



Nutrition Stakeholder & Action Mapping Results

Upper East Region

30 September 2015



REACH

ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS



Part 1

EXPLORING THE STAKEHOLDER LANDSCAPE

What the Results Show



Who does
what, where?

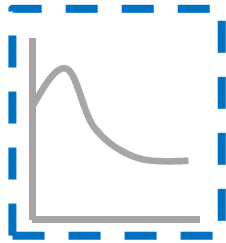
How many
beneficiaries
are reached?

Via which
delivery
mechanisms?



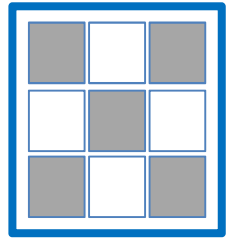
Overall: Shows the current situation and, by showing the gaps, the potential for scale-up of mapped actions

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



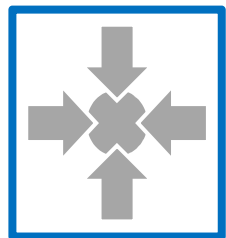
Identification of key stakeholders and geographical coverage

- 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

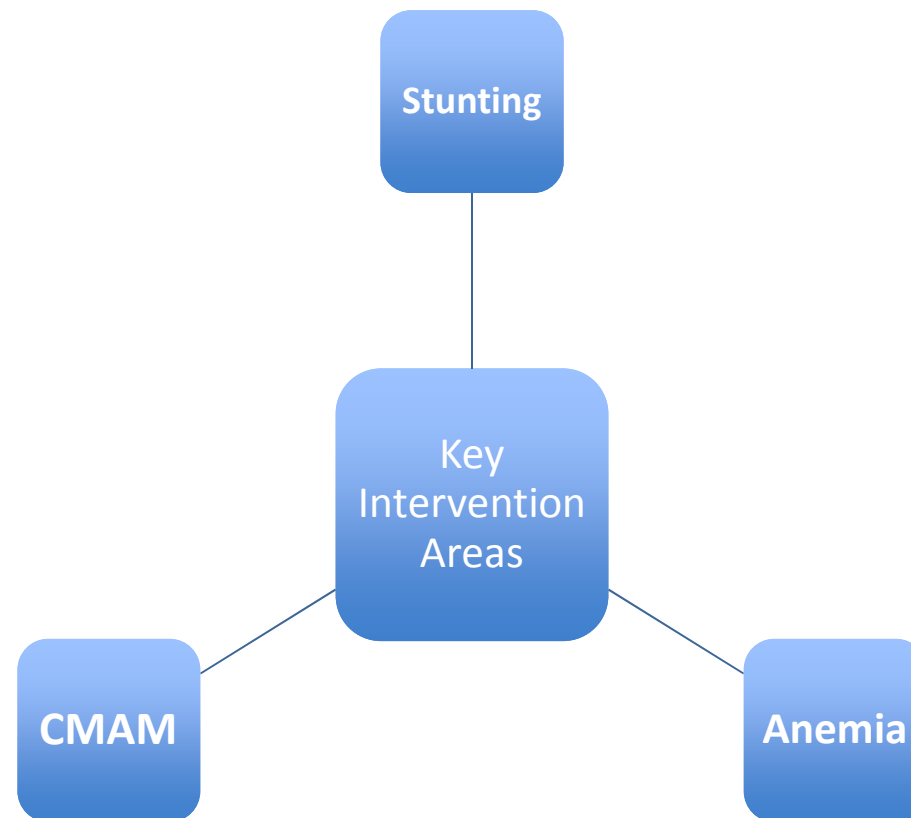
- Status information on utilization of delivery mechanisms
- Estimate of potential of delivery mechanisms

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 | |



Behaviour Change Communication

Community Led Total Sanitation

DASHBOARD – UPPER EAST REGION

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

Status of key nutrition indicators in UER

| | INDICATOR | STATUS | INTERVENTION | SEVERITY | TREND | |
|------------------------------|----------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|----------------------------------------------------|-----------|
| Nutritional Impact | Stunting | Prevalence of stunting among children 6-59 months | 31.5%* | Maternal and child health/ IYCF | | Improving |
| | Wasting | GAM prevalence among children 0-59 m old | 7.2%* | Complementary feeding promotion | | Improving |
| | | SAM prevalence among children 0-59 m old | 1.2%* | CMAM, Therapeutic management of SAM | | Improving |
| | Vitamin A | Percent children < 5 years who are Vitamin A deficient | * | Child Health Days; food based, fortification | | n/a |
| | | Proportion of pregnant women with night blindness | * | Vitamin A Supplements, food based | | n/a |
| | Iron deficiency | Children 6-59 month old with anemia | 77.5%* | De-worming, food based | | Improving |
| | | Women 15-49 years with anemia | 48.4%* | Iron and folic acid supplementation, food based | | n/a |
| | Iodine | Proportion school-aged children with iodine deficiency | * | Iodized salt repackaging | | n/a |
| | | Household use of iodized salt (>15 ppm) | 18.2%* | Salt fortification, repackaging | | Improving |
| | Underlying Causes | Food Security | Households with poor or borderline food consumption | 38.3% † | Nutrition education, income generating, production | |
| Health and Sanitation | | Low birth weight | 14.5%* | Maternal Health Counseling | | worsening |
| | | Under 5 mortality rate (deaths per 1000 live births) | * | Increase access to health care facilities/NHIS | | n/a |
| | | Women 15-49 years problems accessing health care | * | Free maternal health care policy/NHIS | | n/a |
| | | Household access to improve water source | 78.3%* | Household water treatment, education | | worsening |
| | | Household access to improved sanitation facilities | 10.1%* | Latrine provision and usage promotion | | worsening |
| Care | | Households with soap for hand washing | 45.6%* | Use of soap promotion at health center | | n/a |
| | | Timely initiation of breastfeeding | 55.6%* | BFHI | | worsening |
| | | Infants 0-5m exclusively breastfed | 58.4%* | IYCF promotion at health center | | worsening |
| | | Children 6-23 months old with appropriate feeding | 31.6%* | IYCF promotion CHPS | | worsening |
| | Time to fetch water(≥30 min, % households) | 26.7%* | Provision of wells/bore holes | | Improving | |
| Basic Causes | Education | Females that completed primary school or higher | 83.3%* | School feeding, girls rations, girls education | | n/a |
| | | Literate females ages 15- 24 years | 47.6%* | Girls education, girls school rations | | improving |
| | Population | Total fertility rate | 4.9* | Access to birth control | | worsening |
| | Gender | Women ages 20-49 yrs, with first birth at 15 yrs | * | Girls education | | n/a |
| | | Married women make decision on HH purchases | * | Income generating activities for women | | n/a |
| | Poverty | Population living under national poverty line | * | LEAP, social protection | | Improving |

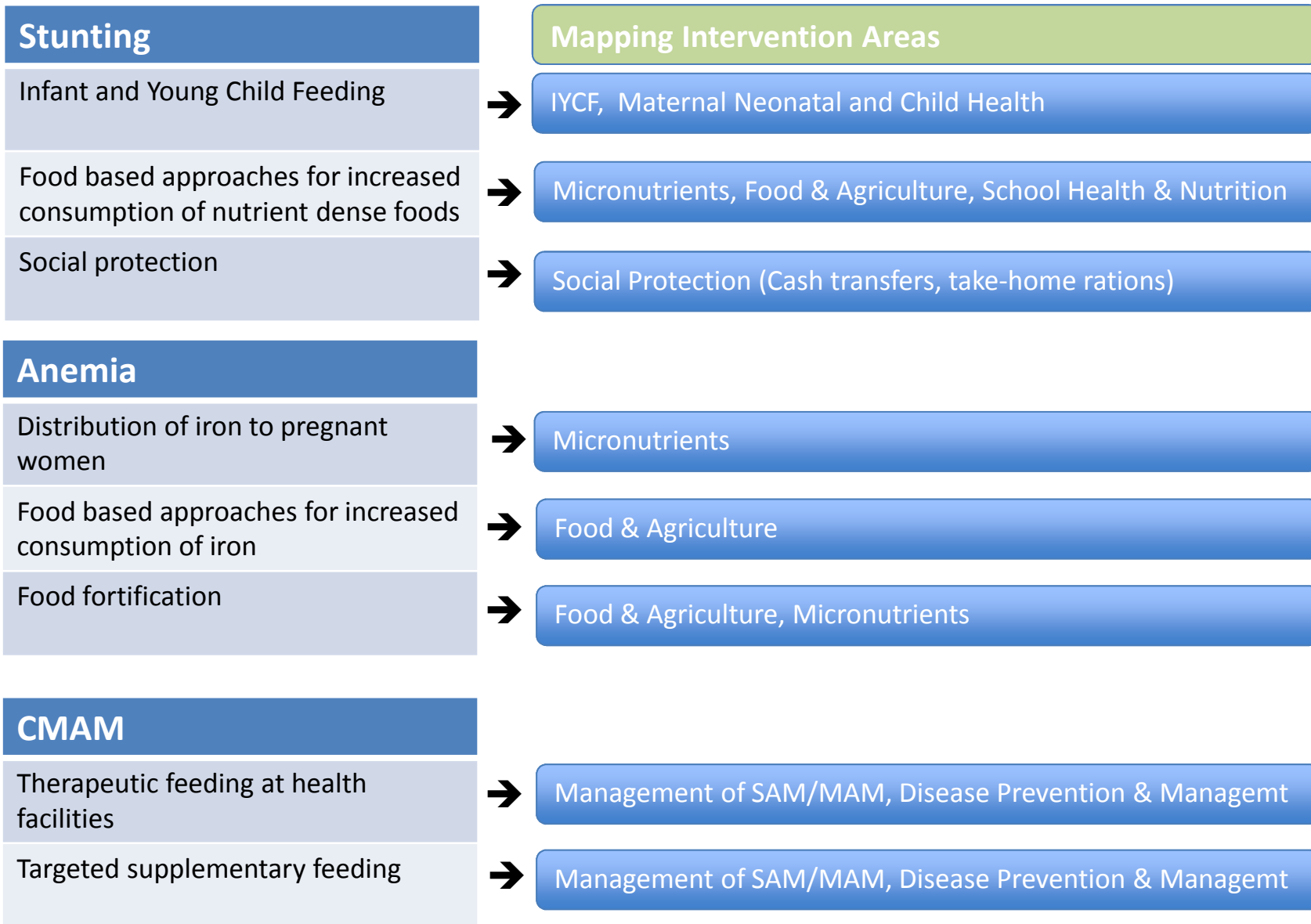
*MICS 2011 / † DHS 2008 / ‡CFSSVA 2009 / § Micronutrient Initiative Report 2009 / ¶ Global Hunger Index IFPRI 2012. 8.9/100. The lower number the better. / ° UNSD 2006 See MDG poverty indicator.

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 |
|-----------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------|--------------------------------|-----------------------------------------------------|
| YCF | Optimal breastfeeding practices promotion and counselling | Ministry of Health | GHS, PARDA, UDS/GHS/WIAD | IITA, UNICEF, World Vision | DFATD, FDA, World Vision, USAID, Oxfam |
| | Optimal complementary feeding practices promotion and counselling | Ministry of Health | GHS, PARDA | UNICEF, World Vision | DFATD, World Vision, Oxfam |
| Nutrition promotion | Nutrition education / counselling | Ministry of Health | GHS, UDS/GHS/WIAD | IITA, UNICEF, World Vision | DFATD, World Vision, USAID |
| Micronutrients | Vitamin A supplementation | Ministry of Health | GHS | UNICEF, World Vision | DFATD, World Vision |
| | Iron-folic acid supplementation / Iron supplementation | Ministry of Health | GHS | UNICEF, World Vision | DFATD, World Vision |
| | Micronutrient powder promotion | N/A | N/A | N/A | N/A |
| | Iodized salt promotion | Ministry of Health | FDA, GHS | FDA, UNICEF | UNICEF, WHO, FDA, DFATD |
| | Food fortification | Ministry of Health, Food and Drug Authority, Ministry of Agriculture | FDA, UDS/GHS/WIAD | IITA | GAIN, FDA, USAID |
| Management SAM/MAM | Management of SAM (Community & health centre) | Ministry of Health | GHS | UNICEF | UNICEF |
| | Management of MAM (Community & health centre) | Ministry of Health | GHS | UNICEF, WFP, World Vision | UNICEF, WFP, World Vision |
| Maternal, neonatal & child health | Baby Friendly Hospital Initiative | Ministry of Health | GHS | UNICEF | DFATD |
| | Growth Monitoring and Promotion | Ministry of Health | GHS | DDO | World Bank, Government, IGF |
| Family Planning | Promotion of family planning, including optimized inter-pregnancy intervals | Ministry of Health | GHS, MVP-SADA | UNFPA | UNFPA, Government, DFID |
| Disease prevention management | Deworming | Ministry of Health | GES, GHS | FDA, DDO, UNICEF, World Vision | NGOs, IGF, DFATD, World Vision |
| | Promotion of ITBN | Ministry of Health | GHS | World Vision | Government, World Vision |
| | Indoor residual spraying | N/A | N/A | N/A | N/A |
| | ORS / ORS + zinc | Ministry of Health | ADDRO, GHS | UNICEF, World Vision | Episcopal Relief & Development, DFATD, World Vision |
| | Nutrition support / counseling to PLWHIV & TB (NACS) | Ministry of Health | GHS | WFP, World Vision, DDO | FANTA, UNICEF, DFATD, World Vision, CRS |
| | Promotion of regenerative health & nutrition | Ministry of Health | GHS | DDO | Government, IGF |

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 | Rural Aid, EHSD, MVP-SADA, NABOCADO | DDO (UNICEF, World Vision) | NABOCADO, Water Aid, UNICEF, USAID, DFATD, World Vision, DFID, Government |
| | Hand washing with soap | Ministry of Health, Ministry of Education, Ministry of Local Government and Rural Development | ADDRO, CWSA, GES, Rural Aid, EHSD, MVP-SADA, NABOCADO | DDO, World Vision, UNICEF | Episcopal Relief & Development, World Bank, NABOCADO, World Vision, NGOs, Water Aid, UNICEF, USAID, DFATD, DFID, Government |
| | Sanitation education | Ministry of Health, Ministry of Education, Ministry of Local Government and Rural Development | ADDRO, CWSA, GES, Rural Aid, EHSD, MVP-SADA, NABOCADO | DDO, UNICEF, World Vision | Episcopal Relief & Development, Water Aid, World Bank, NABOCADO, NGOs, USAID, DFATD, World Vision, DFID, Government |
| | VIP latrines | Ministry of Health, Ministry of Local Government and Rural Development | GES, MVP-SADA | N/A | NGOs, DFID, Government |
| | Community Led Total Sanitation | Ministry of Health, Ministry of Local Government and Rural Development | Rural Aid, EHSD | UNICEF, CWSA | Water Aid, USAID, DFATD |
| Food & Agriculture | Food processing & value added | Ministry of Agriculture | ACDI/VOCA, ACDEP, Action Aid, ADDRO, MOFA, TRAX Ghana, WOM, EPA | USAID | USAID, IFAD, DFATD, Action Aid, Episcopal Relief & Development, Government, Self Help Africa, Oxfam, World Bank |
| | Small-scale animal husbandry | Ministry of Agriculture | ACDEP, Action Aid, ADDRO, TRAX Ghana, WOM, MVP-SADA, EPA, UDS/GHS/WIAD | IITA | DFATD, Action Aid, Oxfam, Episcopal Relief & Development, USAID, Self Help Africa, DFID, Government, World Bank |
| | Local homestead food production (including home / dry season gardening) | Ministry of Agriculture | Action Aid, ADDRO, IDE, MOFA, TRAX Ghana, EPA, NABOCADO/FTC, UDS/GHS/WIAD | DDO, IITA, WFP | Action Aid, Episcopal Relief & Development, Trienci Belgium, Felly, USAID, Government, WFP, Self Help Africa, World Bank, DFATD |
| | Diversified food production | Ministry of Agriculture | ACDEP, MVP-SADA | N/A | DFATD, DFID, Government |
| | Cooking / food demonstrations | Ministry of Agriculture, Ministry of Health | MVP-SADA | N/A | DFID, Government |
| | Community based milling & fortification | Ministry of Agriculture | ACDI/VOCA, GHS | USAID, WFP | USAID, WFP |
| School Health & Nutrition | School feeding | Ministry of Education | GES | FDA, GHS, WFP | Government, USAID, DFATD |
| | School health education programme | Ministry of Education | GES, Rural Aid | GHS, DDO | Government, Kinder Mission (GRM), Water Aid, USAID |
| Social Protection | Take-home rations for girls | N/A | N/A | N/A | N/A |
| | Safety nets / Cash transfers | N/A | N/A | N/A | N/A |

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 13) | Target group(s) | % of target group covered | Delivery mechanisms |
|----------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------|----------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| IYCF | Optimal breastfeeding practices promotion and counselling | 13 | Mothers / caregivers | 100% | Mother-to-mother support groups, Womens groups, Health workers, Community volunteers, Midwives |
| | | 3 | Pregnant / lactating women 15-49 years | 4% | |
| | Optimal complementary feeding practices promotion and counselling | 13 | Mothers / caregivers | 100% | Health workers, Mother-to-mother support groups, Community volunteers, Midwives |
| | | 3 | Pregnant / lactating women 15-49 years | 4% | |
| Nut. promotion | Nutrition education / counselling | 13 | Mothers / caregivers | 100% | Mother-to-mother support groups, Womens groups, Health workers |
| Micronutrients | Vitamin A supplementation | 13 | Children 6-59 months | 65% | Community based health planning services (CHPS), National Child Health Days |
| | Iron-folic acid supplementation / Iron supplementation | 13 | Women of reproductive age 15-49 years | 100% | Health workers, Midwives |
| | Micronutrient powder promotion | N/A | N/A | N/A | N/A |
| | Iodized salt promotion | 13 | Traders / business owners / producers | NO DATA | Producers / distributors, markets/shops/restaurants/bars, Health centers / clinics, Community based health planning services (CHPS) |
| | | 13 | All population groups | NO DATA | |
| | Food fortification | 13 | Traders / business owners / producers | NO DATA | N/A |
| 1 | | All population groups | NO DATA | | |
| SAM / MAM | Management of SAM (Community & health centre) | 13 | Children 0-59 months with SAM | 100% | Health centers / clinics, Community based health planning services (CHPS) |
| | Management of MAM (Community & health centre) | 13 | Children 6-59 months with MAM | 100% | Health centers / clinics, Community based health planning services (CHPS) |
| Maternal, neonatal & child health | Baby Friendly Hospital Initiative | 13 | Pregnant / lactating women 15-49 years | NO DATA | Mother-to-mother support groups, Health workers |
| | Growth Monitoring and Promotion | 11 | Children 0-59 months | 57% | Community based health planning services (CHPS), National Child Health Days |
| 11 | | Pregnant / lactating women 15-49 years | 12% | | |
| Family Plan | Promotion of family planning, including optimized inter-pregnancy intervals | 13 | Women of reproductive age 15-49 years | NO DATA | Health centers / clinics, Health workers |
| | | 1 | All population groups | 1% | |
| Disease prevention/mgmt | Deworming | 13 | Children 24-59 months | 81% | Schools, Health workers, National Child Health Days |
| | | 13 | School students | NO DATA | |
| | Promotion of ITBN | 13 | Pregnant / lactating women 15-49 years | NO DATA | Health centers / clinics |
| | Indoor residual spraying | N/A | N/A | N/A | N/A |
| | ORS / ORS + zinc | 13 | Children 0-59 months | 4% | Community volunteers, Health workers |
| | Nutrition support / counseling to PLWHIV & TB (NACS) | 11 | PLHIV | NO DATA | Health workers, Community volunteers |
| | | 11 | TB cases | NO DATA | |
| Promotion of regenerative health & nutrition | 13 | All population groups | NO DATA | Health centers / clinics | |

19/11/2016 The Organisation currently implementing action

Summary of key data – Part 2

| | Country Relevant Actions | # of districts supported (max 13) | Target group(s) | % of target group covered | Delivery mechanisms |
|-----------------------------------------|-------------------------------------------------------------------------|-----------------------------------|-----------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| WASH | Household water treatment / supply | 13 | All population groups | 2% | Community leaders, Community volunteers, Field / project / technical officers, Health workers |
| | Hand washing with soap | 13 | All population groups | 2% | Community leaders, Schools, Community volunteers, Field / project / technical officers, Health workers |
| | | 12 | Women | 45% | |
| | | 12 | Children 0-18 | 45% | |
| | | 7 | School students | 3% | |
| | Sanitation education | 13 | All population groups | 49% | Community leaders, Mass campaigns, Field / project / tech officers, Schools, Community volunteers, Health workers |
| | | 4 | School students | 3% | |
| VIP latrines | 4 | School students | 6% | Schools, Field / project / technical officers | |
| Community Led Total Sanitation | 9 | All population groups | 16% | Schools, Community volunteers, Field / project / technical officers | |
| Food & Agriculture | Food processing & value added | 13 | Farmers | 4% | Farmers / Farmer based organisations, Field / project / technical officers, Community volunteers, Womens groups, The community |
| | | 13 | Food processors | NO DATA | |
| | | 13 | Women | 4% | |
| | Small-scale animal husbandry | 6 | Farmers | 3% | Farmers / Farmer based organisations, Womens groups, Field / project / technical officers, Community volunteers, Mens groups, The community |
| | | 7 | Households | 0% | |
| | | 2 | Women | 0% | |
| | Local homestead food production (including home / dry season gardening) | 4 | Farmers | NO DATA | Farmers / Farmer based organisations, Womens groups, Field / project / technical officers, Mens groups |
| | | 9 | Households | 1% | |
| | | 13 | Men | 3% | |
| | | 13 | Women | 3% | |
| | Diversified food production | 3 | Farmers | 8% | Field / project / technical officers, Community volunteers, Farmers / Farmer based organisations |
| | Cooking / food demonstrations | 1 | All population groups | 1% | The community, Field / project / technical officers |
| Community based milling & fortification | 13 | Farmers | NO DATA | Farmers / Farmer based organisations, Womens groups | |
| | 9 | Women | NO DATA | | |
| School Health & Nutrition | School feeding | 13 | School students | 27% | Schools |
| | School health education programme | 13 | School students | 100% | Schools, Community volunteers |
| Social Protection | Take-home rations for girls | N/A | N/A | N/A | N/A |
| | Safety nets / Cash transfers | N/A | N/A | N/A | N/A |

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 – 13 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 – 4 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 | Bawku Municipal | Bawku West | Binduri | Bolgatanga Municipal | Bongo | Bulisa North | Bulisa South | Garu-Tempane | Kassena Nankana East | Kassena Nankana West | Nabdram | Pusiga | Talensi | Total districts covered |
|----------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------|-----------------|------------|---------|----------------------|-------|--------------|--------------|--------------|----------------------|----------------------|---------|--------|---------|-------------------------|
| | | | | | | | | | | | | | | | | |
| IYCF | Optimal breastfeeding practices promotion and counselling | Mothers / caregivers | | | | | | | | | | | | | | 13 |
| | | Pregnant / lactating women 15-49 years | | | | | | | | | | | | | | 3 |
| | Optimal complementary feeding practices promotion and counselling | Mothers / caregivers | | | | | | | | | | | | | | 13 |
| | | Pregnant / lactating women 15-49 years | | | | | | | | | | | | | | 3 |
| Nut. promotion | Nutrition education / counselling | Mothers / caregivers | | | | | | | | | | | | | 13 | |
| Micronutrients | Vitamin A supplementation | Children 6-59 months | | | | | | | | | | | | | 13 | |
| | Iron-folic acid supplementation / Iron supplementation | Women of reproductive age 15-49 years | | | | | | | | | | | | | 13 | |
| | Micronutrient powder promotion | N/A | | | | | | | | | | | | | 0 | |
| | Iodized salt promotion | Traders / business owners / producers | | | | | | | | | | | | | | 13 |
| | | All population groups | | | | | | | | | | | | | | 13 |
| | Food fortification | Traders / business owners / producers | | | | | | | | | | | | | | 13 |
| All population groups | | | | | | | | | | | | | | | 1 | |
| Management SAM/MAM | Management of SAM (Community & health centre) | Children 0-59 months with SAM | | | | | | | | | | | | | 13 | |
| | Management of MAM (Community & health centre) | Children 6-59 months with MAM | | | | | | | | | | | | | 13 | |
| Maternal neonatal & child health | Baby Friendly Hospital Initiative | Pregnant / lactating women 15-49 years | | | | | | | | | | | | | 13 | |
| | Growth Monitoring and Promotion | Children 0-59 months | | | | | | | | | | | | | 11 | |
| | | Pregnant / lactating women 15-49 years | | | | | | | | | | | | | 11 | |
| Family Planning | Promotion of family planning, including optimized inter-pregnancy intervals | Women of reproductive age 15-49 years | | | | | | | | | | | | | 13 | |
| | | All population groups | | | | | | | | | | | | | 1 | |
| Disease prevention/management | Deworming | School students | | | | | | | | | | | | | 13 | |
| | | Children 24-59 months | | | | | | | | | | | | | 13 | |
| | Promotion of ITBN | Pregnant / lactating women 15-49 years | | | | | | | | | | | | | 13 | |
| | Indoor residual spraying | N/A | | | | | | | | | | | | | 0 | |
| | ORS / ORS + zinc | Children 0-59 months | | | | | | | | | | | | | 13 | |
| | Nutrition support / counseling to PLWHIV & TB (NACS) | PLHIV | | | | | | | | | | | | | | 11 |
| | | TB cases | | | | | | | | | | | | | | 11 |
| Promotion of regenerative health & nutrition | All population groups | | | | | | | | | | | | | 13 | | |

N/A = no organisation currently implementing action

Geographic Coverage – Part 2

| Country Relevant Actions | | Target Groups | Bawku Municipal | Bawku West | Binduri | Bolgatanga Municipal | Bongo | Builisa North | Builisa South | Garu-Tempone | Kassena Nankana East | Kassena Nankana West | Nabdram | Pusiga | Talensi | Total districts covered |
|--------------------------------|-------------------------------------------------------------------------|-----------------------------|-----------------|------------|---------|----------------------|-------|---------------|---------------|--------------|----------------------|----------------------|---------|--------|---------|-------------------------|
| WASH | Household water treatment / supply | All population groups | | | | | | | | | | | | | | 13 |
| | | All population groups | | | | | | | | | | | | | | 13 |
| | Hand washing with soap | Women | | | | | | | | | | | | | | 12 |
| | | Children 0-18 years | | | | | | | | | | | | | | 12 |
| | | School students | | | | | | | | | | | | | | 7 |
| | Sanitation education | All population groups | | | | | | | | | | | | | | 13 |
| | | School students | | | | | | | | | | | | | | 4 |
| | VIP latrines | School students | | | | | | | | | | | | | | 4 |
| Community Led Total Sanitation | All population groups | | | | | | | | | | | | | | 9 | |
| Food & Agriculture | Food processing & value added | Farmers | | | | | | | | | | | | | | 13 |
| | | Food processors | | | | | | | | | | | | | | 13 |
| | | Women | | | | | | | | | | | | | | 13 |
| | Small-scale animal husbandry | Farmers | | | | | | | | | | | | | | 6 |
| | | Households | | | | | | | | | | | | | | 7 |
| | | Women | | | | | | | | | | | | | | 2 |
| | Local homestead food production (including home / dry season gardening) | Households | | | | | | | | | | | | | | 4 |
| | | Farmers | | | | | | | | | | | | | | 9 |
| | | Men | | | | | | | | | | | | | | 13 |
| | | Women | | | | | | | | | | | | | | 13 |
| | | Diversified food production | Farmers | | | | | | | | | | | | | 3 |
| | Cooking / food demonstrations | All population groups | | | | | | | | | | | | | | 1 |
| | Community based milling & fortification | Farmers | | | | | | | | | | | | | | 13 |
| Women | | | | | | | | | | | | | | | 9 | |
| School Health | School feeding | School students | | | | | | | | | | | | | 13 | |
| | School health education programme | School students | | | | | | | | | | | | | 13 | |
| Social Protection | Take-home rations for girls | N/A | | | | | | | | | | | | | 0 | |
| | Safety nets / Cash transfers | N/A | | | | | | | | | | | | | 0 | |

N/A = no organisation currently implementing action

Key points to note – geographic coverage

| Key points | Key questions |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 4 actions out of 34 are not being implemented | Are these important actions? Why is no-one implementing them? |
| 22 actions are present in all districts | BUT how much of the target population is covered in each district? |
| 8 actions are present in some of the districts (between 1 – 9 districts) | Why is geographic coverage not across all districts? |
| The districts with the least interventions being implemented are Bawku Municipal and Pusiga | Why are these districts being focused on less? |

Delivery mechanisms

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

Delivery mechanisms for each action

| Country Relevant Actions / Delivery Mechanisms | | Hospitals | Health centers / clinics | Community based health planning services (CHPS) | Health workers | Microwives | National Child Health Days | Agricultural Extension Agents | Farmers / Farmer based organisations | Schools | Teachers | Local Government | Field / project / technical officers | Community volunteers | Mass campaigns | Households | The community | Mother-to-mother support groups | Womens groups | Mens groups | Youth groups | Other community groups | Savings and loans associations | PLHV Associations | Faith based organisations | Community leaders | Markets/shops/restaurants /bars | Producers / distributors | NGOs / CBOs | Multilateral/bilateral organisations | Radio | TV | Print media | Total number of delivery mechanisms per action | | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------|-----------------------------------------------------------|-------------------------------------------------|----------------|------------|----------------------------|-------------------------------|--------------------------------------|---------|----------|------------------|--------------------------------------|----------------------|----------------|------------|---------------|---------------------------------|---------------|-------------|--------------|------------------------|--------------------------------|-------------------|---------------------------|-------------------|---------------------------------|--------------------------|-------------|--------------------------------------|-------|----|-------------|------------------------------------------------|---|---|---|
| | | IYCF | Optimal breastfeeding practices promotion and counselling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 | |
| Optimal complementary feeding practices promotion and counselling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | |
| Nut. promotion | Nutrition education / counselling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 | | |
| | Vitamin A supplementation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | | |
| Micronutrients | Iron-folic acid supplementation / Iron supplementation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | | |
| | Iodized salt promotion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | |
| | Food fortification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| SAM/ MAM | Management of SAM (Community & health centre) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | |
| | Management of MAM (Community & health centre) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | |
| Maternal, neonatal & child health | Baby Friendly Hospital Initiative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| | Growth Monitoring and Promotion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | |
| Family Plan | Promotion of family planning, including optimized inter-pregnancy intervals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | |
| | Deworming | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 |
| Disease prevention & management | Promotion of ITBN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | |
| | ORS / ORS + zinc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | |
| | Nutrition support / counseling to PLWHIV & TB (NACS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | |
| | Promotion of regenerative health & nutrition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | |
| | Household water treatment / supply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | |
| WASH | Hand washing with soap | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 | |
| | Sanitation education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 | |
| | VIP latrines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 |
| | Community Led Total Sanitation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 | |
| Food & Agriculture | Food processing & value added | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 | |
| | Small-scale animal husbandry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 | |
| | Local homestead food production (including home / dry season gardening) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | |
| | Diversified food production | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 | |
| | Cooking / food demonstrations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 |
| School Health & Nutrition | School feeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | |
| | School health education programme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | |
| Frequency of each delivery mechanism by action | | 0 | 6 | 5 | 11 | 3 | 3 | 0 | 5 | 7 | 0 | 0 | 9 | 12 | 1 | 0 | 3 | 3 | 6 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | | |

Key points to note – Delivery Mechanisms

| Key points | Key questions |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Maximum number of delivery mechanisms used: 6 (sanitation education & small-scale animal husbandry) | Which delivery mechanisms can be grown to their full potential? |
| Minimum number of delivery mechanisms used: 1 (Regenerative health & nutrition, Promotion of ITBN, school feeding) | Can a new delivery mechanism be added to better promote and deliver the actions? |
| Average number of delivery mechanisms used: 3 | Are all delivery mechanisms being exploited to their full potential? |
| Most used delivery mechanisms – Community volunteers (12), Health workers (11) | 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 | | CWSA | EHSD | EPA | FDA | GES | GHS | MOFA | UDS/GHS/WIAD | ACDEP | ACDI/VOCA | Action Aid | ADDRO | IDE | MVP-SADA | NABOCADO | NABOCADO/FTC | PARDA | Rural Aid | TRAX Ghana | WOM | Total Districts Covered Across Stakeholders | |
|-----------------------------------|-----------------------------------------------------------------------------|------|------|-----|-----|-----|-----|------|--------------|-------|-----------|------------|-------|-----|----------|----------|--------------|-------|-----------|------------|-----|---------------------------------------------|---------|
| | | | | | | | | | | | | | | | | | | | | | | | |
| IYCF | Optimal breastfeeding practices promotion and counselling | | | | | | 13 | | 1 | | | | | | | | | | 3 | | | | 13 / 13 |
| | Optimal complementary feeding practices promotion and counselling | | | | | | 13 | | | | | | | | | | | | 3 | | | | 13 / 13 |
| Nut. promotion | Nutrition education / counselling | | | | | | 13 | | 1 | | | | | | | | | | | | | | 13 / 13 |
| Micronutrients | Vitamin A supplementation | | | | | | 13 | | | | | | | | | | | | | | | | 13 / 13 |
| | Iron-folic acid supplementation / Iron supplementation | | | | | | 13 | | | | | | | | | | | | | | | | 13 / 13 |
| | Iodized salt promotion | | | | 13 | | 13 | | | | | | | | | | | | | | | | 13 / 13 |
| | Food fortification | | | | 13 | | | | 1 | | | | | | | | | | | | | | 13 / 13 |
| SAM / MAM | Management of SAM (Community & health centre) | | | | | | 13 | | | | | | | | | | | | | | | | 13 / 13 |
| | Management of MAM (Community & health centre) | | | | | | 13 | | | | | | | | | | | | | | | | 13 / 13 |
| Maternal, neonatal & child health | Baby Friendly Hospital Initiative | | | | | | 13 | | | | | | | | | | | | | | | | 13 / 13 |
| | Growth Monitoring and Promotion | | | | | | 11 | | | | | | | | | | | | | | | | 11 / 13 |
| Family Plan | Promotion of family planning, including optimized inter-pregnancy intervals | | | | | | 13 | | | | | | | | 1 | | | | | | | | 13 / 13 |
| Disease prevention/treatment | Deworming | | | | | 13 | 13 | | | | | | | | | | | | | | | | 13 / 13 |
| | Promotion of ITBN | | | | | | 13 | | | | | | | | | | | | | | | | 13 / 13 |
| | ORS / ORS + zinc | | | | | | 13 | | | | | 2 | | | | | | | | | | | 13 / 13 |
| | Nutrition support / counseling to PLWHIV & TB (NACS) | | | | | | 9 | | | | | | | | | | | | | | | | 9 / 13 |
| | Promotion of regenerative health & nutrition | | | | | | 13 | | | | | | | | | | | | | | | | 13 / 13 |
| WASH | Household water treatment / supply | | 13 | | | | | | | | | | | | 1 | 5 | | | | 5 | | | 13 / 13 |
| | Hand washing with soap | 12 | 13 | | | 7 | | | | | | 2 | | | 1 | 5 | | | 3 | | | | 13 / 13 |
| | Sanitation education | 12 | 13 | | | 4 | | | | | | 6 | | | 1 | 5 | | | 2 | | | | 13 / 13 |
| | VIP latrines | | | | | 4 | | | | | | | | | 1 | | | | | | | | 4 / 13 |
| | Community Led Total Sanitation | | 8 | | | | | | | | | | | | | | | | | 2 | | | 9 / 13 |
| Food & Agriculture | Food processing & value added | | | 4 | | | 13 | | | 9 | 13 | 4 | 5 | | | | | | | | 2 | 1 | 13 / 13 |
| | Small-scale animal husbandry | | | 4 | | | | | 1 | 2 | | 4 | 4 | | 1 | | | | | | 2 | 1 | 10 / 13 |
| | Local homestead food production (including home / dry season) | | | 4 | | | 13 | | 1 | | | 4 | 5 | 8 | | 2 | 2 | | | | 2 | | 13 / 13 |
| | Diversified food production | | | | | | | | | 2 | | | | | 1 | | | | | | | | 3 / 13 |
| | Cooking / food demonstrations | | | | | | | | | | | | | | 1 | | | | | | | | 1 / 13 |
| | Community based milling & fortification | | | | | | 9 | | | | 13 | | | | | | | | | | | | 13 / 13 |
| School Health & Nutrition | School feeding | | | | | 13 | | | | | | | | | | | | | | | | | 13 / 13 |
| | School health education programme | | | | | 13 | | | | | | | | | | | | | | 2 | | | 13 / 13 |

Key for Field Implementers:

- Government organisation
- NGO's & other organisations

Key points to note – Field Implementers

| Key points | Key questions |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| A total of 15 nutrition/health actions are implemented by Ghana Health Service (GHS) in the region, with 14 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? |
| Four actions: Micronutrient powder promotion, indoor residual spraying, take-home rations for girls and safety nets/cash transfers 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 | FDA | GHS | UNFPA | UNICEF | WFP | USAID | DDO | IITA | World Vision |
|-----------------------------------|-----------------------------------------------------------------------------|------|-----|-----|-------|--------|-----|-------|-----|------|--------------|
| | | | | | | | | | | | |
| IYCF | Optimal breastfeeding practices promotion and counselling | | | | | 13 | | | | 1 | 4 |
| | Optimal complementary feeding practices promotion and counselling | | | | | 13 | | | | | 4 |
| Nut. promotion | Nutrition education / counselling | | | | | 13 | | | | 1 | 4 |
| Micronutrients | Vitamin A supplementation | | | | | 13 | | | | | 4 |
| | Iron-folic acid supplementation / Iron supplementation | | | | | 13 | | | | | 4 |
| | Iodized salt promotion | | 13 | | | 13 | | | | | |
| | Food fortification | | | | | | | | | 1 | |
| SAM/MAM | Management of SAM (Community & health centre) | | | | | 13 | | | | | |
| | Management of MAM (Community & health centre) | | | | | 13 | 13 | | | | 4 |
| Maternal, neonatal & child health | Baby Friendly Hospital Initiative | | | | | 13 | | | | | |
| | Growth Monitoring and Promotion | | | | | | | | 6 | | |
| Family Plan | Promotion of family planning, including optimized inter-pregnancy intervals | | | | 13 | | | | | | |
| Disease prevention/mgmt | Deworming | | 13 | | | 13 | | | 6 | | 4 |
| | Promotion of ITBN | | | | | | | | | | 4 |
| | ORS / ORS + zinc | | | | | 13 | | | | | 4 |
| | Nutrition support / counseling to PLWHIV & TB (NACS) | | | | | | 7 | | 1 | | 4 |
| | Promotion of regenerative health & nutrition | | | | | | | | 6 | | |
| WASH | Household water treatment / supply | | | | | 13 | | | 5 | | 4 |
| | Hand washing with soap | | | | | 13 | | | 5 | | 4 |
| | Sanitation education | | | | | 13 | | | 5 | | 4 |
| | VIP latrines | | | | | | | | | | |
| | Community Led Total Sanitation | 8 | | | | 8 | | | | | |
| Food & Agriculture | Food processing & value added | | | | | | | 13 | | | |
| | Small-scale animal husbandry | | | | | | | | | 1 | |
| | Local homestead food production (including home / dry season) | | | | | | 5 | | 2 | 1 | |
| | Diversified food production | | | | | | | | | | |
| | Cooking / food demonstrations | | | | | | | | | | |
| | Community based milling & fortification | | | | | | 9 | 13 | | | |
| School Health & Nutrition | School feeding | | 13 | 13 | | | 13 | | | | |
| | School health education programme | | | 13 | | | | | 6 | | |

Key: for Catalysts:

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

Key points to note - Catalysts

| Key points | Key questions |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| There is a smaller number of catalysts compared to the number of field implementers and tend to be large organisations such as from the UN, or bilateral/multilateral organisations. | Are these catalysts focusing on the key areas outlined in the NNP? What kind of support are they giving? |
| 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 | Is this the best way to reflect their support to other government sectors or should they be seen as co-implementers? |
| 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. | How can we find out whether any catalysts have been missed? |

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 | | FDA | Government | IFAD | UNFPA | WHO | DFATD | DFID | World Bank | USAID | Action Aid | CRS | Episcopal Relief & Development | FANTA | Felly | GAIN | IGF | Kinder Mission (GRM) | NABOCADO | NGOs | Oxfam | Self Help Africa | Trienci Belgium | Water Aid | World Vision | XXX |
|-----------------------------------|-----------------------------------------------------------------------------|-----|-----------------------------------------------------------|------|-------|-----|-------|------|------------|-------|------------|-----|--------------------------------|-------|-------|------|-----|----------------------|----------|------|-------|------------------|-----------------|-----------|--------------|-----|
| | | YCF | Optimal breastfeeding practices promotion and counselling | 13 | | | | | 13 | | | 1 | | | | | | | | | | | 3 | | | |
| | Optimal complementary feeding practices promotion and counselling | | | | | | 13 | | | | | | | | | | | | | | 3 | | | | 4 | |
| Nut. promotion | Nutrition education / counselling | | | | | | 13 | | | 1 | | | | | | | | | | | | | | | 4 | |
| Micronutrients | Vitamin A supplementation | | | | | | 13 | | | | | | | | | | | | | | | | | | 4 | |
| | Iron-folic acid supplementation / Iron supplementation | | | | | | 13 | | | | | | | | | | | | | | | | | | 4 | |
| | Iodized salt promotion | 13 | | | | 13 | 13 | | | | | | | | | | | | | | | | | | | |
| | Food fortification | 13 | | | | | | | | 1 | | | | | | 13 | | | | | | | | | | |
| SAM/ MAM | Management of SAM (Community & health centre) | | | | | | 13 | | | | | | | | | | | | | | | | | | | |
| | Management of MAM (Community & health centre) | | | | | | 13 | | | | | | | | | | | | | | | | | | 4 | |
| Maternal, neonatal & child health | Baby Friendly Hospital Initiative | | | | | | 13 | | | | | | | | | | | | | | | | | | | |
| | Growth Monitoring and Promotion | | 11 | | | | | | 11 | | | | | | | | 6 | | | | | | | | | |
| Family Plan | Promotion of family planning, including optimized inter-pregnancy intervals | | | | 3 | | | 1 | | | | | | | | | | | | | | | | | | |
| Disease prevention/ingmnt | Deworming | | | | | | 13 | | | | | | | | | | 7 | | 13 | | | | | | 3 | |
| | Promotion of ITBN | | 9 | | | | | | | | | | | | | | | | | | | | | | 4 | |
| | ORS / ORS + zinc | | | | | | 13 | | | | | | 2 | | | | | | | | | | | | 4 | |
| | Nutrition support / counseling to PLWHIV & TB (NACS) | | | | | | 7 | | | | 1 | | | 7 | | | | | | | | | | | 4 | |
| | Promotion of regenerative health & nutrition | | 7 | | | | | | | | | | | | | | 6 | | | | | | | | | |
| WASH | Household water treatment / supply | | 1 | | | | 13 | 1 | | 5 | | | | | | | | | 5 | | | | | 5 | 4 | |
| | Hand washing with soap | | 1 | | | | 13 | 1 | 12 | 3 | | | 2 | | | | | | 5 | 3 | | | | 3 | 4 | |
| | Sanitation education | | 1 | | | | 13 | 1 | 12 | 2 | | | 6 | | | | | | 5 | 4 | | | | 7 | 4 | |
| | VIP latrines | | 1 | | | | | 1 | | | | | | | | | | | | 4 | | | | | | |
| | Community Led Total Sanitation | | | | | | 8 | | | 2 | | | | | | | | | | | | | | 2 | | |
| Food & Agriculture | Food processing & value added | | 13 | 9 | | | 5 | | 4 | 13 | 4 | | 5 | | | | | | | | 1 | 2 | | | | |
| | Small-scale animal husbandry | | 1 | | | | 5 | 1 | 4 | 1 | 4 | | 4 | | | | | | | | 4 | 2 | | | | |
| | Local homestead food production (including home / dry season gardening) | | 8 | | | | 6 | | 4 | 1 | 4 | | 5 | | 2 | | | | | | | 2 | 2 | | | 8 |
| | Diversified food production | | 1 | | | | 2 | 1 | | | | | | | | | | | | | | | | | | |
| | Cooking / food demonstrations | | 1 | | | | | 1 | | | | | | | | | | | | | | | | | | |
| | Community based milling & fortification | | | | | | 9 | | | 13 | | | | | | | | | | | | | | | | |
| School Health & Nutrition | School feeding | | 13 | | | | 13 | | | 13 | | | | | | | | | | | | | | | | |
| | School health education programme | | 13 | | | | | | | 2 | | | | | | | | | 6 | | | | | 2 | | |

Key for Donors:

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

Key points to note - Donors

| Key points | Key questions |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| The 27 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 (13) 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? |

Part 2

GEOGRAPHIC AND TARGET POPULATION COVERAGE BY SITUATIONAL INDICATOR

STUNTING

**ACTIONS BY SITUATIONAL
INDICATOR**

Stunting

Stunting, or low height for age, is caused by long-term insufficient nutrient intake and frequent infections. It usually occurs before age two, and effects include impaired cognitive function and poor school performance.

Some of the key intervention areas to tackle stunting include:

- Maternal nutrition & infant and young child feeding
- Prevention and treatment of micronutrient deficiencies
- Water, sanitation and hygiene

*Under stand-alone category

IYCF

**INFANT AND YOUNG CHILD
FEEDING ACTIONS**

Infant and Young Child Feeding

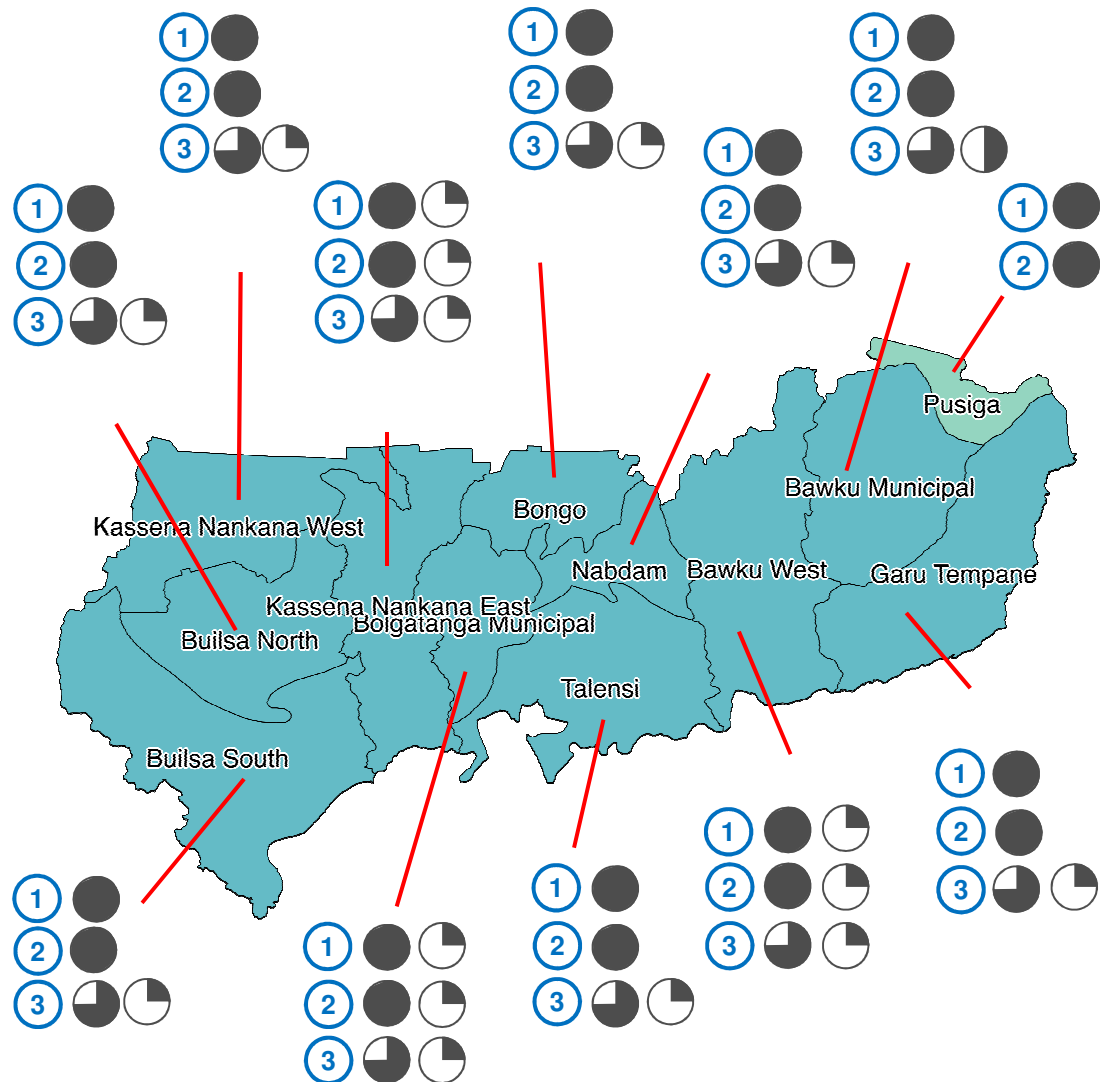
- Following optimal IYCF practices help to promote normal growth of young children and reduce the under-5 mortality rate.
- IYCF actions include:
 1. Initiating breastfeeding within one hour of birth
 2. Exclusive breastfeeding for the first six months of life
 3. Starting appropriate complementary feeding of solid, semi-solid and soft food from 6 months

Infant and Young Child Feeding (IYCF): What are the **nutrition specific action gaps** for each district in the Upper East Region?

Nutrition specific actions mapped addressing IYCF practices amongst children 0-59 months

| | Nutrition Specific Actions | Target Groups | % of TG Covered |
|---|----------------------------------------------------------------|-------------------------------------------------------------|-----------------|
| 1 | Optimal breastfeeding practices promotion & counseling | Mothers-caregivers / Pregnant-lactating women 15-49 years | |
| 2 | Optimal complementary feeding practices promotion & counseling | Mothers-caregivers / Pregnant-lactating women 15-49 years | |
| 3 | Growth monitoring and promotion | Children 0-59 months / Pregnant-lactating women 15-49 years | |
| 4 | Baby Friendly Hospital Initiative | Pregnant-lactating women 15-49 years | |

Actions addressing IYCF by district



Target population coverage

- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Unknown

Key

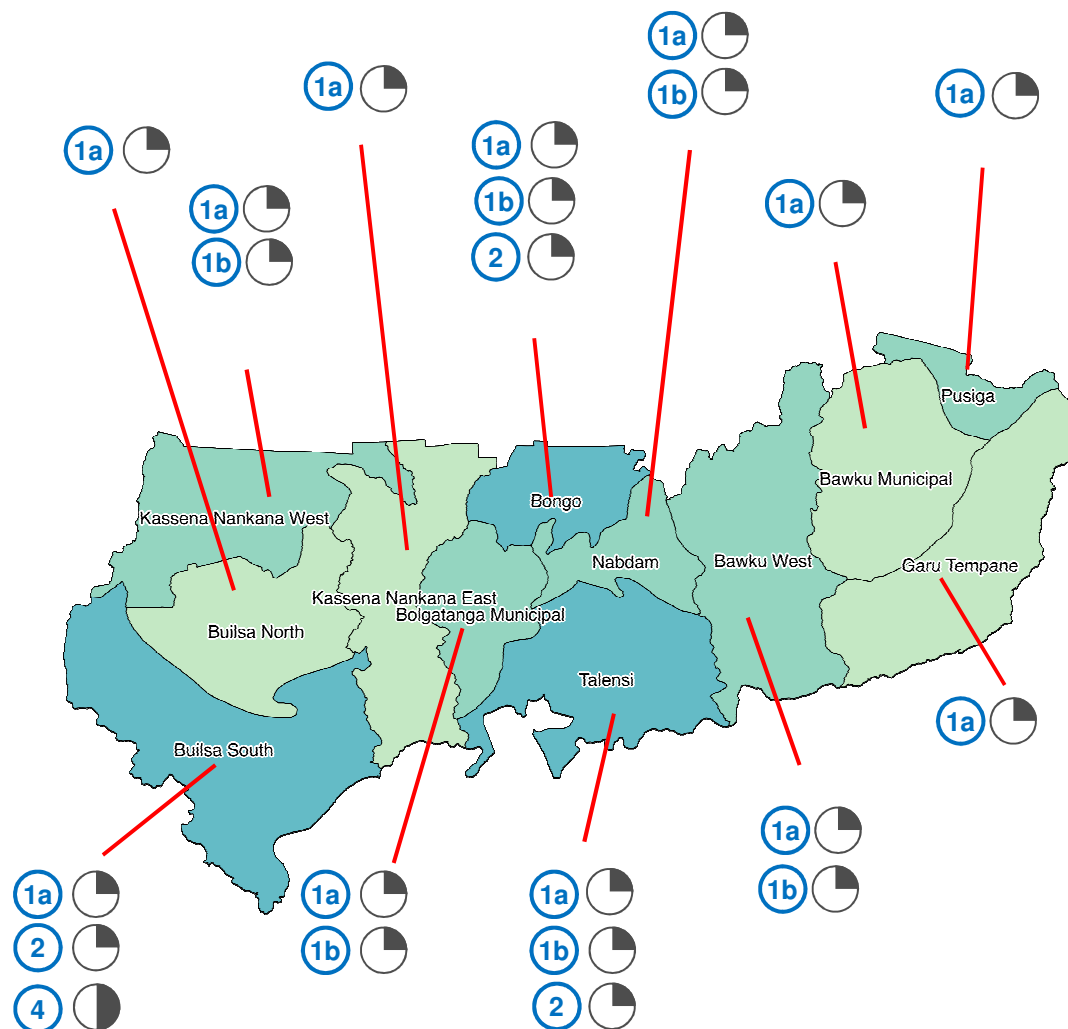
- 1 action
- 2 actions
- 3 actions
- 4 actions

Infant and Young Child Feeding (IYCF): What are the **nutrition sensitive action gaps** for each district in the Upper East Region?

Nutrition sensitive actions mapped addressing IYCF practices amongst children 0-59 months

Actions addressing IYCF by district

| | Nutrition Sensitive Actions | Target Groups | % of TG Covered |
|----|-------------------------------------------|-----------------------|-----------------|
| 1a | Local homestead food production | Adults 19+ years | 1-25% |
| 1b | Local homestead food production | Farmers / Households | 26-50% |
| 2 | Diversified food production | Farmers | 51-75% |
| 3 | Community-based milling and fortification | Farmers / Women | 76-100% |
| 4 | Cooking/food demonstrations | All population groups | Unknown |



Target population coverage

- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Unknown








Key

- 1 action
- 2 actions
- 3 actions
- 4 actions

Infant and Young Child Feeding (IYCF): What are the **nutrition sensitive action gaps** for each district in the Upper East Region?

| Country Relevant Actions | | Target Groups | Upper East Region | Bawku Municipal | Bawku West | Binduri | Bolgatanga Municipal | Bongo | Builisa North | Builisa South | Garu-Tempene | Kassena Nankana East | Kassena Nankana West | Nabdram | Pusiga | Talensi | | |
|--------------------------|-------------------------------------------------------------------------|-----------------------|-------------------|-----------------|------------|---------|----------------------|-------|---------------|---------------|--------------|----------------------|----------------------|---------|--------|---------|-----|--|
| Food & Agriculture | Local homestead food production (including home / dry season gardening) | Households | | | | | | | | | | | | | | | | |
| | | Farmers | 1% | | 1% | | 1% | 2% | | | | | 1% | 7% | | | 1% | |
| | | Men | 3% | 3% | 5% | 4% | 2% | 7% | 1% | 4% | 2% | 2% | 3% | 8% | 4% | 4% | 4% | |
| | | Women | 3% | 2% | 3% | 3% | 1% | 5% | 1% | 3% | 2% | 2% | 3% | 6% | 3% | 4% | 4% | |
| | Diversified food production | Farmers | 8% | | | | | 29% | | 44% | | | | | | | 28% | |
| | Community based milling & fortification | Farmers | | | | | | | | | | | | | | | | |
| | | Women | | | | | | | | | | | | | | | | |
| | Cooking / food demonstrations | All population groups | 1% | | | | | | | | 29% | | | | | | | |

IYCF: Coverage of Actions Vs Trend of Key Indicators

| Key indicator | Trend | Action | Target Group(s) | Coverage |
|-----------------------------------------------|------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Timely initiation of Breastfeeding | Worsening: MICS 2011 55.6% DHS 2008 67.8% | BFHI Optimal breastfeeding practices | Pregnant / lactating women 15-49 years 1. Mothers / caregivers 2. Pregnant / lactating women 15-49 years |    |
| Children 0-5 months exclusively breastfed | Worsening: MICS 2011 58.4% DHS 2008 49.4% (N) | Optimal breastfeeding practices | 1. Mothers / caregivers 2. Pregnant / lactating women 15-49 years |   |
| Children 6-23 months with appropriate feeding | Improving: MICS 2011 31.6% DHS 2008 27.9% | Optimal complementary feeding practices | 1. Mothers / caregivers 2. Pregnant / lactating women 15-49 years |   |

How is the trend relative to the target population coverage?

Are the right target groups being reached?

FOOD BASED APPROACHES

**FOOD BASED APPROACHES FOR
INCREASED CONSUMPTION OF
MICRONUTRIENT DENSE FOODS**

Food Based Approaches

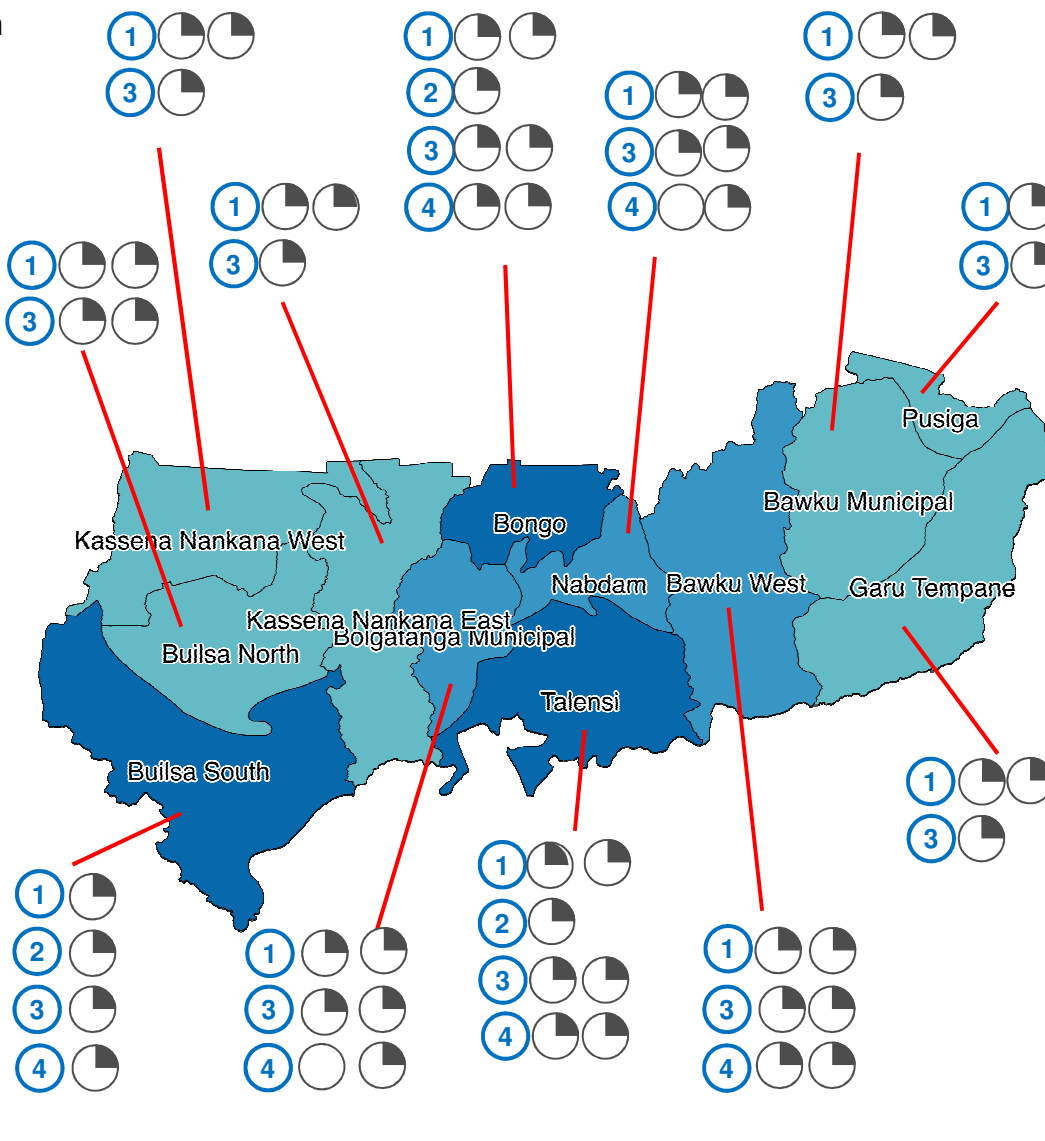
- Diet needs to include enough micronutrients and other essential elements including fats and proteins, to ensure normal growth and development.
- Food based actions include:
 1. Diversified food productions
 2. Local homestead food production/gardening
 3. Food fortification
 4. Animal husbandry

Food based approaches for increased consumption of nutrient-dense foods: What are the action gaps for each district in the Upper East Region?

Actions addressing increased consumption of nutrient dense foods by district

Actions mapped addressing increased consumption of nutrient-dense foods

| | Actions | Target Groups | % of TG Covered |
|---|-------------------------------------------|--------------------------------------------|-----------------|
| 1 | Food processing and value added | Women / Farmers | |
| 2 | Diversified food production | Farmers | |
| 3 | Promote local homestead food production | Adults 19+ / Farmers | |
| 4 | Promote small-scale animal husbandry | Farmers / Households | |
| 5 | Community-based milling and fortification | Women / Farmers | |
| 6 | Food fortification | Traders, producers / All population groups | |













Target population coverage

- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Unknown

Key

- 1 action
- 2 actions
- 3 actions
- 4 actions
- 5 actions
- 6 actions

Food based approaches: Coverage of Actions Vs Trend of Key Indicators

| Key indicator | Trend | Action | Target group(s) | Coverage |
|-------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------|
| Households with poor or borderline food consumption (includes diet diversity) | Worsening: CFSVA 2012 38.3% CFSVA 2010 15% | - Food processing and value added | 1. Women |  |
| | | | 2. Farmers |  |
| | | - Diversified food production | 1. Farmers |  |
| | | | - Local homestead food production | 1. Adults |
| | | - Small-scale animal husbandry | 2. Farmers |  |
| | | | - Food fortification | 1. Farmers |
| | 2. Households |  | | |
| | 1. Traders, producers |  | | |
| | 2. All population groups |  | | |
| Children 6-23 months with appropriate feeding | Improving: MICS 2011 31.6% DHS 2008 27.9% | - Diversified food production | 1. Farmers |  |
| | | | - Local homestead food production | 1. Adults |
| | | - Community based milling and fortification | 2. Farmers |  |
| | | | | 1. Women |
| | 2. Farmers |  | | |

How is the trend relative to the target population coverage?

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WASH

WATER AND SANITATION ACTIONS

WASH

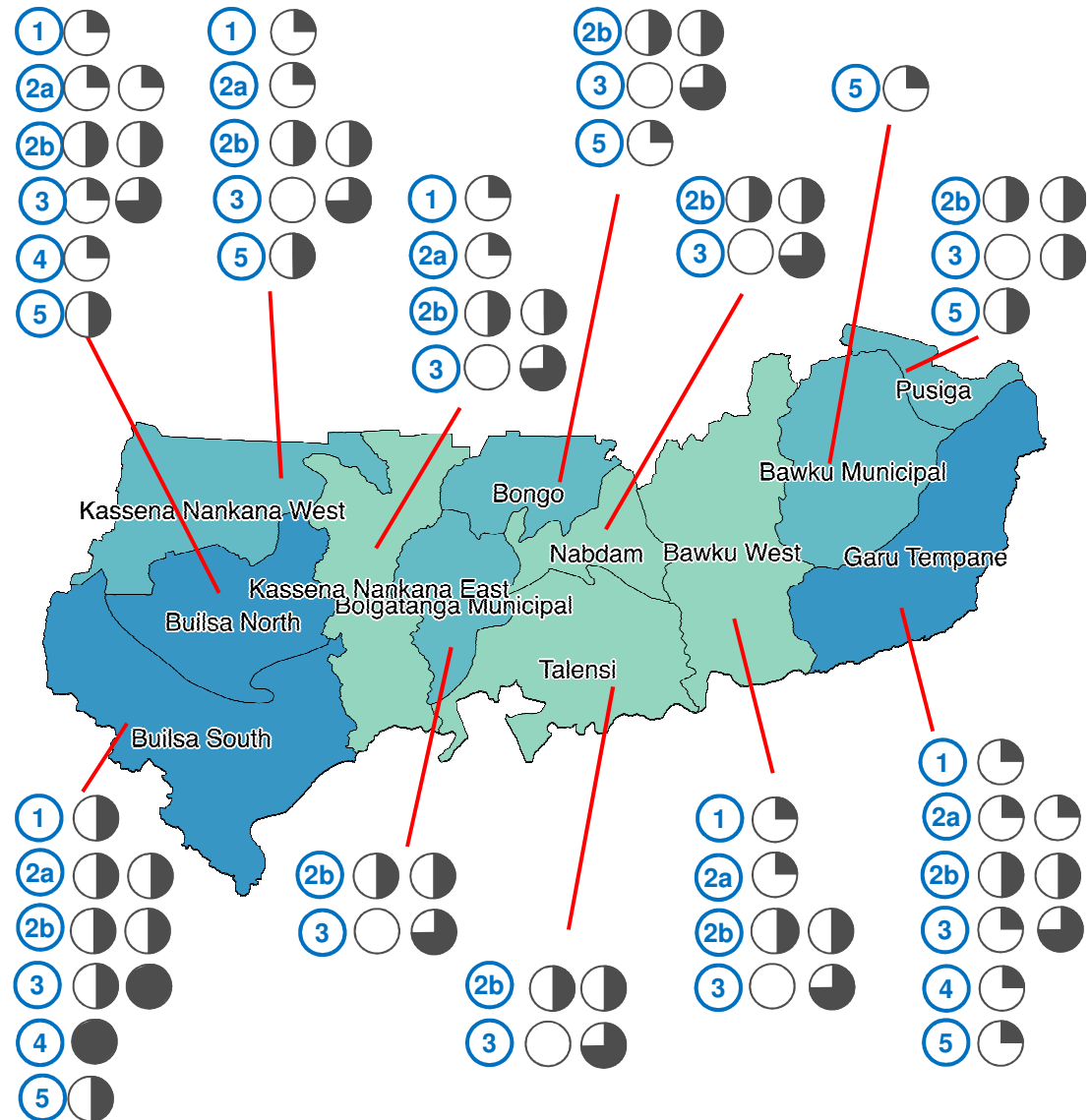
- Improving water, sanitation and hygiene can lead to more healthy environments and reduce the prevalence of infectious diseases and reduce undernutrition.
- WASH actions include:
 1. improving access to clean water
 2. hand washing with soap
 3. improving sanitation.

Water, Sanitation and Hygiene (WASH): What are the action gaps for each district in the Upper East Region, Ghana?

Actions mapped addressing WASH practices

| | Related Country Relevant Actions | Target Groups | % of TG Covered |
|----|------------------------------------|-----------------------------------------|-----------------|
| 1 | Household water treatment / supply | All population groups | |
| 2a | Hand washing with soap | All population groups / School students | |
| 2b | Hand washing with soap | Women / Children 0-18 years | |
| 3 | Sanitation education | School students / All population groups | |
| 4 | VIP latrines | School students | |
| 5 | Community-led total sanitation | All population groups | |

Actions addressing WASH practices by district



Target population coverage

- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Unknown

Key

- 1 action
- 2 actions
- 3 actions
- 4 actions
- 5 actions

Water, Sanitation and Hygiene (WASH): What are the action gaps for each district in the Upper East Region, Ghana?

| | | Upper East Region | Bawku Municipal | Bawku West | Binduri | Bolgatanga Municipal | Bongo | Builisa North | Builisa South | Garu-Tempene | Kassena Nankana East | Kassena Nankana West | Nabdam | Pusiga | Talensi | |
|--------------------------|------------------------------------|-----------------------|-----------------|------------|---------|----------------------|-------|---------------|---------------|--------------|----------------------|----------------------|--------|--------|---------|-----|
| Country Relevant Actions | | Target Groups | | | | | | | | | | | | | | |
| WASH | Household water treatment / supply | All population groups | 2% | | 2% | | | | 1% | 29% | 0% | 0% | 5% | | | |
| | Hand washing with soap | All population groups | 2% | | 6% | | | | 9% | 29% | 0% | 0% | 5% | | | |
| | | Women | 45% | | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% |
| | | Children 0-18 years | 45% | | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% |
| | | School students | 3% | | | 19% | | | 15% | 26% | 6% | | | | | |
| | Sanitation education | All population groups | 49% | | 56% | 50% | 53% | 50% | 58% | 79% | 50% | 50% | 55% | 61% | 50% | 55% |
| | | School students | 3% | | | 19% | | | 15% | 26% | 6% | | | | | |
| | VIP latrines | School students | 6% | | | 19% | | | 15% | 106% | 6% | | | | | |
| | Community Led Total Sanitation | All population groups | 16% | 19% | | 36% | | 25% | 31% | 43% | 20% | | 26% | | 42% | |

WASH: Coverage of Actions Vs Trend of Key Indicators

| Key indicator | Trend | Action | Target group(s) | Coverage |
|----------------------------------------------------|---------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Household access to improved water source | Worsening: MICS 2011 78.3% MICS 2006 83.1% | Household water treatment / supply | 1.All population groups |  |
| Households with soap for hand washing | ??? MICS 2011 45.6% DHS 2008/MICS 2006 N/A | Hand washing with soap | 1.All population groups 2. School students 3. Women 4. Children |  |
| Household access to improved sanitation facilities | Worsening: MICS 2011 10.1% MICS 2006 17.5% | VIP latrines | 1. School students | |

How is the trend relative to the target population coverage?

Are the right target groups being reached?

SOCIAL PROTECTION

ACTIONS TO SUPPORT FOOD

INSECURE HOUSEHOLDS

Social Protection

- Social protection involves policies and programmes that protect people against vulnerability, mitigate the impacts of shocks, improve resilience and support people whose livelihoods are at risk.
- Social Protection actions in Ghana include
 1. Take home rations
 2. Safety nets

However, in the Upper East Region, no actions have been mapped.

ANEMIA

**ACTIONS FOR WOMEN AND
CHILDREN**

Anemia

- Iron deficiency anemia is the most common micronutrient deficiency in the world today.
- It contributes to poor cognitive development, increased maternal mortality and decreased work capacity. Thus actions to tackle anemia focus on women and children.
- Key actions to tackle anemia include:
 1. Iron supplementation
 2. Fortification with Multiple Micronutrient Powder (MNP)

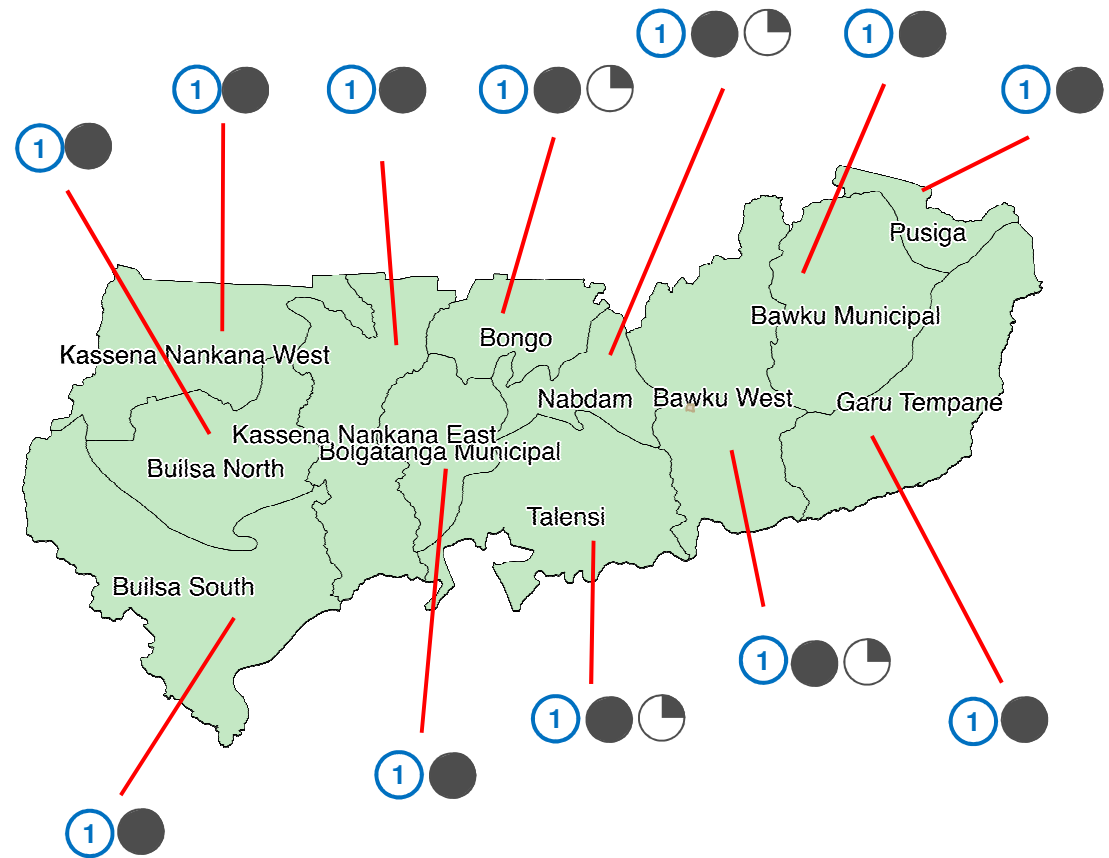
Anemia among women: What are the **nutrition specific/health action gaps** for each district in the Upper East Region?

Prevalence of anemia among women in Upper East Region = 48.4% (DHS 2008)

Actions addressing anaemia among women 15 – 49 years by district

Actions mapped addressing anemia among women 15-49 years

| | Related Country Relevant Actions | Target Groups | % of TG Covered |
|---|--------------------------------------------|------------------------------------------|-----------------|
| 1 | Provide iron-folic acid / iron supplements | Women of reproductive age 15 – 49 years | ● |
| 2 | Micronutrient powder promotion | Pregnant - lactating women 15 – 49 years | N/A |
| 3 | Provide insecticide treated bednets | Pregnant - lactating women 15 – 49 years | ⊙ |
| 4 | Carry out indoor residual spraying | Households | N/A |
| 5 | Provide deworming tablets | Pregnant - lactating women 15 – 49 years | N/A |



Target population coverage

- ⊙ 1-25%
- ◐ 26-50%
- ◑ 51-75%
- 76-100%
- ⊙ Unknown

Key

- 1 action
- 2 actions
- 3 actions
- 4 actions
- 5 actions

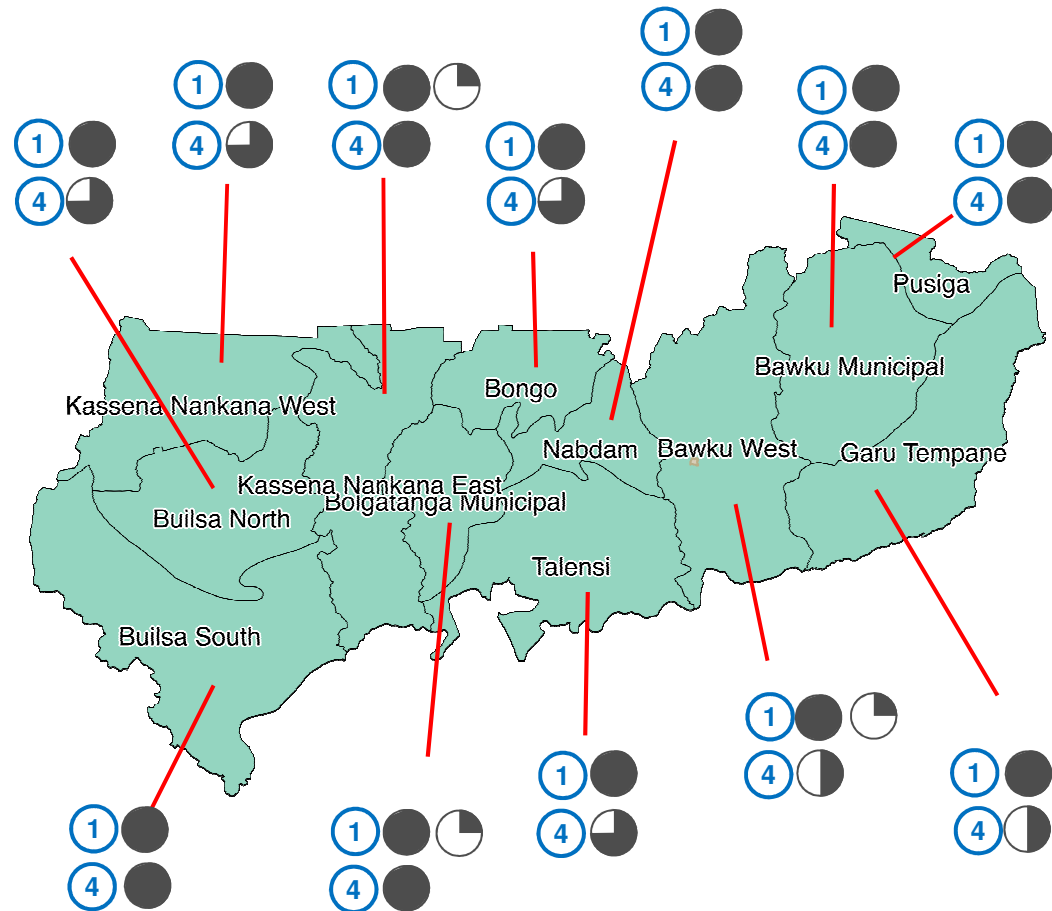
Anemia among children: What are the **nutrition specific/health action gaps** for each district in the Upper East Region?

Prevalence of anemia among children in Upper East Region = 77.5% (MICS 2011)

Actions addressing anaemia among children by district

Actions mapped addressing anemia among children

| | Related Country Relevant Actions | Target Groups | % of TG Covered |
|---|----------------------------------------------------------------|------------------------------------------------------------|-----------------|
| 1 | Optimal complementary feeding practices promotion & counseling | Mothers-caregivers / Pregnant -lactating women 15-49 years | |
| 2 | Micronutrient powder promotion | Children 6 – 59 months | N/A |
| 3 | Provide insecticide treated bednets | Children 0-23 months | |
| 4 | Provide deworming tablets | Children 24 – 59 months / School students | |
| 5 | Carry out indoor residual spraying | Households | N/A |



Target population coverage

- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Unknown

Key

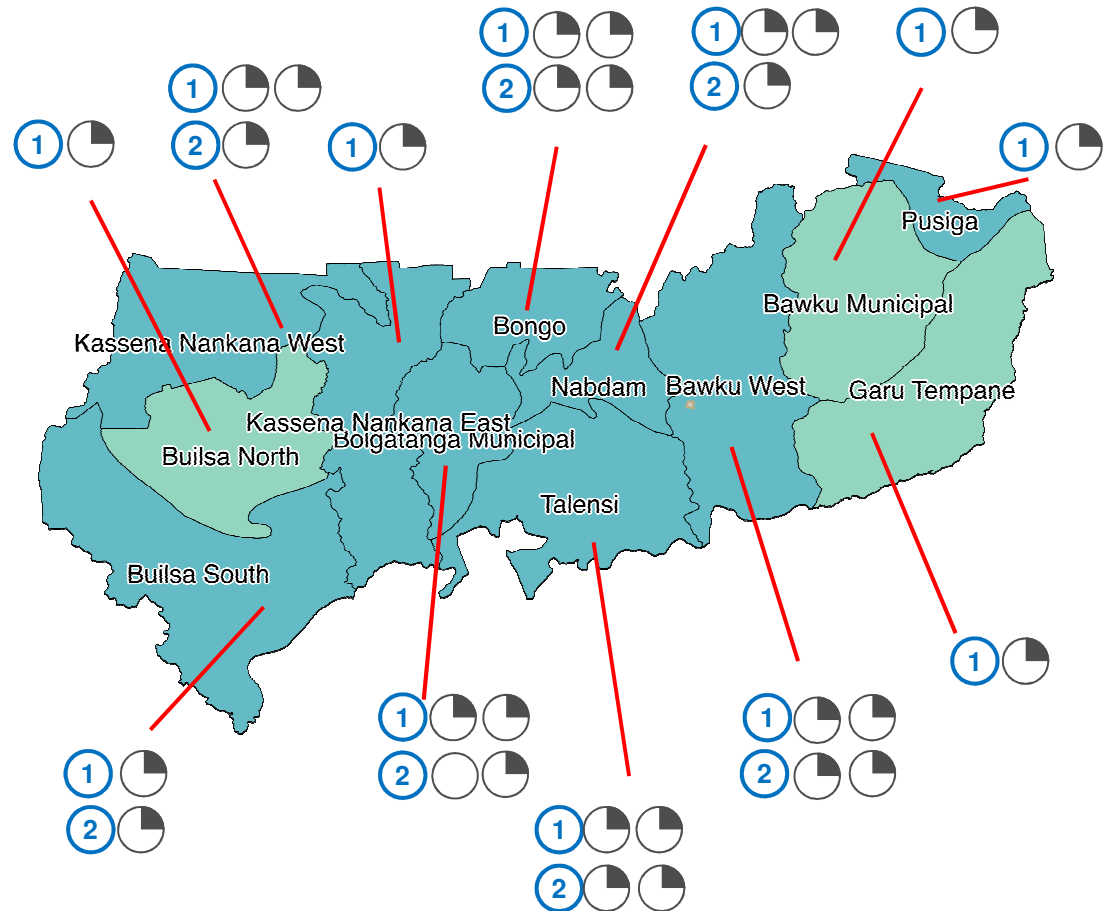
- 1 action
- 2 actions
- 3 actions
- 4 actions
- 5 actions

Anemia: What are the nutrition sensitive action gaps for each district in the Upper East Region?

Actions mapped addressing anemia among women 15-49 years and children

Actions addressing anaemia among women 15-49 years and children by district

| | Related Country Relevant Actions | Target Groups | % of TG Covered |
|---|-------------------------------------------|--------------------------------------------|-----------------|
| 1 | Promote local homestead food production | Adults 19+ / Farmers | |
| 2 | Promote small-scale animal husbandry | Farmers / Households | |
| 3 | Community-based milling and fortification | Women / Farmers | |
| 4 | Food fortification | Traders, producers / All population groups | |



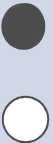

Target population coverage

- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Unknown

Key

- 1 action
- 2 actions
- 3 actions
- 4 actions

Anemia: Coverage of Actions Vs Trend of Key Indicators

| Key indicator | Trend | Action | Target group(s) | Coverage |
|----------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Women 15-49 with anemia | Improving: DHS 2008 48.4% DHS 2003 51.0% | <ul style="list-style-type: none"> - Provide iron-folic acid / iron supplements - Micronutrient Powder Promotion | 1. Women of reproductive age 1. N/A |  |
| Children 6-59 months with anemia | Improving: MICS 2011 77.5% DHS 2008 88.5% | <ul style="list-style-type: none"> - Complementary feeding practices promotion - Micronutrient Powder Promotion | 1. Mothers/caregivers 2. Pregnant/lactating women 15-49 years 1. N/A |  |

How is the trend relative to the target population coverage?

Are the right target groups being reached?

ACUTE MALNUTRITION

ACTIONS TO TREAT AND PREVENT

Acute Malnutrition

Acute malnutrition is caused by a decrease in food consumption and/or illness resulting in sudden weight loss or oedema.

Some key actions to manage and prevent acute malnutrition include:

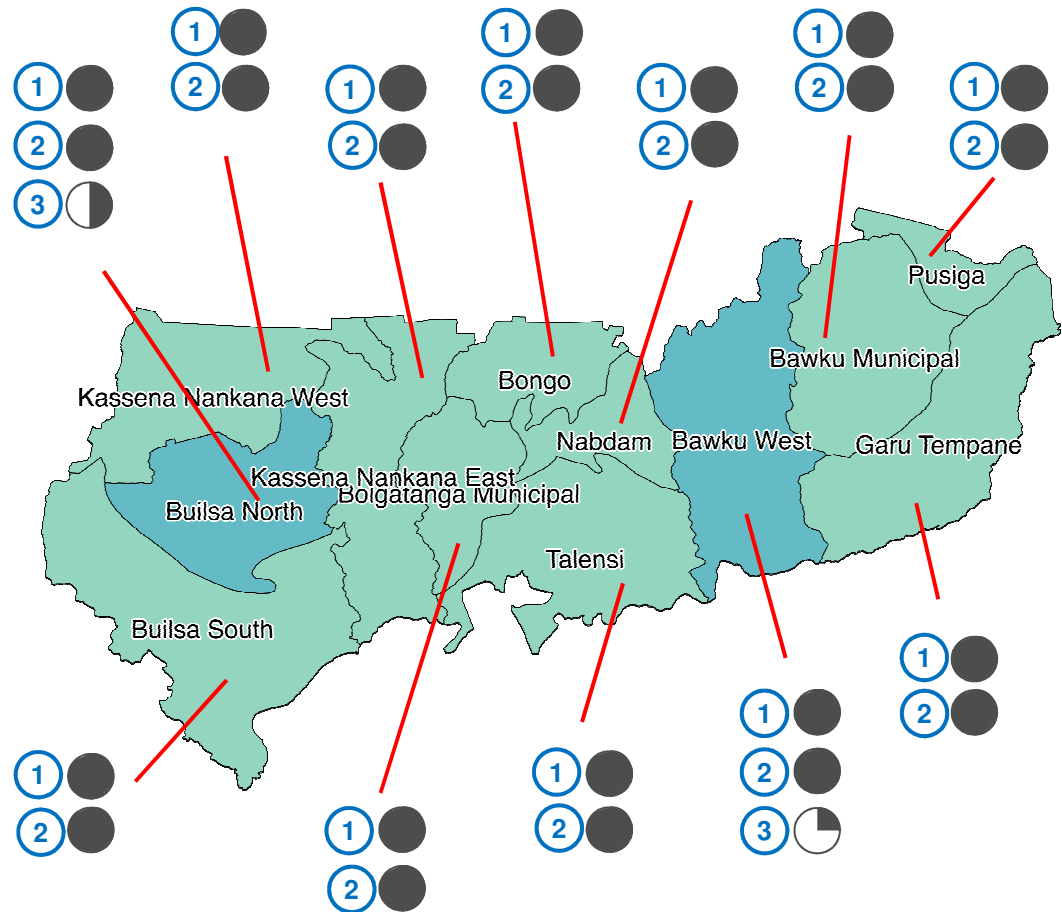
- Community-based Management of Acute Malnutrition (CMAM)
- Hand washing with soap
- Treatment of illness

Acute Malnutrition: What are the **nutrition specific / health action gaps** for each district in the Upper East Region?

Actions addressing acute malnutrition among children 0-59 months by district

Actions mapped addressing acute malnutrition among children 0-59 months

| | Related Country Relevant Actions | Target Groups | % of TG Covered |
|---|----------------------------------|-------------------------------|-----------------|
| 1 | Management of SAM | Children 0-59 months with SAM | ● |
| 2 | Management of MAM | Children 6-59 months with MAM | ● |
| 3 | ORS / ORS+zinc | Children 6-59 months | ◐ |
| 4 | Deworming | Children 24-59 months | ? |



Target population coverage

- ◐ 1-25%
- ◑ 26-50%
- ◒ 51-75%
- 76-100%
- ⊕ Unknown

Key

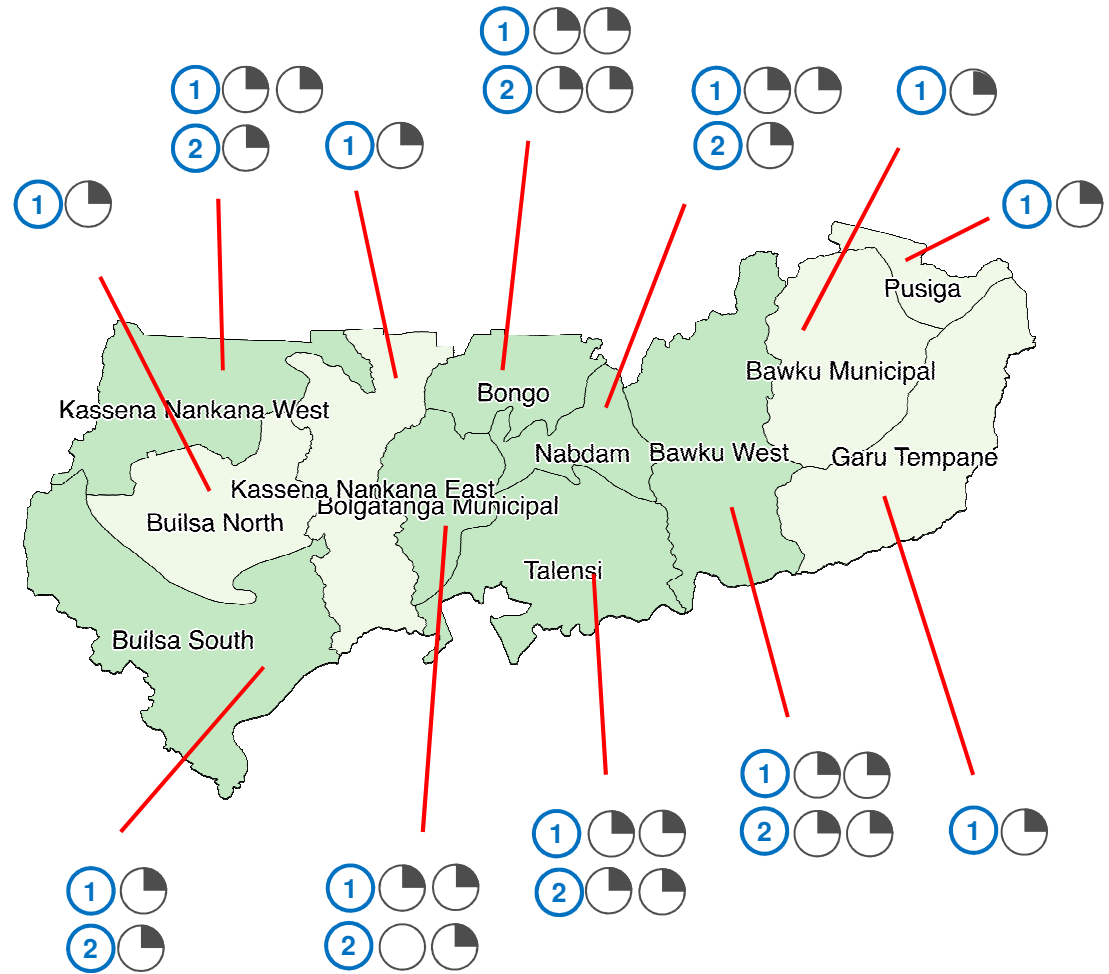
- 1 action
- 2 actions
- 3 actions
- 4 actions

Acute Malnutrition: What are the nutrition sensitive action gaps for each district in the Upper East Region?

Actions addressing acute malnutrition among children 0-59 months by district

Actions mapped addressing acute malnutrition among children 0-59 months

| | Related Country Relevant Actions | Target Groups | % of TG Covered |
|---|-----------------------------------------|----------------------|-----------------|
| 1 | Promote local homestead food production | Adults 19+ / Farmers | |
| 2 | Promote small-scale animal husbandry | Farmers / Households | |
| 3 | Safety Nets / Cash Transfers | N/A | N/A |



Target population coverage

- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Unknown

Key

- 1 action
- 2 actions
- 3 actions

Acute malnutrition: Coverage of Actions Vs Trend of Key Indicators

| Key indicator | Trend | Action | Target group(s) | Coverage |
|-------------------------------------------|------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|----------|
| GAM prevalence among children 0-59 months | Improving: MICS 2011 7.2% DHS 2008 10.8% | 1. Management of SAM 2. Management of MAM | 1.Children 0-59 months with SAM 2. Children 6-59 months with MAM | ● ● |
| SAM prevalence among children 0-59 months | Improving: MICS 2011 1.2% DHS 2008 1.3% | 1. Management of SAM | 1.Children 0-59 months with SAM | ● |

How is the trend relative to the target population coverage?

Are the right target groups being reached?

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 ✓ X

◆ Identification of scale up need X

Utilization and potential of delivery mechanisms

◆ Status information on utilization of delivery mechanisms ✓

◆ Estimate of potential of delivery mechanisms X

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?

Next Steps and Key Decisions

- 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