MULTI-SECTORAL MAPPING OF NUTRITION ACTIONS

Wednesday, June 21
“Mapping” in the global context

While this mapping tool was developed by REACH, with support from the Boston Consulting Group, the tool is called…

… the Scaling Up Nutrition Planning & Monitoring Tool (SUN PMT) as findings help to frame planning and scale-up discussions

Stakeholder & Nutrition Action Mapping is relevant to a wide variety of stakeholders working on nutrition

**For Ministries**
- Get a better overview of who the partners are and what they do
- Identify potential gaps in geographic coverage
- Identify potential gaps in action coverage
- Help planning & scale-up of nutrition actions

**For sub-national administrations**
- See what partners are working on nutrition in your district
- Get info on what actions are being conducted, and where
- How many people are being reached by different actions, what needs to be scaled up

**For UN and NGOs**
- Enhance coordination through better info on what organizations are working in the same districts and/or on the same actions
- Identify what districts need further support
- See what actions need to be scaled up, and where

**For Donors**
- Identify what districts need further support
- See what actions need more funds to scale up
- Help identify what organizations can cover different actions and districts

**Improve coordination among partners, and help inform planning and scale up of nutrition actions**
The mapping aims to support two functions, that are ideally combined:

**Stakeholder & Action Mapping**

*Baseline ($t_0$)*

- **Geographic coverage**
  *Who does what where?*

- **Population Coverage**
  *What % of the target group is covered?*

- **Guidance for a stakeholder dialogue**
  *How & where to scale up nutrition?*

**Implementation Monitoring**

*Continuous ($t_{0\ldots x}$)*

- **Emergency setting:** frequent update required
- **Development setting:** less likely to be changing frequently

To be monitored & discussed over time (e.g. (bi-)annual monitoring)
Conceptually, the mapping aims to monitor coverage of nutrition actions as part of a broader information landscape.

<table>
<thead>
<tr>
<th>Input</th>
<th>Output</th>
<th>Outcome</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human and financial resources</td>
<td>Service delivery</td>
<td>Changes or effects</td>
<td>Broader/ longer-term effects on nutrition situation</td>
</tr>
<tr>
<td>• Used to support the primary activities of a project or program</td>
<td>• Food, supplements or other supplies are procured and distributed</td>
<td>• Resulting from what actions a project/program provides</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cash and vouchers are disbursed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Capacity building is provided directly to beneficiaries</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comparing coverage outputs with the nutrition situation helps to identify potential bottlenecks (e.g. HR, funds, reach of delivery mechanism, quality of delivery etc.) and what further analysis is required to confirm and address them.

How geographic and population coverage are defined in the mapping

**Geographic coverage** refers to the proportion of sub-national areas covered by an action out of the total number of sub-national areas.

**Population coverage** refers to the proportion of beneficiaries reached by an action out of the total target population.

- **X regions covered**
- **Y regions total**

Illustrative

- Beneficiaries reported by stakeholder 1
- Beneficiaries reported by stakeholder 2
- Beneficiaries reported by stakeholder 3

- Sum of all beneficiaries covered by Action A
- Total number of potential beneficiaries
The mapping process uses the REACH mapping tool to answer key questions

**Qualitative view**
1. Who are the key stakeholders? What are their roles?
2. Which stakeholders are doing what where?

**Quantitative view**
3. What % of districts are covered per region?
4. What % of the target group is covered per region?

**Guidance for scaling up nutrition**
5. Which regions are not adequately covered?
6. Where are there action gaps in addressing key nutrition problems?

**Implementation monitoring**
7. Is the target group coverage improving over time?
8. Are targets achieved as defined in the national plan?
### 1. Who are the key stakeholders? What are their roles?

<table>
<thead>
<tr>
<th>Country relevant actions</th>
<th>Responsible Ministries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Health</strong></td>
<td></td>
</tr>
<tr>
<td>Growth monitoring</td>
<td>MoHSW</td>
</tr>
<tr>
<td>Provide materials and training for small-scale horticulture</td>
<td>MAFC, MLFD, MoHSW</td>
</tr>
<tr>
<td>Promote food preservation and storage</td>
<td>MAFC, MoHSW</td>
</tr>
<tr>
<td>Promote universal salt iodization</td>
<td>MoHSW</td>
</tr>
<tr>
<td>Carry out / support food fortification</td>
<td>MoHSW</td>
</tr>
<tr>
<td><strong>Food &amp; Agriculture</strong></td>
<td></td>
</tr>
<tr>
<td>Carry out nutrition education</td>
<td>MAFC, MoHSW, PMO-RALG</td>
</tr>
<tr>
<td>Provide materials for improved water sources</td>
<td>Ministry of Water, MoHSW</td>
</tr>
<tr>
<td>Provide conditional cash transfers</td>
<td>MAFC, MLFD, MoHSW</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Catalysts</th>
<th>Field implementers</th>
<th>Donors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan, CRS, HKI, Jhpiego, Africare, TFNC</td>
<td>Aga Khan Foundation, PASADIT, MOCSO, Dioceses of Geita</td>
<td>WHO, DFATD, Hilton Foundation, Irish Aid</td>
</tr>
<tr>
<td>CRS, Fintrac, NAFAKA, HKI, IITA, ICRISAT, Sokoine University, University of Alberta, International Livestock Research Institute, PWRDF</td>
<td>ACT MASASI, Global Service Corps, HACOCA, CBO, Iringa Mercy Organization, Rungwe Small Tea Grower’s Association, Njombe Agriculture Development Organization, Zapha-, RUDI, MVIWATA, FIPs, IFDC, DANIA, CRS, ARVDC</td>
<td>IDRC, USAID, DFATD, Irish Aid, BMGF</td>
</tr>
<tr>
<td>WFP, Save the Children, COUNSENUTH, IITA, ICRISAT, PWRDF</td>
<td>ACT – MASASI, RUDI, Faida MaLi, PEMWA, ROPA, TFNC, Lukoveg, ARVDC</td>
<td>AGRA, Irish Aid, DFATD, USAID</td>
</tr>
<tr>
<td>Save the Children, COUNSENUTH, TSPA, PWRDF</td>
<td>ACT MASASI, TFNC, PEMWA, ROPA</td>
<td>UNICEF, Irish Aid, DFATD</td>
</tr>
<tr>
<td>HKI, NFFA, TFNC, TFDA</td>
<td>Private Sector, HKI</td>
<td>DFID</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field implementers</th>
<th>Donors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aga Khan Foundation, ACT MASASI, private sector, PASADIT, MOCSO, Dioceses of Geita, PEMWA, ROPA, RHMT, CHMT, TFNC</td>
<td>IDRC, DFATD, USAID, Hilton Foundation, Reckit Benkiser, UNICEF, Irish Aid</td>
</tr>
<tr>
<td>ACT MASASI, Dioceses of Ifakara - Kilombero, Dioces of Arusha, TFNC</td>
<td>Global Sanitation Funds, DFATD, Irish Aid</td>
</tr>
<tr>
<td>TFNC, UNICEF, MLFD, Sokoine University</td>
<td>Irish Aid</td>
</tr>
</tbody>
</table>
2. Which stakeholders are doing what where?

Implementing partners’ geographic coverage for:
The promotion of optimal breastfeeding practices

% of provinces covered in a region:
- ≤25%
- >25 - ≤50%
- >50 - ≤75%
- >75%
- n.d. No data

Number of implementing partners:
- 1-4
- 5-8
- 9-12
- 13-16

Excerpt from the Burkina Faso Stakeholder & Nutrition Action Mapping
3. What % of districts are covered per region?  
4. What % of the target group is covered per region?

Implementing partners’ geographic and population coverage for:  
The promotion of optimal breastfeeding practices

<table>
<thead>
<tr>
<th>Region</th>
<th>Province coverage</th>
<th>Coverage of pregnant and lactating women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boucle du Mouhoun</td>
<td>●</td>
<td>21%</td>
</tr>
<tr>
<td>Cascades</td>
<td>●</td>
<td>97%</td>
</tr>
<tr>
<td>Centre</td>
<td>●</td>
<td>18%</td>
</tr>
<tr>
<td>Centre-Est</td>
<td>●</td>
<td>1%</td>
</tr>
<tr>
<td>Centre-Nord</td>
<td>●</td>
<td>49%</td>
</tr>
<tr>
<td>Centre-Ouest</td>
<td>●</td>
<td>21%</td>
</tr>
<tr>
<td>Centre-Sud</td>
<td>●</td>
<td>54%</td>
</tr>
<tr>
<td>Est</td>
<td>●</td>
<td>69%</td>
</tr>
<tr>
<td>Hauts-Bassins</td>
<td>●</td>
<td>5%</td>
</tr>
<tr>
<td>Nord</td>
<td>●</td>
<td>80%</td>
</tr>
<tr>
<td>Plateau Central</td>
<td>●</td>
<td>75%</td>
</tr>
<tr>
<td>Sahel</td>
<td>●</td>
<td>40%</td>
</tr>
<tr>
<td>Sud-Ouest</td>
<td>●</td>
<td>1%</td>
</tr>
<tr>
<td>National</td>
<td>13/13</td>
<td>46%</td>
</tr>
</tbody>
</table>

% of provinces covered in a region:  
- ● ≤25%  
- ● >25 - ≤50%  
- ● >50 - ≤75%  
- ● >75%  
- n.d. No data

Excerpt from the Burkina Faso Stakeholder & Nutrition Action Mapping
5. Which regions are not adequately covered?

Prevalence of stunting

![Map showing the prevalence of stunting in different regions of Niger.](image)

% of stunting among children 0-59 months\(^1\)
- 20% - 29%
- 30% - 39%
- ≥40%

Absolute number of stunted children\(^2\)
- Agadez 45,253
- Zinder 74,408
- Tahoua 301,198
- Maradi 427,107
- Diffa 426,281
- Dosso 240,053
- Niamey 174,943
- Tillabéry 47,654

Prevalence of stunting is highest in the Zinder, Maradi and Diffa regions, while the absolute number of children affected is relatively lower in Diffa.

Actions reaching > 75% of the target

![Map showing the number of actions reaching at least 75% of the target population in different regions of Niger.](image)

# of actions reaching at least 75% of target population
- 2 actions
- 3 actions
- 4 actions et plus

Of the 19 core nutrition actions, very few are reaching 75% or more of the target populations.

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1. DHS 2012  
2. DHS 2012, INS
6. Where are there action gaps in addressing key nutrition problems?

% of stunting among children 0-59 months\(^1\)

- **Scale up**
  - High stunting, low action coverage
- **Investigate**
  - High stunting, high action coverage
- **Monitor**
  - Low stunting, low action coverage
- **Maintain**
  - Low stunting, high action coverage

- Kedougou
- Ziguinchor
- Kolda
- Tambacounda
- Sedhiou
- Fatick
- Kaolack
- Kaffrine
- Diourbel
- Louga
- Matam
- Thies
- Saint-Louis

# of actions with at least 40% coverage of target population

\(^1\) DHS 2014
7. Is the target group coverage improving over time?

Source: Sector information, surveys, REACH analysis

12014 vs. Baseline (2012 or 2011)  
2FP = Family Planning  
3ANC = Antenatal care  
4IPTp = intermittent preventive treatment during pregnancy  
5ARV = antiretroviral  
6HDDS = Household dietary diversity support  
7VAS = vitamin A supplementation
Are targets achieved as defined in the national plan?

<table>
<thead>
<tr>
<th>Nutrition-related actions</th>
<th>Target groups</th>
<th>Summary coverage (baseline)</th>
<th>% coverage (baseline)</th>
<th>Source</th>
<th>% Pop. coverage (2016)</th>
<th>% Pop. coverage (2017)</th>
<th>% Pop. coverage (2018)</th>
<th>% Pop. coverage (2019)</th>
<th>% Pop. coverage (2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide iron-folic acid / iron supplements</td>
<td>Pregnant women 15-49 years</td>
<td></td>
<td>XX%</td>
<td>ABC</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
</tr>
<tr>
<td>Provide multiple micro-nutrient supplements</td>
<td>Pregnant women 15-49 years</td>
<td></td>
<td>XX%</td>
<td>ABC</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
</tr>
<tr>
<td>Provide insecticide treated bednets</td>
<td>Pregnant women 15-49 years</td>
<td></td>
<td>XX%</td>
<td>ABC</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
</tr>
<tr>
<td>Provide insecticide treated bednets</td>
<td>Post-partum women 15-49 years</td>
<td></td>
<td>XX%</td>
<td>ABC</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
</tr>
<tr>
<td>Provide deworming tablets</td>
<td>Pregnant women 15-49 years</td>
<td></td>
<td>XX%</td>
<td>ABC</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
</tr>
<tr>
<td>Carry out insecticide spraying</td>
<td>Households</td>
<td></td>
<td>XX%</td>
<td>ABC</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
</tr>
<tr>
<td>Promote small-scale horticulture / crop div.</td>
<td>Households</td>
<td></td>
<td>XX%</td>
<td>ABC</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
</tr>
<tr>
<td>Promote small-scale animal husbandry</td>
<td>Households</td>
<td></td>
<td>XX%</td>
<td>ABC</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
</tr>
<tr>
<td>Etc.</td>
<td>XYZ</td>
<td></td>
<td>XX%</td>
<td>ABC</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
<td>XX%</td>
</tr>
</tbody>
</table>

Illustrative – to be populated with country data

Annual targets

Source: ABC

Etc.
The Scaling Up Nutrition Planning & Monitoring Tool comes in both an excel version and a new web-based version.

The excel tool is used to enter and store data and PowerPoint templates are used to visualize the outputs.

The web-based version uses DHIS2 to collect, store and visualize data in a web-based portal.

The Excel tool has both a full version and a lite version. The lite version maps only geographic coverage.
Before starting the mapping exercise, gather input from key stakeholders to tailor the mapping to your country

Conduct bilateral consultations

Conduct workshops with key stakeholders

Initial view of stakeholder landscape

Articulation of mapping scope & country specifics

Group discussion or 1-on-1s with key stakeholders¹

Main steps:
- Establish a preliminary view of the stakeholder landscape
- Further develop a common understanding of the country context

Workshops with key stakeholders¹ at national level

Main steps:
- Align stakeholders on mapping objectives & process, including identifying technical lead and dedicated mapping team
- Fine-tune initial view of stakeholder landscape
- Identify the core nutrition actions to be mapped, specifying target groups and delivery mechanisms
- Agree on geographic level to be mapped (e.g. region, district, etc.)

¹Key stakeholders may include: gov't representatives (incl. SUN focal point, members of MSP, focal points of ministries); UN Network for SUN & other UN nutrition colleagues; colleagues from other SUN Networks incl. Civil Society Network Coordinator & other nutrition stakeholders
## High-level approach for the Scaling Up Nutrition Planning & Monitoring exercise

### Time estimate

<table>
<thead>
<tr>
<th>Mapping process</th>
<th>Preparation</th>
<th>Customization</th>
<th>Data collection</th>
<th>Analysis and visualization</th>
<th>Sharing results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2 weeks</strong></td>
<td><strong>2 weeks</strong></td>
<td><strong>1-2 months</strong></td>
<td><strong>2 weeks</strong></td>
<td><strong>2 weeks</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Responsibilities of people in country

<table>
<thead>
<tr>
<th>Mapping process</th>
<th>Preparation</th>
<th>Customization</th>
<th>Data collection</th>
<th>Analysis and visualization</th>
<th>Sharing results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key stakeholders in the country to confirm actions, take stock of existing data (&amp; gaps), align on mapping scope</strong></td>
<td><strong>Mapping lead with small team(^2) to gather data collected through stakeholders interviews</strong></td>
<td><strong>Mapping lead with small team(^2) to customize tool along the scope defined in preparation phase</strong></td>
<td><strong>Mapping lead to analyze data collected and to iterate with country’s UN Network and nutrition coord. mechanism</strong></td>
<td><strong>Mapping lead to create outputs highlighting results in graphs and maps to guide scale-up discussion with stakeholders</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Support of UNN/REACH Secretariat

<table>
<thead>
<tr>
<th>Mapping process</th>
<th>Preparation</th>
<th>Customization</th>
<th>Data collection</th>
<th>Analysis and visualization</th>
<th>Sharing results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provide close guidance on selecting actions and defining mapping scope</strong></td>
<td><strong>Sign off country-tailored tool</strong></td>
<td><strong>Iterate with facilitator on an ongoing basis during the interviews to ensure data quality</strong></td>
<td><strong>Support data quality check and analyses</strong></td>
<td><strong>Support facilitator in data visualization</strong></td>
<td></td>
</tr>
</tbody>
</table>

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1. CNA = Core Nutrition Actions
2. The small team typically refers to the SUN government focal point, focal points from key ministries, UN Nutrition Network in-country (UN nutrition focal points) and REACH facilitator (if present), focal points from CSOs. Small team identifies one person lead responsible to coordinate ideally from government (e.g. nutrition secretariat, office of statistics), consultant (preferably national) or REACH facilitator (if present). Small team may be technically supported by external consultant and/or UN Network/REACH Secretariat.
Customizing the mapping exercise to the country context starts with defining actions

Leveraging global & country resources to define selection criteria for the Core Nutrition Actions

- Nutrition situation
- Country experience
- Technical expertise
- Current coverage data
- Consideration of data availability
- Other country examples
- Empirical evidence

Reaching consensus on a list of Core Nutrition Actions

1. Compile & review inputs/feedback from key stakeholders on CNAs\(^1\)
2. Facilitate a participative dialogue to refine list of 15-20 CNAs\(^1\) grouped by sector
3. Jointly articulate definitions of CNAs\(^1\) specifying:
   - Target groups
   - Delivery mechanisms
4. Facilitate validation of slides, listing CNAs\(^1\) with supporting definitions

Remember, the selection of the CNAs should be context-specific & government-led

\(^{1}\)CNA = core nutrition actions
Web-based Mapping Tool Demo
The mapping results can be used to support various planning and implementation activities in country.
The mapping results can be used to support various planning and implementation activities.

In Tanzania, stakeholders across sectors and different groups, including government and development partners came together to determine a list of Core Nutrition Actions to be mapped. The mapping results were then presented and discussed at the annual Joint Multi-Sectoral Nutrition Review (JMNR), attended by 200+ participants from different stakeholder groups at central and decentralized levels. One of the outputs of the JMNR was an agreement to continue to use the REACH mapping tool to monitor the country’s progress on these prioritized actions.

Informing prioritization of nutrition actions

Development, review and monitoring of plans

Information systems
The mapping results can be used to support various planning and implementation activities in country.

In **Rwanda**, the REACH mapping exercise was used to **inform prioritization discussions about scaling-up nutrition**. The mapping looked at data from 2015 but also included prospective data on the largest nutrition programs taking place in the country to understand the duration and coverage of these programs in the near future.
The mapping results can be used to support various planning and implementation activities in country.

The mapping of key nutrition interventions and stakeholders supporting those interventions in **Burkina Faso** was an important tool in the multi-sectoral planning process. The exercise made it possible to identify needs, launch a discussion on scaling up interventions and mobilize sectors and development partners around nutrition. Including the development of the Multi-sectoral Nutrition Strategic Plan.
In 2016, REACH supported Ghana to adapt and roll-out the mapping exercise at the district level in three northern regions. This entailed reviewing the stakeholder mapping templates (for data collection) and providing orientation sessions to district nutrition officers. The aim of these revised templates and tools were to support districts to lead of the mapping process and integrate into routine systems at the district level.
How to get started?

- Meet with country stakeholders to discuss whether and when to undertake the mapping exercise, outlining country-specific objectives

- Contact the UN Network for SUN / REACH Secretariat for tools and guidance

Contact: unnetworkforsun@wfp.org