



Nutrition Stakeholder & Action Mapping Results

Northern Region

30 September 2015



REACH

ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS



Part 1

EXPLORING THE STAKEHOLDER LANDSCAPE



Who does
what, where?

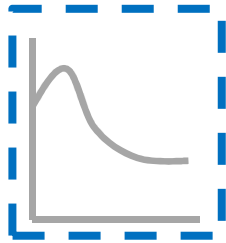
How many
beneficiaries
are reached?

Via which
delivery
mechanisms?



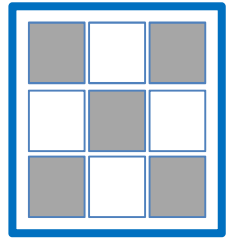
Overall: Shows the current situation and, by showing the gaps, the potential for scale-up of mapped actions

Understanding of the status quo and delivery potential is the basis for a scale-up strategy



Details on current nutrition situation

- Status information on nutrition situation & indicators
- Trends and patterns of actions
- Current issues on actions



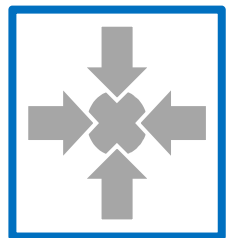
Identification of key stakeholders and geographical coverage

- Status information on “who is doing what where”
- Identification intervention implementation gaps



Coverage of target beneficiaries

- Status information on service delivery to beneficiaries
- Identification of scale up need



Utilization and potential of delivery mechanisms

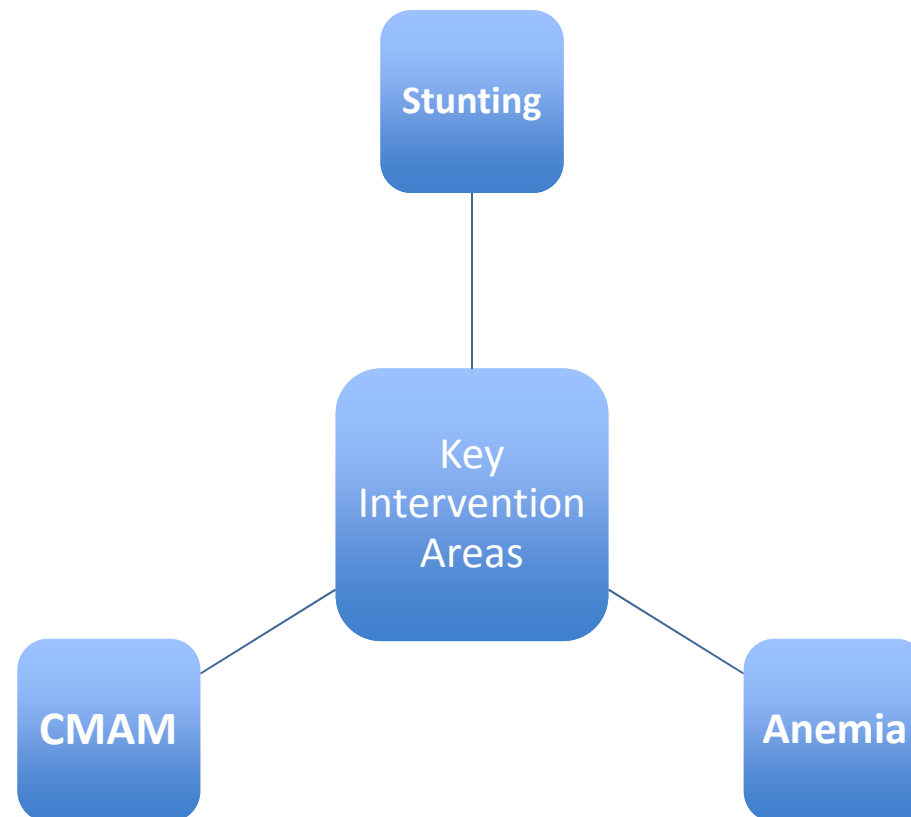
- Status information on utilization of delivery mechanisms
- Estimate of potential of delivery mechanisms

Discussion of scale-up strategy among relevant stakeholders

- Specify current key challenges
- Formulate initial hypotheses for improvement
- Assess options for delivery scale-up

Key Intervention Areas for Ghana

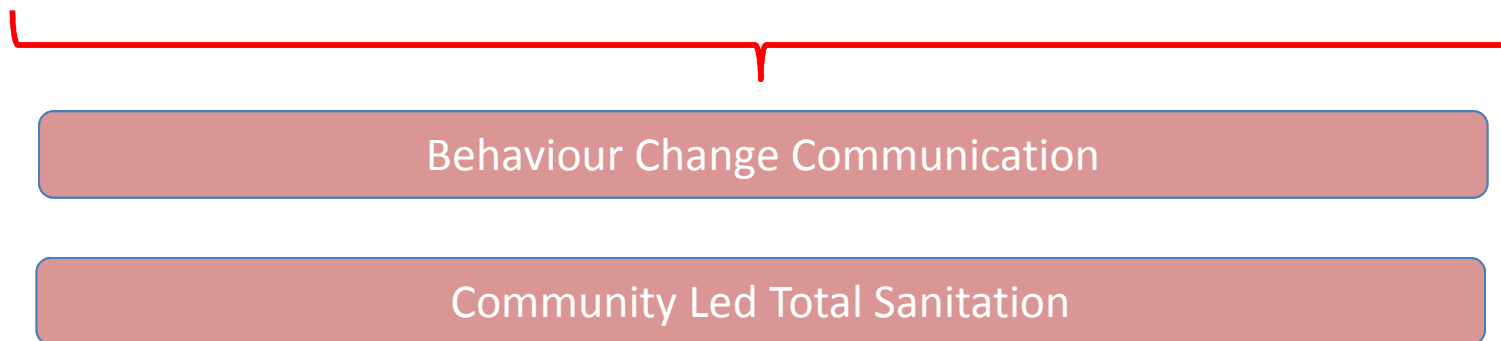
- Ghana now has a National Nutrition Policy which provides the framework for prioritizing actions to tackle the nutrition problems.
- In 2013, the Ghana Health Service held a national level, multi-sector workshop to prioritize nutrition actions to scale up. The following focus areas were chosen:



Key Intervention Areas for Ghana

Three priority nutrition problems and corresponding interventions to scale up in Ghana for the 2014-17 planning cycle:

Stunting	Anemia	CMAM
Infant and Young Child Feeding	Distribution of iron to pregnant women	Therapeutic feeding at health facilities
Food based approaches for increased consumption of nutrient dense foods	Food based approaches for increased consumption of iron	Targeted supplementary feeding
Social protection	Food fortification	



DASHBOARD – NORTHERN REGION

**WHAT IS THE STATUS OF KEY
NUTRITION INDICATORS?**

Status of key nutrition indicators in NR

		INDICATOR	STATUS	INTERVENTION	SEVERITY	TREND
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 months	37.4%*	Maternal and child health/ IYCF		improving
	Wasting	GAM prevalence among children 6-59 m old	8.1%*	Complementary feeding promotion		improving
		SAM prevalence among children 6-59 m old	1.7%*	CMAM, Therapeutic management of SAM		improving
	Vitamin A	Percent children < 5 years who are Vitamin A deficient	n/a	Child Health Days; Vitamin A supplements		N/A
		Proportion of pregnant women with night blindness	16.0%†	Vitamin A Supplements		N/A
	Iron deficiency	Children 6-59 month old with anaemia	81.2%*	De-worming; iron supplementation		improving
		Women 15-49 years with anaemia	59.3%†	Iron and folic acid supplementation		N/A
	Iodine	Proportion of school-aged children with iodine deficiency	n/a	Salt fortification , repackaging		N/A
Household use of iodized salt (>15 ppm)		15.4*	Salt fortification , repackaging		improving	
Underlying Causes	Food Security	Households with poor or borderline food consumption	20.3%‡	Nutrition education for dietary diversity		Improving
		Global hunger index rating	n/a	Composite of undernourishment, child underweight, child mortality programs.		N/A
	Health and Sanitation	Low birth weight	11.9%*	Maternal Health Counseling		worsening
		Under 5 mortality rate (deaths per 1000 live births)	12.4%*	Increase access to health care facilities/NHIS		N/A
		Women 15-49 years problems accessing health care	n/a	Free maternal health care policy/NHIS		N/A
		Household access to improve water source	68.4%*	Household water treatment, education		Improving
		Household access to improved sanitation facilities	26.4%*	Latrine provision and usage promotion		worsening
		Households with soap for hand washing	27.8%*	Use of soap promotion at health center		N/A
	Care	Timely initiation of breastfeeding	39.0%*	BFHI		worsening
		Infants 0-5m exclusively breastfed	63.6%*	IYCF promotion at health center		worsening
		Children 6-23 months old with appropriate feeding	21.3%*	IYCF promotion CHPS		N/A
		Time to fetch water(≥30 min, % households)	16.7%*	Provision of wells/bore holes		improving
Basic Causes	Education	Females that completed primary school or higher	77.6%*	School feeding, girls rations, girls education		improving
		Literate females ages 15- 24 years	44.3%*	Girls education, girls school rations		worsening
	Population	Total fertility rate	6.2*	Access to birth control		worsening
	Gender	Women ages 20-49 yrs, with first birth at 15 yrs	n/a	Girls education		N/A
		Married women make decision on household purchases	n/a	Income generating activities for women		N/A
	Poverty	Population living under national poverty line	n/a	LEAP, social protection		N/A

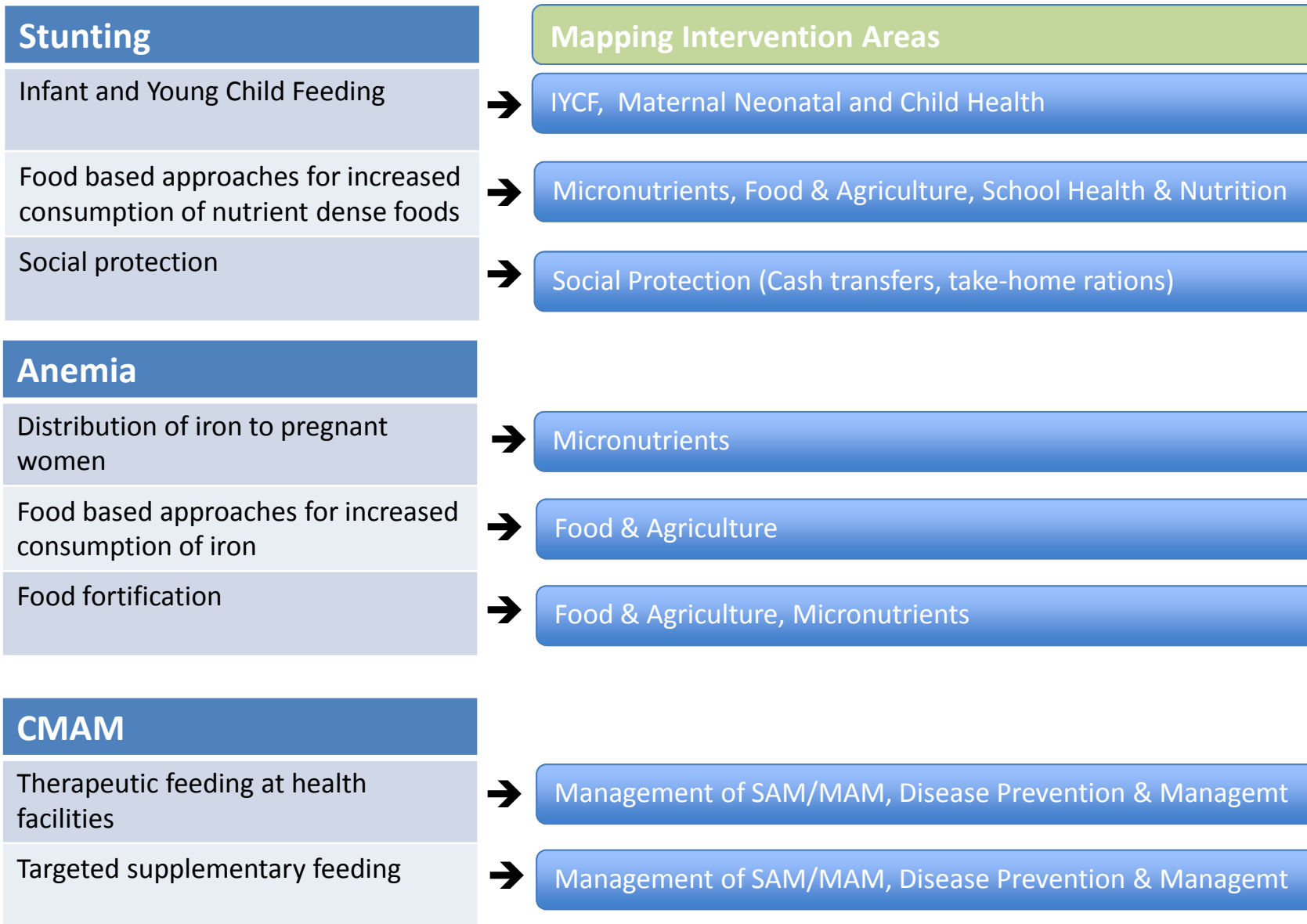
* MICS2011 / † DHS2008 / ‡ OFSVA 2009 / · Micronutrient Initiative Report 2009 / · Global Hunger Index IFFRI 2012. 8.9/ 100. The lower number the better. / · UNSD 2006 See MDG poverty indicator.

Areas Covered in the Mapping

- Infant and Young Child Feeding
- Nutrition Promotion
- Micronutrients
- Management of SAM / MAM
- Maternal, neonatal and child health
- Family Planning
- Disease prevention and management
- WASH
- Food and agriculture
- School health and nutrition
- Social protection

The mapping as a whole gives a good overview of the current actions being carried out in the region that impact on nutrition outcomes and will allow the regional government to make an informed decision on the key areas to focus on within the framework of the National Nutrition Policy

Key Entry Points



WASH & Nutrition Promotion (including BCC of each intervention area)

OVERVIEW OF THE MAPPING RESULTS

WHO DOES WHAT?

Who Does What – Part 1

	Country Relevant Actions	Responsible Ministries	Field Implementers	Catalysts	Donors
IYCF	Optimal breastfeeding practices promotion and counselling	Ministry of Health	GHS, ISODEC, Presby, CHAG	ACDEP, UNICEF, MGCSP, CRS, World Vision	Cordaid, Government, DFATD, USAID, World Vision, SIMAVI, CCFC
	Optimal complementary feeding practices promotion and counselling	Ministry of Health	GHS, Presby, UDS/GHS/WIAD	IITA, UNICEF, CRS	Government, DFATD, USAID, CCFC
Nutrition promotion	Nutrition education / counselling	Ministry of Health	GHS, UDS/GHS/WIAD	IITA, UNICEF, MGCSP, CRS	Government, DFATD, USAID
Micronutrients	Vitamin A supplementation	Ministry of Health	GHS	UNICEF, CRS, World Vision	DFATD, USAID, World Vision
	Iron-folic acid supplementation / Iron supplementation	Ministry of Health	GHS	UNICEF, World Vision	Government, DFATD, World Vision
	Micronutrient powder promotion	N/A	N/A	N/A	N/A
	Iodized salt promotion	Ministry of Agriculture, Ministry of Health	DCD, GHS	UNICEF, WFP	DFATD
	Food fortification	Ministry of Agriculture	UDS/GHS/WIAD	IITA	USAID
Management SAM/MAM	Management of SAM (Community & health centre)	Ministry of Health	GHS	UNICEF	DFATD
	Management of MAM (Community & health centre)	Ministry of Health	GHS, Presby	WFP, UNICEF	DFATD, CCFC
Maternal, neonatal & child health	Baby Friendly Hospital Initiative	Ministry of Health	GHS	UNICEF	DFATD
	Growth Monitoring and Promotion	Ministry of Health	GHS	CRS, World Vision	Government, USAID, World Vision
Family Planning	Promotion of family planning, including optimized inter-pregnancy intervals	Ministry of Health	GHS	UNFPA	Government
Disease prevention management	Deworming	Ministry of Health	GES, GHS, Presby	GHS, World Vision	Government, World Vision, CCFC
	Promotion of ITBN	Ministry of Health	GHS, Presby	N/A	Government, CCFC
	Indoor residual spraying	N/A	N/A	N/A	N/A
	ORS / ORS + zinc	Ministry of Health	EHSD, GHS	UNICEF, World Vision	DFATD, World Vision
	Nutrition support / counseling to PLWHIV & TB (NACS)	Ministry of Health	GHS	WFP, FANTA, World Vision	DFATD, USAID, World Vision
	Promotion of regenerative health & nutrition	Ministry of Health	GHS	N/A	Government

N/A = no organisation currently implementing action

Who Does What – Part 2

	Country Relevant Actions	Responsible Ministries	Field Implementers	Catalysts	Donors
WASH	Household water treatment / supply	Ministry of Water Resources Works and Housing	DCD, CWSA, EHSD, New Energy, RAINS, World Vision, CLIP	GDCA, UNICEF, NORST, Water Aid, SNV	DFATD, Government, DGIS, DANIDA, SIMAVI, Water Aid, SNV, CFTC, World Vision
	Hand washing with soap	Ministry of Health, Ministry of Education, Ministry of Local Government and Rural Development	DCD, CWSA, EHSD, GES, New Energy, Presby, RAINS, World Vision, CLIP	GDCA, UNICEF, World Bank, NORST, CWSA, Water Aid, SNV	DFATD, Government, World Bank, DGIS, DANIDA, SIMAVI, Water Aid, SNV, CCFC, CFTC, World Vision
	Sanitation education	Ministry of Health, Ministry of Education, Ministry of Local Government and Rural Development	CWSA, EHSD, GES, New Energy, Presby, RAINS, World Vision, CLIP	GDCA, World Bank, NORST, UNICEF, CWSA, Water Aid, SNV	Government, World Bank, DFATD, DGIS, DANIDA, SIMAVI, Water Aid, SNV, CCFC, CFTC, World Vision
	VIP latrines	Ministry of Health, Ministry of Local Government and Rural Development	CWSA, New Energy, RAINS, World Vision, CLIP	GDCA, World Bank, NORST	Government, World Bank, DFATD, DANIDA, UNDP, CFTC, World Vision
	Community Led Total Sanitation	Ministry of Health, Ministry of Local Government and Rural Development	EHSD, World Vision, CLIP	GDCA, UNICEF	DFATD, DGIS, DANIDA, World Vision
Food & Agriculture	Food processing & value added	Ministry of Agriculture	MOFA, MOAP, Presby, Star Shea Ltd, TRAX Ghana, URBANET, A2N/SIRDA	N/A	SNV, Government/donors, G12/BMZ, CCFC, Business, Self Help Africa, Action Aid
	Small-scale animal husbandry	Ministry of Agriculture	MOFA, Presby, TRAX Ghana, URBANET, CLIP, UDS/GHS/WIAD	GDCA, IITA	DANIDA, USAID, Government/donors, CCFC, Self Help Africa, Action Aid
	Local homestead food production (including home / dry season gardening)	Ministry of Agriculture	DCD, MOFA, New Energy, RAINS, TRAX Ghana, URBANET, UDS/GHS/WIAD	IITA, UNICEF	DFATD, USAID, Government/donors, SIMAVI, CFTC, Self Help Africa, Action Aid
	Diversified food production	Ministry of Agriculture	URBANET	N/A	Action Aid
	Cooking / food demonstrations	Ministry of Health	CHAG	ACDEP	Cordaid
	Community based milling & fortification	Ministry of Gender Children and Social Protection, Ministry of Health	DCD, NORSAC	Action Aid, UNICEF	Action Aid, DFATD
School Health & Nutrition	School feeding	Ministry of Education	GES, Presby	Send Ghana, WFP, SNV	Cordaid, Christian Aid, Sian, USAID, DFATD, SNV, CCFC
	School health education programme	Ministry of Education	GES, Presby, CHAG	ACDEP, CWSA, GHS, SNV	Cordaid, Government, SNV, CCFC
Social Protection	Take-home rations for girls	Ministry of Gender Children and Social Protection, Ministry of Health	GES	WFP	DFATD, John Dere
	Safety nets / Cash transfers	Ministry of Agriculture	MOFA	WFP	DFATD

N/A = no organisation currently implementing action

Key Points To Note – Who Does What

Responsible Ministries – Responsible Ministries are those that take a lead role in management of an action. The majority of actions are under the Ministry of Health as they are nutrition-specific or health related

Field Implementers – Field implementers are the lead organisation in implementing an action. The Government sector is dominant, with support from a number of NGO's, particularly for agriculture related actions

Catalysts – Catalysts give support to the organisations carrying out the action. These are comprised of a number of multilateral and bilateral agencies as well as a number of NGO's supporting the Government or subcontracting to other organisations





Donors – Donors provide financial support to allow actions to be carried out. Key donors include multilateral and bilateral organisations, trusts and foundations and also include the Government itself. Sometimes a donor is also a catalyst.

SUMMARY OF KEY DATA






**# OF DISTRICTS COVERED, % OF TARGET
GROUP COVERED REGIONALLY FOR EACH
ACTION AND DELIVERY MECHANISMS USED**

Colour Code Guide for the Following Tables

Number of Districts Covered

x	# of districts covered
	> 0% and <= 25%
	> 25% and <= 50%
	> 50% and <= 75%
	> 75%

Percentage of Target Population Covered

x%	% of target population covered
	> 0% and <= 25%
	> 25% and <= 50%
	> 50% and <= 75%
	> 75% and <= 100%
	> 100%

Summary of key data – Part 1

	Country Relevant Actions	# of districts supported (max 26)	Target group(s)	% of target group covered	Delivery mechanisms
IYCF	Optimal breastfeeding practices promotion and counselling	26	Pregnant / lactating women 15-49 years	-	Health centers / clinics, Health workers, Community volunteers, NGOs / CBOs, The community
	Optimal complementary feeding practices promotion and counselling	26	Pregnant / lactating women 15-49 years	-	Mother-to-mother support groups, Womens groups, Health workers, Community volunteers, Health centers / clinics, The community
Nut. promotion	Nutrition education / counselling	26	Mothers / caregivers	-	Mother-to-mother support groups, Womens groups, Health workers, Community volunteers
		2	Women of reproductive age 15-49 years	-	Community volunteers
Micronutrients	Vitamin A supplementation	26	Children 6-59 months	-	Health centers / clinics, National Child Health Days
	Iron-folic acid supplementation / Iron supplementation	26	Pregnant / lactating women 15-49 years	-	Health centers / clinics, National Child Health Days
		26	Pregnant / lactating women 15-49 years	-	Hospitals, Health centers / clinics
	Micronutrient powder promotion	N/A	N/A	N/A	N/A
	Iodized salt promotion	20	Women	-	Womens groups, Health centers / clinics, Community based health planning services (CHPS), Community volunteers
		26	All population groups	-	Community volunteers
Food fortification	2	All population groups	-	Farmers / Farmer based organisations	
SAM / MAM	Management of SAM (Community & health centre)	16	Children 0-59 months with SAM	-	Health centers / clinics, Community based health planning services (CHPS)
	Management of MAM (Community & health centre)	11	Children 6-59 months with MAM	-	Health centers / clinics
		10	Pregnant & lactating women 15-49 years with MAM	-	Health centers / clinics
Maternal, neonatal & child health	Baby Friendly Hospital Initiative	20	Pregnant / lactating women 15-49 years	-	Hospitals, Community based health planning services (CHPS), Mother-to-mother support groups
	Growth Monitoring and Promotion	26	Children 0-23 months	-	Health centers / clinics, Community volunteers, National Child Health Days
Family Plan	Promotion of family planning, including optimized inter-pregnancy intervals	2	Women of reproductive age 15-49 years	-	Health centers / clinics
Disease prevention/mgmt	Deworming	26	School students	-	Schools, Health centers / clinics, National Child Health Days
		26	Children 24-59 months	-	Community volunteers, Health workers, Health centers / clinics
	Promotion of ITBN	26	Pregnant / lactating women 15-49 years	-	Community volunteers, Health workers, Health centers / clinics
		26	Children 0-23 months	-	Community volunteers, Health workers, Health centers / clinics
	Indoor residual spraying	N/A	N/A	N/A	N/A
	ORS / ORS + zinc	26	Children 6-59 months	-	Community volunteers
		26	All population groups	-	Community volunteers
	Nutrition support / counseling to PLWHIV & TB (NACS)	14	PLHIV	-	Health workers, Hospitals
14		TB cases	-	Health workers, Hospitals	
Promotion of regenerative health & nutrition	26	All population groups	-	Health centers / clinics	

N/A = no organisation currently implementing action

Summary of key data – Part 2

	Country Relevant Actions	# of districts supported (max 26)	Target group(s)	% of target group covered	Delivery mechanisms
WASH	Household water treatment / supply	26	All population groups	-	The community, Schools, Field / project / technical officers
		3	School students	-	
	Hand washing with soap	26	All population groups	-	The community, Schools, Field / project / technical officers
		26	School students	-	
	Sanitation education	26	All population groups	-	The community, Schools, Field / project / technical officers
		26	School students	-	
	VIP latrines	26	All population groups	-	The community, Schools, Field / project / technical officers
3		School students	-		
Community Led Total Sanitation	15	All population groups	-	The community, Community volunteers, Field / project / technical officers	
Food & Agriculture	Food processing & value added	26	Farmers	-	The community, Local Government, Producers / distributors, Field / project / technical officers, Womens groups
		4	Traders / business owners / producers	-	
		17	Women	-	
	Small-scale animal husbandry	26	Farmers	-	Womens groups, Farmers / Farmer based organisations, The community, Field / project / technical officers
		3	Women	-	
	Local homestead food production (including home / dry season gardening)	6	Women	-	Farmers / Farmer based organisations, Womens groups, The community, Schools, Field / project / technical officers
		26	Farmers	-	
		6	School students	-	
Diversified food production	2	Farmers	-	Farmers / Farmer based organisations	
Cooking / food demonstrations	3	Pregnant / lactating women 15-49 years	-	Health centers / clinics	
Community based milling & fortification	17	Women	-	The community, Womens groups	
School Health & Nutrition	School feeding	26	School students	-	Schools
	School health education programme	26	School students	-	Health centers / clinics, Schools
Social Protection	Take-home rations for girls	8	Adolescent girls 10-19 years	-	Schools
	Safety nets / Cash transfers	7	Food insecure households	-	The community, Local Government

N/A = no organisation currently implementing action

Key points and questions– summary data

Key points	Key questions
The number of districts in which an action is implemented in varies from 1 – 26 districts	Which type of organisations tend to have wider geographic coverage? What accounts for the variation?
Different organisations implementing the same action do not necessarily target the same population groups (range: 1 – 3 target groups per intervention)	Which are the most important target groups to make an impact on the priority objectives?
15 different types of delivery mechanisms are used across all actions	Which are used most often? Which have the potential for larger coverage? Which ones are under utilized?
The target population data presented is based on available data	How to get hold of the remaining population data?

GEOGRAPHIC COVERAGE

ALL ACTIONS BY DISTRICT

Geographic Coverage – Part 1

	Country Relevant Actions	Target Groups	Geographic Coverage																										Total districts covered				
			Bole	Bunkpurugu-Yunyoo	Central Gonja	Chereponi	East Gonja	East Mamprusi	Gushiegu	Karaga	Kpandai	Kumbungu	Mamprugu Moaduri	Mion	Nanumba North	Nanumba South	North Gonja	Saboba	Sagnarigu	Savelugu / Nanton	Sawla-Tuna-Kalba	Tamale	Metropolita	Tatale	Sangule	Tolon	West Gonja	West Mamprusi		Yendi Municipal	Zabzugu		
IVCF	Optimal breastfeeding practices promotion and counselling	Pregnant / lactating women 15-49 years																														26	
	Optimal complementary feeding practices promotion and counselling	Pregnant / lactating women 15-49 years																														26	
Nut. promotion	Nutrition education / counselling	Mothers / caregivers																														26	
		Women of reproductive age 15-49 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	
Micronutrients	Vitamin A supplementation	Children 6-59 months																														26	
		Pregnant / lactating women 15-49 years																														26	
	Iron-folic acid supplementation / Iron supplementation	Pregnant / lactating women 15-49 years																														26	
	Micronutrient powder promotion	N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	N/A	
	Iodized salt promotion	Women																															20
	All population groups																															26	
	Food fortification	All population groups																														2	
Management SAM/MAM	Management of SAM (Community & health centre)	Children 0-59 months with SAM	-	-																												16	
	Management of MAM (Community & health centre)	Children 6-59 months with MAM	-	-																												11	
		Pregnant & lactating women 15-49 years with MAM	-	-																													10
Maternal neonatal & child health	Baby Friendly Hospital Initiative	Pregnant / lactating women 15-49 years																														20	
	Growth Monitoring and Promotion	Children 0-23 months																														26	
Family Plan	Promotion of family planning, including optimized inter-pregnancy intervals	Women of reproductive age 15-49 years																														2	
Disease prevention/management	Deworming	School students																														26	
		Children 24-59 months																															26
	Promotion of ITBN	Pregnant / lactating women 15-49 years																															26
		Children 0-23 months																															26
	Indoor residual spraying	N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	N/A	
		Children 6-59 months																															26
		All population groups																															26
		Nutrition support / counseling to PLWHIV & TB (NACS)	PLHIV	-	-	-																											14
			TB cases	-	-	-																											
	Promotion of regenerative health & nutrition	All population groups																														26	

N/A = no organisation currently implementing action

Geographic Coverage – Part 2

Country Relevant Actions		Target Groups	Bole	Bunkpurugu-Yunyoo	Central Gonja	Chereponi	East Gonja	East Mamprusi	Gushiegu	Karaga	Kpandai	Kumbungu	Mamprugu Moaduri	Mion	Nanumba North	Nanumba South	North Gonja	Saboba	Sagnarigu	Savelugu / Nanton	Sawla-Tuna-Kalba	Tamale	Metropolita	Tatale	Sangule	Tolon	West Gonja	West Mamprusi	Yendi	Municipal	Zabzugu	Total districts covered	
WASH	Household water treatment / supply	All population groups																														26	
		School students																															3
	Hand washing with soap	All population groups																															26
		School students																															26
	Sanitation education	All population groups																															26
		School students																															26
VIP latrines	All population groups																															26	
	School students																															3	
Community Led Total Sanitation	All population groups																															15	
Food & Agriculture	Food processing & value added	Farmers																														26	
		Traders / business owners / producers																															4
		Women																															17
	Small-scale animal husbandry	Farmers																															26
		Women																															3
	Local homestead food production (including home / dry season gardening)	Women																															6
		Farmers																															26
		School students																															6
Diversified food production	Farmers																															2	
Cooking / food demonstrations	Pregnant / lactating women 15-49 years																															3	
Community based milling & fortification	Women																															17	
School Health	School feeding	School students																															26
	School health education programme	School students																															26
Social Protection	Take-home rations for girls	Adolescent girls 10-19 years																														8	
	Safety nets / Cash transfers	Food insecure households																														7	

N/A = no organisation currently implementing action

Key points to note – geographic coverage

Key points	Key questions
2 actions out of 34 are not being implemented	Are these important actions? Why is no-one implementing them?
26 actions are present in all districts	BUT how much of the target population is covered in each district?
6 actions are present in some of the districts (between 2 – 20 districts)	Why is geographic coverage not across all districts?
The districts with the least interventions being implemented are Mamprugo Moaduri (21) and North Gonja (21)	Why are these districts being focused on less than others?

Delivery mechanisms

**WHAT DELIVERY MECHANISMS
DOES EACH ACTION USE?**

Key points to note – Delivery Mechanisms

Key points	Key questions
Maximum number of delivery mechanisms used: 6 (Optimal complementary feeding practices)	Which delivery mechanisms can be grown to their full potential?
Minimum number of delivery mechanisms used: 1 (Food fortification, Management of MAM, family planning, ORS, regenerative health, diversified food production, cooking demonstrations, school feeding, take-home rations)	Can a new delivery mechanism be added to better promote and deliver the actions?
Average number of delivery mechanisms used: over 2.5 per action	Are all delivery mechanisms being exploited to their full potential?
Most used delivery mechanisms – Health centers (14), The community (12)	Are some delivery mechanisms being over exploited (work-load too high)?

Field Implementers



**WHICH STAKEHOLDERS ARE DOING WHAT
ACTIONS IN HOW MANY DISTRICTS**

Definition of “Field Implementer”

- **For a specific action, an organisation that is involved in:** Implementation, M&E, education, training, capacity building

Number of districts each stakeholder is carrying out each action

Country Relevant Actions		Stakeholders																Total Districts Covered Across Stakeholders				
		CWSA	DCD	EHSD	GES	GHS	UDS/GHS/WIAD	AZN/SIRDA	CHAG	CLIP	ISODEC	MOFA	MOAP	New Energy	NORSAAC	Presby	RAINS		Star Shea Ltd	TRAX Ghana	URBANET	World Vision
YCF	Optimal breastfeeding practices promotion and counselling					26			3		2					1						3 / 11
	Optimal complementary feeding practices promotion and counselling					26	2									1						1 / 11
Nut. promotion	Nutrition education / counselling					26	2															- / 11
	Vitamin A supplementation					26																- / 11
Micronutrients	Iron-folic acid supplementation / Iron supplementation					26																- / 11
	Iodized salt promotion		20			26																- / 11
SAM / MAM	Food fortification						2															- / 11
	Management of SAM (Community & health centre)					16																- / 11
Maternal, neonatal & child health	Management of MAM (Community & health centre)					10									1							11 / 11
	Baby Friendly Hospital Initiative					20																- / 11
Family Plan	Growth Monitoring and Promotion					26																- / 11
	Promotion of family planning, including optimized inter-pregnancy intervals					2																- / 11
Disease prevention/ mgmt	Deworming				26	26									1							1 / 11
	Promotion of ITBN					26									1							1 / 11
	ORS / ORS + zinc			26		26																- / 11
	Nutrition support / counseling to PLWHIV & TB (NACS)					14																- / 11
WASH	Promotion of regenerative health & nutrition					26																- / 11
	Household water treatment / supply	26	4	26						3			7				3				10	10 / 11
	Hand washing with soap	26	26	26	26					3			7		1	3					10	10 / 11
	Sanitation education	26		26	26					3			7		1	3					10	10 / 11
	VIP latrines	26								3			7			3					10	10 / 11
Food & Agriculture	Community Led Total Sanitation			9						3											10	15 / 11
	Food processing & value added							13				26	4		1		6	1	2			26 / 11
	Small-scale animal husbandry						2			3		26			1			1	3			26 / 11
	Local homestead food production (including home / dry season gardening)		4				2				26		6				2		1	2		26 / 11
	Diversified food production																			2		7 / 11
School Health & Nutrition	Cooking / food demonstrations								3													3 / 11
	Community based milling & fortification		17											1								1 / 11
	School feeding					26										1						1 / 11
	School health education programme					26			3							1						3 / 11
Social Protection	Take-home rations for girls					8																- / 11
	Safety nets / Cash transfers										7											7 / 11

Key: for Field Imp:
 Government organisations
 NGO's & other organisations

Key points to note – Field Implementers

Key points	Key questions
A total of 16 nutrition/health actions are implemented by Ghana Health Service (GHS) in the region, with 12 present in all districts	Are there any other actions that should be carried out by GHS or that have been missed?
The majority of nutrition-specific and health actions tend to be present in all or a majority of districts, with GHS the focal point.	BUT – how about the target population coverage?
However, for agricultural actions, and to a lesser extent WASH actions, the number of actors implementing, each in a smaller number of districts is much greater.	Why is the implementation of WASH and agricultural actions more fragmented?
Two actions: Micronutrient powder promotion and indoor residual spraying are not being implemented (or not captured)	Are any organisations carrying out these actions? If not, why not?

Catalysts

**WHICH STAKEHOLDERS ARE SUPPORTING
WHAT ACTIONS IN HOW MANY DISTRICTS**

Definition of “Catalyst”

- **An organisation that gives the following support to an action:** Coordination, Management, sub-contracting, technical support, development of programmes and policies

Number of districts each catalyst is supporting each action

Country Relevant Actions		CWSA	GHS	MGCSP	UNFPA	UNICEF	WFP	FANTA	World Bank	Action Aid	ACDEP	CRS	GDCA	IITA	NORST	Send Ghana	SNV	Water Aid	World Vision
IYCF	Optimal breastfeeding practices promotion and counselling			16		16					3	1							6
	Optimal complementary feeding practices promotion and counselling					16						1		2					
Nut. promotion	Nutrition education / counselling			16		16						1		2					
Micronutrients	Vitamin A supplementation					26						1							6
	Iron-folic acid supplementation / Iron supplementation					26													6
	Iodized salt promotion					26	26												
	Food fortification													2					
SAM/ MAM	Management of SAM (Community & health centre)					16													
	Management of MAM (Community & health centre)					10	10												
Maternal, neonatal & child health	Baby Friendly Hospital Initiative					20													
	Growth Monitoring and Promotion											1							6
Family Plan	Promotion of family planning, including optimized inter-pregnancy intervals				2														
Disease prevention/ mgmt	Deworming		26																6
	Promotion of ITBN																		
	ORS / ORS + zinc					26													6
	Nutrition support / counseling to PLWHIV & TB (NACS)						7	3											6
WASH	Promotion of regenerative health & nutrition												3		14		7	7	
	Household water treatment / supply					14							3				7	7	
	Hand washing with soap	26				26			26				3		14		7	7	
	Sanitation education	26				12			26				3		14		7	7	
	VIP latrines								26				3		14				
Food & Agriculture	Community Led Total Sanitation					9							3						
	Food processing & value added																		
	Small-scale animal husbandry												3	2					
	Local homestead food production (including home / dry season gardening)					4								2					
	Diversified food production																		
	Cooking / food demonstrations										3								
School Health & Nutrition	Community based milling & fortification					17			1										
	School feeding						16									26		6	
Social Protection	School health education programme	26	26							3								5	
	Take-home rations for girls						8												
	Safety nets / Cash transfers					7													

Key for Catalysts:

- Government organisation
- UN organisations
- Bi/Multi-laterals
- NGO's & other organisations

Key points to note - Catalysts

Key points	Key questions
<p>There is a similar number of catalysts compared to the number of field implementers. These often tend to be large organisations such as from the UN, or bilateral/multilateral organisations. However in the Northern Region there are also a large number of NGO's.</p>	<p>Are these catalysts focusing on the key areas outlined in the NNP? What kind of support are they giving?</p>
<p>Some government actors are also reflected as catalysts due to their support for other government sectors to implement actions – e.g. GHS supporting school feeding</p>	<p>Is this the best way to reflect their support to other government sectors or should they be seen as co-implementers?</p>
<p>However, for some actions there are either no catalysts identified that support the field implementer or the catalysts are only supporting some of the districts that the intervention is being implemented in.</p>	<p>How can we find out whether any catalysts have been missed?</p>

DONOR

**WHICH STAKEHOLDERS ARE FINANCING
WHAT ACTIONS IN HOW MANY DISTRICTS**

Definition of “Donor”

- Those organisations that provide funding for the implementation of an action

Number of districts each donor is supporting each action

Country Relevant Actions		Government	Government/donors	UNDP	UNFPA	DANIDA	DFATD	USAID	World Bank	Action Aid	Business	CCFC	CFTC	Christian Aid	Cordaid	DGIS	G12/BMZ	John Dere	Self Help Africa	Sian	SIMAVI	SNV	Water Aid	World Vision	XXX
IYCF	Optimal breastfeeding practices promotion and counselling	9					16	1				1			3						2			6	
	Optimal complementary feeding practices promotion and counselling	10					16	3				1													
Nut. promotion	Nutrition education / counselling	10					16	3																	
	Vitamin A supplementation						26	1																6	
Micronutrients	Iron-folic acid supplementation / Iron supplementation	26					26																	5	
	Iodized salt promotion						26																		20
	Food fortification							2																	
SAM/ MAM	Management of SAM (Community & health centre)						16																		
	Management of MAM (Community & health centre)						10					1													
Maternal, neonatal & child health	Baby Friendly Hospital Initiative						20																		
	Growth Monitoring and Promotion	26						1																6	
Family Plan	Promotion of family planning, including optimized inter-pregnancy intervals	2																							
Disease prevention/mgmt	Deworming	26										1												6	
	Promotion of ITBN	26										1												6	
	ORS / ORS + zinc						26																	6	26
	Nutrition support / counseling to PLWHIV & TB (NACS)						7	3																6	
WASH	Promotion of regenerative health & nutrition	26																							
	Household water treatment / supply	20				3	22						3			13					7	7	7	10	
	Hand washing with soap	26				3	26		26			1	3			13					7	7	7	10	
	Sanitation education	26				3	26		26			1	3			13					7	7	7	10	
	VIP latrines	26		7		3	14		26				3												10
	Community Led Total Sanitation					3	9									9									10
Food & Agriculture	Food processing & value added	26	26							2	6	1					4		1				13		
	Small-scale animal husbandry	26	26			3		2		3		1							1						
	Local homestead food production (including home / dry season gardening)	26	26				4	2		2			2						1		6				
	Diversified food production									2															
	Cooking / food demonstrations														3										
	Community based milling & fortification						17			1															
School Health & Nutrition	School feeding					17	17					1	26	26					26			6			
	School health education programme	26										1			3							5			
Social Protection	Take-home rations for girls					8												8							
	Safety nets / Cash transfers					7																			

Key for Donors:

- Government organisations
- UN organisations
- Bi/multi-laterals
- NGO's & other organisations

Key points to note - Donors

Key points	Key questions
The 24 donors are made up of a mixture of the Government itself, UN, multilateral and bilateral organisations (often through the UN), foundations, and NGO's.	Which organisations are the biggest donors and what do they fund?
Each organisation funds anywhere between 1 and all (26) districts for a specific action.	Can some donors funding only a small number of districts scale up their support?
The Government tends to fund a number of actions that are considered "routine services" such as Growth Monitoring and Promotion.	Are there any "unidentified" funders for these actions financially supported by the Government?
The largest funders (excluding Government) in terms of districts covered as well as actions supported include DFATD (through UNICEF and WFP), USAID and World Vision	Which of these or other large donors could potentially contribute to fund the implementation of specific actions?

Target Population Coverage Data



- As it stands, we have very limited data on the target population coverage for each intervention. As a result, the available data is too limited to produce any meaningful results.

Questions to Consider on Collecting Target Population Data



What do we now know?

Details on current nutrition situation

◆ Status information on nutrition situation & indicators ✓

◆ Trends and patterns of actions ✓

◆ Current issues on actions ✓

Identification of key stakeholders and geographical coverage

◆ Status information on “who is doing what where” ✓

◆ Identification action implementation gaps ✓

Coverage of target beneficiaries

◆ Status information on service delivery to beneficiaries ✗

◆ Identification of scale up need ✗

Utilization and potential of delivery mechanisms

◆ Status information on utilization of delivery mechanisms ✓

◆ Estimate of potential of delivery mechanisms ✗

Key Questions Still to Consider

- Is stakeholders engagement aligned with (key indicator) prevalence?
- Which interventions should be scaled up to get maximum impact in the region?
- Which delivery mechanisms have the potential to be effectively scaled up and how?
- Which target groups are the ones to focus on in the region (dependent on getting the target population coverage information)?

Next Steps and Key Decisions

First and foremost:

- Deciding how and when to get target population coverage from relevant stakeholders and determining who will collect this information

Following on from the above decision:

- Sharing the mapping results with stakeholders
- Determining responsibility and roles for updating and managing the mapping data
- Deciding whether remaining target population data will be collected now or when the mapping is updated in the future (when?)
- Determining the key interventions that will be focused on in the region – keep 34 or reduce?
- Deciding how the data can be used in the planning process at district level
- Deciding how the data will be used for advocacy and M&E