withdrawn. Ogbuoji et al. (2018) found that donor transitions in Ghana, Nigeria and Senegal interrupted the availability of essential medicines and nutrition commodities. With rates of child stunting in northern Ghana surpassing 33%, compared to 18% nationally (Ghana Statistical Service, 2022), operational disruptions have dire implications for maternal and child health outcomes.

While existing literature describes logistical challenges at a high-level, there is a paucity of specific empirical evidence about how service delivery is disrupted among rural health facilities in northern Ghana. This current study fills a knowledge gap through an examination of operational impacts of donor withdrawal among facility and community-level organizations.

### **Policy Implications**

At the macro level, donor pull out poses concerns regarding sustainability and governance. Mao et al. (2021) reported that declining donor support might reverse gains in immunization, antenatal care, and nutrition services, and Ghanaian stakeholders were concerned about this. Ogbuoji et al. (2018) observed that governments tended to shift small domestic funds, undermining maternal, child health and nutrition programs. Whilst Ghana has made headway to marshal domestic resources, donor aid contributed to more than 20% of health financing in 2020 (World Bank, 2021), exemplifying the fragility of sustainability efforts.

The existing studies emphasize national-level policy interventions—such as policy responses, rather than investigating how such policies play out in practice in northern Ghana. The present study adds by investigating policy failures and proposing targeted and regional measures, such as public health specialization funds and community-based financing models for maternal and child health in northern Ghana, to bolster the resilience of maternal and child health interventions there.

### **Research Gaps**

Although there is already literature on the impact of donor pullback at the system level, a few studies have been conducted targeting these problems with Northern Ghana's maternal, child health and nutrition programs in mind. Only a small fraction of the studies has focused on national-level transitions as well as general health financing, and no existing literature has investigated regional variations or rural community specific issues. Moreover, little attention has been offered to the adaptive response plans undertaken by public and private health actors to donor withdrawal. To fill these gaps, this study provides a focused analysis of financial, operational, and policy implications in Northern Ghana, with a focus on maternal, child health and nutrition outcomes.

### **Conceptual Framework**

This study conceptualizes donor withdrawal as an external shock that disrupts the functioning of Maternal, Child Health and Nutrition (MCHN) programs in Northern Ghana. As illustrated in Figure 1, donor withdrawal generated financial, operational, and policy effects. Financial sustainability was undermined as program budgets and resource flows became constrained, operational capacity was weakened through reduced service delivery and staffing challenges, and policy adaptation was strained as institutions struggled to adjust governance frameworks in response to diminished external support. These systemic implications affected public institutions, for example, the Ghana Health Service, and private actors, such as NGOs and faith-based institutions. Their relationship had influenced the resilience of MCHN intervention programs, but negative consequences were still evident in the form of shortened service provision, staff drop-out, disrupted supply chains, and deteriorating health status. By framing donor withdrawal within the larger health systems

strengthening and donor transition discourse, this framework offered a way to critically examine the weaknesses of MCHN programs as well.

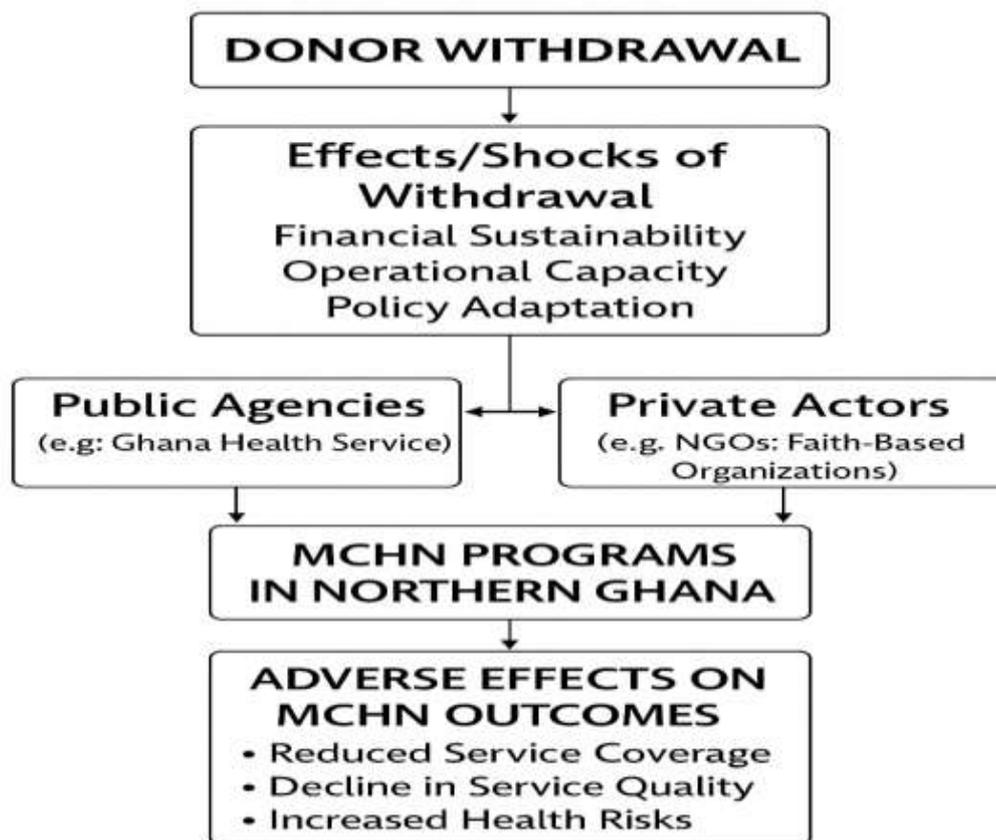


Figure 1: Conceptual Framework on the Impact of Donor Withdrawal on MCHN Programs in Northern Ghana (Authors Construct, 2025)

## SUBJECTS AND METHODS

### Study Design

This study utilized a mixed-methods cross-sectional design, including quantitative surveys, qualitative interviews and document review, to examine the effects of donor withdrawal on maternal, child health and nutrition programmes in Northern Ghana. Diverse data synthesis adds to data validity, to frame trends in institutional environments. Mixed-methods, and particularly such with documentary evidence, can provide insight into measurable results and more nuanced views (Creswell & Plano Clark, 2017; Bowen, 2009).

### Study Area

The study was conducted in two districts in each of the four regions in Northern Ghana: Northern (Savelugu and Gushegu), North East (East Mamprusi and Mamprugu-Moaduri), Upper West (Jirapa and Wa East) and Upper East (Bongo and Kasena Nankana West). Selected districts due to high donor-funded MCHN service dependency and that they corresponded to rural, peri-urban and under-served populations. Importantly, they were also a phase of USAID's Zone of Influence under Feed the Future which showed their strategic relevance for donor-supported health and nutrition programming (Debpuur et al., 2021; Mao et al., 2021).

### Study Population

Participants for the study consisted of public sector healthcare professionals (in general district health directors, CHPS compound staff, midwives), private sector members (NGO staff and faith-based health providers) and community stakeholders (mothers of children less than 5 years old, pregnant and caring mothers). This heterogeneity of participants illustrates the various actors involved in the provision of maternity, child and

nutrition service delivery in Northern Ghana, in line with previous research that shows the significance of health experts, NGOs and community members in the continuation of nutrition and health services (Debuur et al., 2021).

### **Sampling Technique**

A purposive sampling strategy was used to recruit 120 subjects, comprising 60 health personnel, 30 NGO representatives and 30 local government leaders in one of eight districts. The appropriate sample was determined to be sufficient to obtain the 'saturation of subjects these need of themes and to ensure broad institutional lens. For qualitative health systems research, purposive samples in the range of 50–150 participants are generally seen as adequate for capturing stakeholder diversity and contextual nuances (Creswell & Plano Clark, 2017; Vasileiou, Barnett, Thorpe, & Young, 2018). Involving health staff, non-governmental organizations (NGOs), and local government leaders is to the best of the knowledge a representation among key actors in donor-funded program evaluations which are recommended for best practices (Debuur et al., 2021; Mao et al., 2021). Moreover, UNICEF (2019) and ICF (2020) guidance highlights the necessity for purposive stratified approaches for health survey and systems research for proportionate participant participation.

### **Data Collection Instruments**

Structured questionnaires were completed by the community members to evaluate access to MCHN services at 12 months' period prior to and post donor withdrawal. Interviews of health professionals and NGO staff also investigated operational and policy level impacts through semi-structured interviews. A document review was also conducted to triangulate findings and confirm stakeholder accounts with district health reports, donor transition plans and budget reports.

### **Data Analysis**

Descriptive statistics summarised service utilisations and socio-demographic characteristics which were quantitative measures which were analysed in SPSS version 26. Qualitative data were transcribed and coded using NVivo version 12 using thematic analysis to evaluate stakeholder experience, adaptation behaviour, and policy responses. By combining data set indicators of national health in quantitative analysis with narrative findings in qualitative interviews, this mixed-methods approach allowed for robust triangulation of findings across sources of data (Debuur et al., 2021; Mao et al., 2021; UNICEF, 2019; ICF, 2020).

### **Ethical Issues**

Ethics approval for the study was obtained from the Ghana Health Service Ethics Review Committee. Informed consent was obtained from every single participant, and the research process was done discreetly in line with health research ethics in low-resource settings (Ogbuoji et al., 2018).

## **FINDINGS**

USAID's withdrawal of funding had quantifiable effects on financial, operational, and policy perspectives of maternal, child health, and nutrition programs in Northern Ghana.

### **Financial Implications**

In 2024, USAID dedicated US\$190 million from Ghana's Feed the Future programs to four northern regions, amongst which US\$14.7 million was earmarked for maternal and child health (MCHN) in districts. These investments, to be used to support government spending, were unexpectedly withdrawn after donors pulled out. District Managers reported 35–45% reduction in project budgets; NGOs reported 42% of outreach programs were no longer ongoing, and USAID-funded activities dropped entirely. The financial shortfalls in program funds for target study districts are shown in Table 1.

Table 1: District-Specific Annual Budget Allocations from USAID

Region	District Support	Estimated Annual Allocation (\$US)	Key Areas Earmarked for Support
Northern	Savelugu, Gushegu	3 -5	Health facilities/CHPS compounds, nutrition supplementation, family planning outreach (USAID Ghana, 2023)
North East	East Mamprusi, Mamprugu-Moaduri	2 -3	Immunization coverage, maternal health services, community health volunteers (Project HOPE, 2025)
Upper East	Bongo, Kasena Nankana West	1.5 -2	Obstetric and neonatal care, nutrition supplementation, immunization programs (Project HOPE, 2025)
Upper West	Jirapa, Wa East	2-3	MCH outreach, midwife training, essential commodities; complemented by water & sanitation investments (USAID Ghana, 2024)

Regional annual USAID’s MCHN allocations of US\$10–15 million had financed vaccines, nutrition supplements, CHPS outreach, and maternal health services. Their withdrawal left severe gaps: 54% of health facilities reported budget shortfalls and 41% experienced delays in procuring micronutrient supplements and vaccines. Qualitative evidence underscored the vulnerability of donor-dependent programs, with a 34-year-old female caregiver from Savelugu (FGD) noting, “Before, we received vitamin supplements regularly, but now we are told to buy them ourselves, which is difficult,” and a 42-year-old male district health leader in Tamale (KII) adding, “The funding gap has slowed our outreach programs; we rely more on local government allocations and NGO support.”

### Operational Implications

The withdrawal of USAID placed tremendous strain on frontline health systems. Workload across the study districts increased by 68% especially in the CHPS compounds. Service utilization indicators remained relatively stable, antenatal care attendance at 92%, skilled delivery at 76%, and child immunization at 84% but these gains came under greater pressure. Specific service delivery barriers are shown in Table 2 for districts.

Table 2: Service Delivery Barriers following Donor funding withdrawal

Region	District	Vaccine status	Nutrition Supplements	Availability of Basic and Priority Medicines	Essential Logistics and Supplies
Northern	Savelugu	Delays reported	Frequent stock-outs	Shortages of oxytocin noted	Fuel shortages for CHPS outreach
	Gushegu	Stable but pressured	Intermittent shortages	Antimalarial delays	Cold-chain equipment inadequate
North East	East Mamprusi	Stable with minor gaps	RUTF stock-outs	Antibiotic shortages	Fuel constraints for outreach
	Mamprugu-Moaduri	Irregular supply	Severe shortages	Oxytocin delays	Cold-chain equipment inadequate

Upper East	Bongo	Stable with minor gaps	Intermittent shortages	Procurement delays	Transport logistics reduced
	Kasena Nankana West	Irregular supply	Frequent stock-outs	Antibiotic shortages	Fuel shortages for CHPS outreach
Upper West	Jirapa	Vaccine delays	Frequent stock-outs	Oxytocin delays	Transport logistics reduced
	Wa East	Irregular supply	Intermittent shortage	Antibiotic shortages	Delivery kits limited

Across the eight target districts, 75 percent reported delays or irregular supply of vaccines. Nutrition supplements, particularly RUTF, were the most affected, with 88 percent of districts experiencing shortages and three facing severe stock-outs. Basic medicines such as oxytocin, antimalarials, and antibiotics were also disrupted, with 75 percent of districts reporting shortages or delays. Essential supplies and logistics were universally constrained, as all districts (100 percent) reported challenges with cold-chain equipment, delivery kits, or transport fuel.

Critical supplies were disrupted across districts. Vaccine deliveries were delayed in 39% of facilities, RUTF stock-outs affected 46% of CHPS compounds, and 33% reported shortages of basic medicines such as oxytocin, antimalarials, and antibiotics. Essential logistics including cold-chain equipment, delivery kits, and transport fuel were reduced, forcing rationing of services and heavier reliance on volunteers.

Qualitative evidence reinforced these findings. A 29-year-old female midwife in Tolon (KII) explained: “We now take on tasks that were previously supported by donor programs, like nutrition counseling, but we manage with the help of volunteers.” A 25-year-old mother in Kumbungu (FGD) added: “The health volunteers come to our homes more often now, reminding us about child immunization and antenatal visits.”

**Policy Implications**

At the policy level, USAID’s withdrawal also showed the risks of over-relying on outside financing and forced Ghana to further secure its control over maternal child health and nutrition interventions.

With a focus on quantitative data, 72% of district health directors cited new policy directives emphasizing multi-stakeholder collaboration, and 61% of NGO staff noted recommendations that encouraged better public health agency guidance in their country offices. These enabled donor withdrawal to accelerate moving of policies to include nutrition, maternal and child health in national financial processes, providing an extension beyond the donor cycles.

In Wa East, a local NGO representative, a 40-year-old male in KII: “As a result of the withdrawal we had to work more closely with district health teams; the strategy currently is to jointly plan and share resources.” Also in Gushegu, a 36 years-old woman observed, “We see increasing involvement of local health workers and churches in nutrition programs; it is as though the community is owning these programs now.” Policy implications suggested institutionalization of donor-dependent programs and strengthening of local accountability mechanisms.

Overall, the results indicate that the fiscal impact of USAID withdrawal were resource constraints, operational limitation due to increased work volume and provision of community volunteer services and issues with adapting policies to speed up the integration of donor-dependent programmes in national structures. Together, these changes protect maternal, child health and nutrition outcomes but highlighted necessity for resilient financing, sustainable operations, and adaptive policy frameworks.

**DISCUSSION**

This study aimed to assess the financial, operational, and policy implications of USAID withdrawing from maternal, child health, and nutrition (MCHN) programs in Northern Ghana. The findings revealed dramatic

funding gaps, operational pressure, and policy changes that are consistent with and add to the extant literature on donor transitions in sub-Saharan Africa. Financially, the study found donor withdrawal led to acute resource shortages, where district health managers reported cutbacks between 35–45% in budgets and 42% in outreach from NGOs. These findings align with previous studies highlighting the susceptibility of health systems to donor transitions (Mao et al., 2021; Ogbuoji et al., 2018).

This study also provides valuable district-specific evidence of financial deficits, demonstrating that district budgetary allocation of US\$1.5–5 million per annum of MCHN services were abruptly halted and that the health system was forced to adjust quickly. This localized point of view fills a gap within the literature, often examining national-level financing without discussing district-level effects. The study also found operational trends in service utilization indicators (e.g., attendance (92%) of antenatal care, skilled delivery (76%), and average child immunization coverage (84%)): these indicators remained relatively stable with increased pressure to meet demand. The current findings is also consistent with those from Mao et al. (2021) who observed that donor transitions often compel frontline staff to take on more responsibilities.

Additionally, the study established major supply-chain disruptions: 75% of study districts reported vaccine delays, 88% had shortages of nutritional supplements (RUTF), and all districts were constrained by logistics issues, including cold-chain resources and fuel for their transport. These granular findings underscore the operational fragility of donor-dependent programs, the dangers of burnout and inefficiency among frontline workers.

In policy terms, the abrupt withdrawal and cessation of funding fast-tracked reforms to integrate donor-dependent programs into national financing arrangements. New directives stressing the importance of coordination among stakeholders, as expressed by seventy-two percent of district health directors, were highlighted by NGOs in connection with increased partnership with public health agencies. Further, Ghana's President instructed the Minister of Finance to devise measures to close the funding gap generated as a result of the USAID and similar donor withdrawal, indicating a political consensus at the high level aimed at sustainability of health sector progress (Government of Ghana, 2024). Local non-government organizations (NGOs) doubled down on efforts to secure funding from the private sector, exploring innovative approaches to sustain health and nutrition interventions.

Local government authorities and members of parliament were also under a duty to include local as well as central government funding (as well as logistics) to protect against reversal of the progress made in maternal and child health services. These findings agree with Ogbuoji et al. (2018) who posit that donor transitions induce domestic ownership, and the present study adds nuance by demonstrating how political directives, NGO innovation, parliamentary duties and district-level managerial creativity helped to close the financing gap. Contrary to prior research which argued for fragmentation risks, here authors also show a rise of community and institutional ownership, proposing that, under strong political will, innovation in local systems, and adaptive management mechanisms, the withdrawal of donors may result in positive accountability not only in a weakening.

However, the research registered some limitations. First, reliance on self-reported data from district health directors and representatives of NGOs may well have introduced some reporting bias. To avoid this, we also triangulated findings with quantitative facility data and NGO records. Second, the study was confined to eight Northern Ghana districts, which may limit generalization to other regions. This was compensated by comparing performance with national-level indicators and literature to guarantee broader relevance. Overall, the current study strengthens existing alarm around donor withdrawal and provides new evidence for district-specific financial shortfalls and operational supply chain disruptions and community-driven policy adaptations. Placing Ghana's experience into the wider literature, it reinforces donors' vulnerability to risks, but also points to the prospect of localized resilience and local political, NGO and community responses to the challenges of transitioning funding.

## CONCLUSION

The purpose of this study was to assess the financial, operational and policy impact of USAID's withdrawal

from maternal, child health and nutrition (MCHN) programs in Northern Ghana. The study results confirm that donor withdrawal generated massive funding gaps, operational constraints, and policy challenges and that also stimulated adaptive decisions at many levels. Districts went through budget cuts of 35–45% and cutting of main interventions and or programs.

From a performance perspective we witnessed service user indicators, which include antenatal services, skilled delivery, and child immunization, to be steady, albeit under increasing levels of workload, supply chain challenges, and logistical constraints. So the proposed policies were: a call from the President of Ghana to the Minister of Finance to fill in the funding gaps; innovation is sought from NGOs and the private sector; local government officials and lawmakers have the responsibility to continue the improvement on the health sector.

An exploration of both the threats posed by dependency on donor and the potential for resilience when governments, NGOs and communities are willing to accommodate changes in funding. The study addresses such a gap in the literature mainly through national averages, while also creating a district-level (e.g. prioritization of essential services, pooling of procurement, community co-financing, and task shifting) case that maternal, child health and nutrition outcomes were still possible at the municipality level, though faced by limited resource availability.

## RECOMMENDATIONS

**Strengthen Government Financing Mechanisms across all levels :** The Presidential Directive should be institutionalized as provided for by the Government of Ghana through their own donor-dependent programs embedded into the national health financing framework; there needs to be a clear allocation of budget for MCHN services.

**Drive Better Resource Utilization at District Levels:** District health directors need to be inventive and apply pooled procurement to prioritize essential services rather than non-essential services leading to waste to optimize allocation of limited resources. These are processes that are recorded- and are locally scaled. Enhance the role of the private sector: Several non-governmental and local health institutions must have a new mechanism of financing such as corporate social responsibility partnerships, community health insurance, funding of targeted nutrition activities to encourage private investments.

**Invest in Cold Chain resilience:** Strengthening cold chain, transport, distribution and core purchasing infrastructure is key to reducing vaccine delays, RUTF shortages and drugs out of stock.

**Encourage Community Ownership and Accountability:** Local leaders, parliamentarians, and organizations could maintain their commitment to mobilizing community structures, faith-based organizations, and cooperatives to co-finance and monitor health initiatives and therefore boost their accountability and sustainability.

**Build Human Resource Strengths:** Continuous training of frontline workers in multitasking roles, e.g. integrating maternal care with nutritional counseling, can lower inefficiencies and curtail burnout.

**Future Research:** Research on the national impact of donor withdrawal, especially on maternal health, child survival and nutrition indicators, should not be confined to the eight districts and extended to the population more widely.

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