



Nutrition Stakeholder & Action Mapping Results

Upper West Region

30 September 2015



REACH

ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS



Part 1

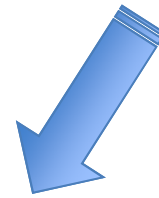
EXPLORING THE STAKEHOLDER LANDSCAPE



Who does what, where?

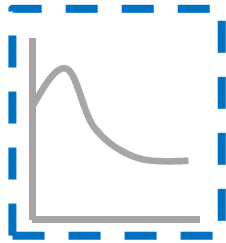
How many beneficiaries are reached?

Via which delivery mechanisms?



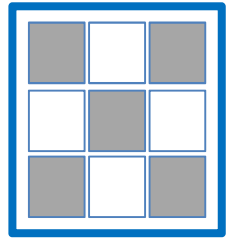
Overall: Shows the current situation and, by showing the gaps, the potential for scale-up of mapped actions

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



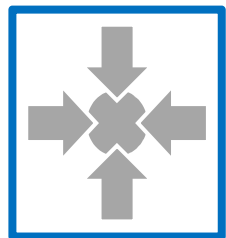
Identification of key stakeholders and geographical coverage

- 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

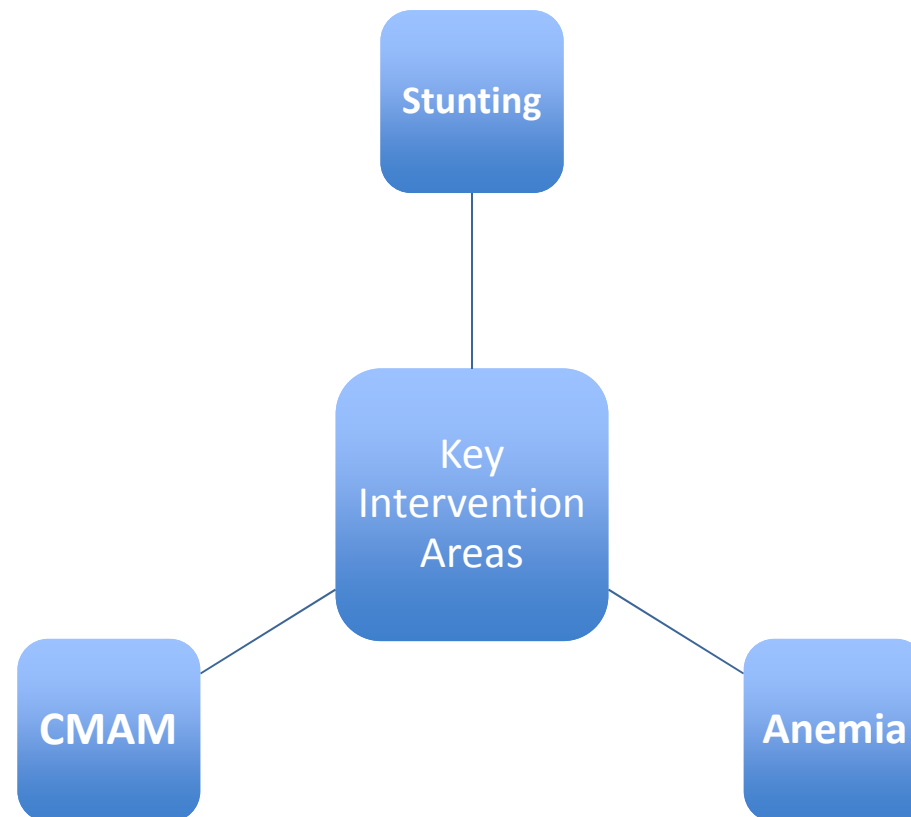
- Status information on utilization of delivery mechanisms
- Estimate of potential of delivery mechanisms

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

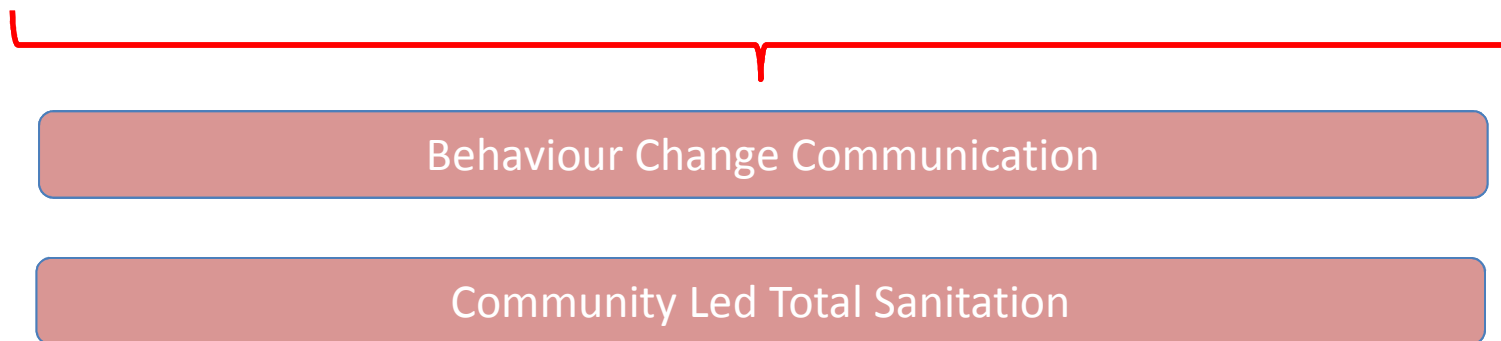
- Ghana now has a National Nutrition Policy which provides the framework for prioritizing actions to tackle the nutrition problems.
- In 2013, the Ghana Health Service held a national level, multi-sector workshop to prioritize nutrition actions to scale up. The following focus areas were chosen:



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 – UPPER WEST REGION

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

Status of key nutrition indicators in UWR

	INDICATOR	STATUS	INTERVENTION	SEVERITY	TREND	
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 months	23.1%*	Maternal and child health/ IYCF		improving
	Wasting	GAM prevalence among children 6-59 m old	9.2%*	Complementary feeding promotion		improving
		SAM prevalence among children 6-59 m old	1.8%*	CMAM, Therapeutic management of SAM		improving
	Vitamin A	Percent children < 5 years who received Vitamin A supplementation	72.8%*	Child Health Days; Vitamin A supplements		improving
	Iron deficiency	Children 6-59 month old with anemia	81.5%*	De-worming; iron supplementation, food based interventions		improving
		Women 15-49 years with anemia	66.9% †	Iron and folic acid supplementation		worsening
	Iodine	Proportion of school-aged children with iodine deficiency	*	Salt fortification with iodine, repackaging		N/A
		Household use of iodized salt (>15 ppm)	32%*	Salt fortification , repackaging		improving
	Underlying Causes	Food Security	Households with poor or borderline food consumption	23.7%‡	Nutrition education for dietary diversity, diversify production, home gardens	
Health and Sanitation		Low birth weight	9.5%*	Maternal Health Counseling		worsening
		Household access to improve water source	88.6%*	Household water treatment, education		N/A
		Household access to improved sanitation facilities	24.3%*	Latrine provision and usage promotion		improving
		Households with soap for hand washing	34.3%*	Use of soap promotion at health center, community volunteers		N/A
Care		Timely initiation of breastfeeding	61.1%*	BFHI, mother support groups, counseling		improving
		Infants 0-5m exclusively breastfed	67.0%*	IYCF promotion at health center, mother support groups, community promotion		N/A
		Children 6-23 months old with appropriate feeding	38.3%*	IYCF promotion in health facilities, micronutrient fortification of grains, BCC		worsening
	Time to fetch water(≥30 min, % households)	27.9%*	Provision of wells/bore holes		improving	
Basic Causes	Education	Percentage of females of primary school age attending primary or secondary school	74.6%*	School feeding, girls rations, girls education		improving
		Literate females ages 15- 24 years	50.3%*	Girls education, girls school rations		improving
	Population	Total fertility rate	4.8*	Access to birth control		N/A
	Gender	Medium age at first birth for women ages 20-49 yrs,	19.5 † years	Girls education		N/A
		Percentage of women who control the use of their own income	66.9% †	Income generating activities for women, education		N/A
	Poverty	Population living under national poverty line	*	LEAP, social protection		N/A

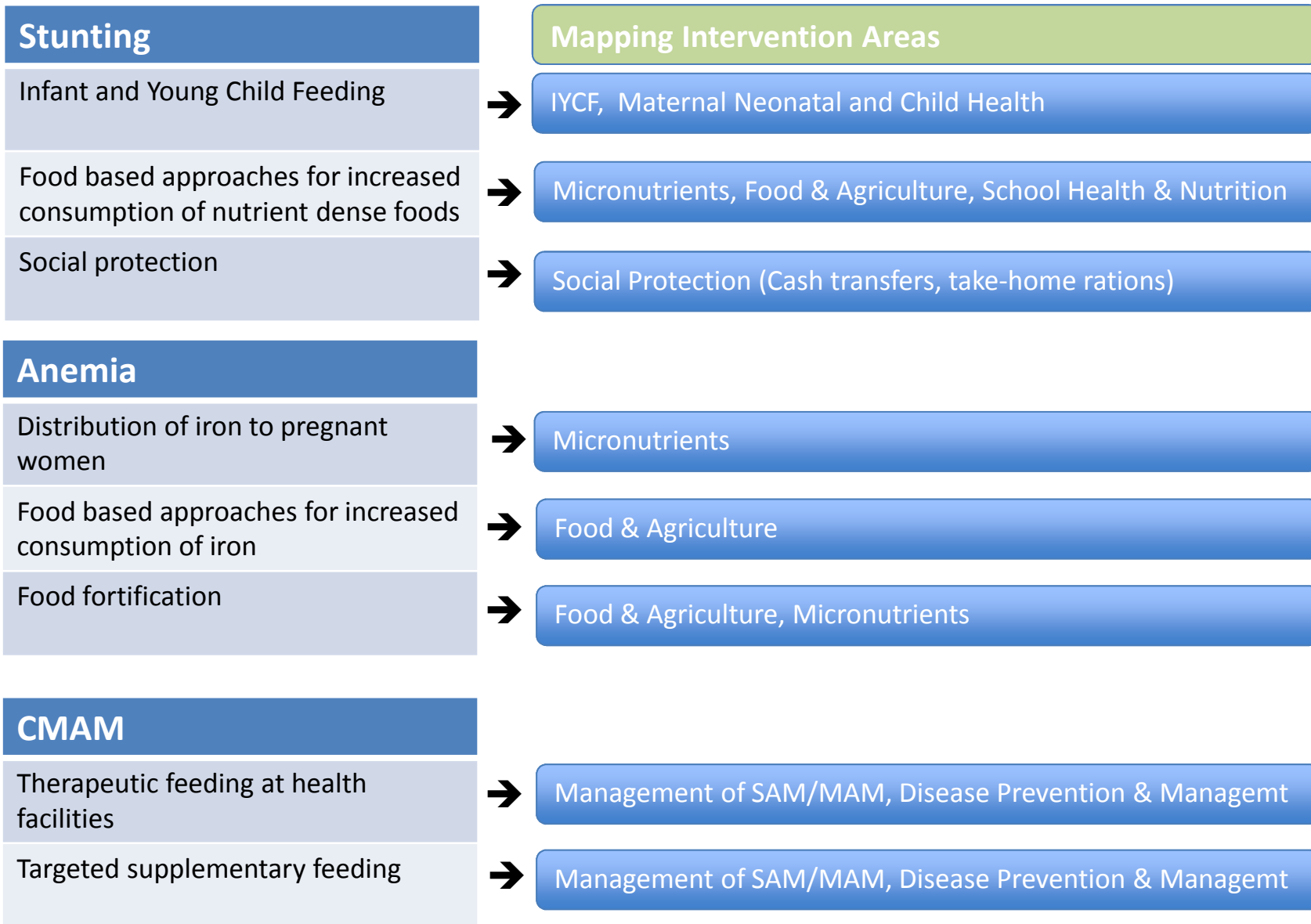
* MICS2011 / † DHS2008 / ‡ CFSVA 2012 / • Micronutrient Initiative Report 2009 / • Global Hunger Index IFFRI 2012. 8.9/100. / • UNSD 2006 See MDG poverty indicator./ ** Severity colors based on WHO rankings.

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
IVCF	Optimal breastfeeding practices promotion and counselling	Ministry of Health	Care International, Christian Mothers, FOMWAG, GHS, SILDEP (UDS/GHS/WIAD)	IITA, Care International, Plan Ghana, UNICEF	Care International, Local duties, Plan Ghana, DFATD, USAID, DFID
	Optimal complementary feeding practices promotion and counselling	Ministry of Health	GHS	UNICEF, MGCSF	DFATD
Nutrition promotion	Nutrition education / counselling	Ministry of Health	GHS, UDS/GHS/WIAD, CARD/CAPEC/ProNet North/TUDRIDEP/PRUDA	IITA, MEDA, UNICEF	DFATD, USAID, MEDA
Micronutrients	Vitamin A supplementation	Ministry of Health	GHS, Suntaa Nuntaa	UNICEF	DFATD, IGF
	Iron-folic acid supplementation / Iron supplementation	Ministry of Health	GHS	UNICEF	DFATD, Government
	Micronutrient powder promotion	N/A	N/A	N/A	N/A
	Iodized salt promotion	Ministry of Health	EHSD, GHS	UNICEF, WFP	DFATD, Government
	Food fortification	Ministry of Health, Ministry of Agriculture, Food and Drug Authority	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	CRS, GHS, Save Ghana, Suntaa Nuntaa	Care International, WFP, Action Aid, UNICEF, MGCSF	Care International, Government, DFATD, Action Aid, IGF, CRS
Maternal, neonatal & child health	Baby Friendly Hospital Initiative	Ministry of Health	GHS	UNICEF	DFATD
	Growth Monitoring and Promotion	Ministry of Health	Christian Mothers, GHS	PAWLA	Local duties, Government, DFATD, GTZ
Family Planning	Promotion of family planning, including optimized inter-pregnancy intervals	Ministry of Health	GHS	UNFPA	Government, UNFPA
Disease prevention management	Deworming	Ministry of Health	GHS, Suntaa Nuntaa	GES, UNICEF, FOMWAG	Government, DFATD, WHO, IGF
	Promotion of ITBN	Ministry of Health	Christian Mothers, GHS, Suntaa Nuntaa, Department of Children	MGSCP, PAWLA, World Vision	Local duties, AngloGold Ashanti, RAINBOW, SIDA, DANIDA, World Vision, Government, IGF
	Indoor residual spraying	N/A	N/A	N/A	N/A
	ORS / ORS + zinc	Ministry of Health	GHS	UNICEF	DFATD
	Nutrition support / counseling to PLWHIV & TB (NACS)	Ministry of Health	CRS, GHS, Action Aid Partners, Ghana Aids Commission	Action Aid, Christian Mothers, USAID, CRS, WFP, MOFA, Social Welfare, PAWLA	Action Aid, USAID, Local duties, DFATD, Ghana Aids Commission, SIDA, IBISC, DANIDA, PTE
	Promotion of regenerative health & nutrition	Ministry of Health	GHS	UNICEF	DFATD

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	Care International, CWSA, Plan Ghana, Save Ghana, Suntaa Nuntaa	Care International, EHSD, UNICEF, Wa Municipal Assembly	Care International, DFATD, Government, Plan Japan, ROBO Bank, IGF
	Hand washing with soap	Ministry of Health, Ministry of Education, Ministry of Local Government and Rural Development	Christian Mothers, CWSA, FOMWAG, GES, ProNet North, Save Ghana, Plan Ghana	MGSCP, EHSD, Card, UNICEF, World Bank, Plan Ghana, Social Welfare, World Vision, Water Aid	Local duties, Action Aid, SNV, DFATD, Government, World Bank, Plan Ghana, EU, CWSA, World Vision, Water Aid, ROBO Bank, UNICEF
	Sanitation education	Ministry of Health, Ministry of Education, Ministry of Local Government and Rural Development	CRS, Christian Mothers, CWSA, GES	Care International, EHSD, World Bank, UNICEF, Yaro, Plan Ghana	Care International, USAID, Local duties, World Bank, DFATD, EU, Plan Ghana
	VIP latrines	Ministry of Health, Ministry of Local Government and Rural Development	CWSA	World Bank	World Bank
	Community Led Total Sanitation	Ministry of Health, Ministry of Education, Ministry of Local Government and Rural Development	CWSA, EHSD, ProNet North, World Vision	Plan Ghana, UNICEF, Wa Municipal Assembly	World Bank, Care International, Plan Ghana, Water Aid, World Vision, BIDO, Pan African, Bill & Melinda Gates Foundation, PanAfrican CLTS, Dutch Government
Food & Agriculture	Food processing & value added	Ministry of Agriculture	ACDEP, FOMWAG, Save Ghana, SILDEP, YARO, CARD/CAPEC/ProNet North/TUDRIDEP/PRUDA, ACDEP/PLUS 1, BFC Assembly, YARO	MEDA, NRGF, PAWLA, Plan Ghana, SNV	DFATD, Plan Ghana, MEDA, IFAD, SIDA, SNV, GES, EU, Christian Aid, Oxfam
	Small-scale animal husbandry	Ministry of Agriculture	ACDEP, Care International, MOFA, Plan Ghana, ProNet North, Suntaa Nuntaa, NGOs, UDS/GHS/WIAD	Action Aid, IITA, World Vision, Care International, JICA, Oxfam	Action Aid, DFATD, Care International, USAID, WAAPP, JICA, Plan Japan, Oxfam, IGF, World Vision
	Local homestead food production (including home / dry season gardening)	Ministry of Agriculture	Christian Mothers, MOFA, Plan Ghana, ProNet North, Send Ghana, SILDEP, UDS/GHS/WIAD, CARD/CAPEC/ProNet North/TUDRIDEP/PRUDA, ACDEP/PLUS 1, NGOs	IITA, MEDA, NRGF, World Vision, SADA, PAWLA, Oxfam	Local duties, USAID, DFATD, MEDA, Government, IFAD, African Development Bank, SIDA, Plan Japan, Oxfam, CORDAID, DAICONIAD, Trust Africa, OXFAM, Christian Aid, Switzerland, World Vision
	Diversified food production	Ministry of Agriculture	ACDEP, MOFA, CARD/CAPEC/ProNet North/TUDRIDEP/PRUDA	MEDA, IITA	DFATD, MEDA, USAID
	Cooking / food demonstrations	Ministry of Agriculture	Plan Ghana	N/A	Plan Japan
	Community based milling & fortification	Ministry of Gender Children and Social Protection, Ministry of Health	Christian Mothers, Suntaa Nuntaa, NGOs, MOFA, GHS	Action Aid, PAWLA	Action Aid, Local duties, SIDA, IGF
School Health & Nutrition	School feeding	Ministry of Education	GES, Save Ghana	GHS, Social Welfare, WFP, CRS, Card, Media, SNV	SFB, DFATD, USAID, Send Ghana, Action Aid, SNV
	School health education programme	Ministry of Education	GES, ProNet North	GHS, CWSA, Christian Mothers, Plan Ghana, Water Aid	Government, World Bank, Plan Ghana, Water Aid
Social Protection	Take-home rations for girls	N/A	N/A	N/A	N/A
	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 11)	Target group(s)	% of target group covered	Delivery mechanisms
IVCF	Optimal breastfeeding practices promotion and counselling	11	Pregnant / lactating women 15-49 years	80%	Mother-to-mother support groups, Health centers / clinics, The community, Womens groups, Health workers, Community volunteers, Other community groups
	Optimal complementary feeding practices promotion and counselling	11	Pregnant / lactating women 15-49 years	80%	Health workers, Community volunteers, Mother-to-mother support groups
Nut. promotion	Nutrition education / counselling	11	Mothers / caregivers	111%	Mother-to-mother support groups, Womens groups, Field / project / technical officers, Health workers, Community volunteers
Micronutrients	Vitamin A supplementation	11	Children 6-59 months	136%	Health centers / clinics, Health workers, National Child Health Days, Community volunteers
	Iron-folic acid supplementation / Iron supplementation	11	Pregnant / lactating women 15-49 years	30%	Health centers / clinics, Community volunteers
	Micronutrient powder promotion	N/A	N/A	N/A	N/A
	Iodized salt promotion	11	All population groups	30%	Field / project / technical officers, Markets/shops/restaurants/bars, Community volunteers
	Food fortification	2	All population groups	NO DATA	Farmers / Farmer based organisations
SAM / MAM	Management of SAM (Community & health centre)	11	Children 0-59 months with SAM	100%	Health centers / clinics, Health workers, Community based health planning services (CHPS)
	Management of MAM (Community & health centre)	9 5	Children 6-59 months with MAM Pregnant / lactating women 15-49 years with MAM	100% NO DATA	Health centers / clinics, Community volunteers, Health workers, Community based health planning services (CHPS), NGOs / CBOs
Maternal, neonatal & child health	Baby Friendly Hospital Initiative	11	Pregnant / lactating women 15-49 years	NO DATA	Health centers / clinics, Community based health planning services (CHPS), Mother-to-mother support groups
	Growth Monitoring and Promotion	11	Children 0-23 months	114%	Health centers / clinics, Health workers, Community volunteers, National Child Health Days
Family Plan	Promotion of family planning, including optimized inter-pregnancy intervals	11	Women of reproductive age 15-49 years	NO DATA	Health centers / clinics
Disease prevention/mgmt	Deworming	11	School students	NO DATA	Schools, Health centers / clinics, National Child Health Days
		11	children 24-59 months	82%	
	Promotion of ITBN	11	Pregnant / lactating women 15-49 years	NO DATA	Community leaders, Health workers, Community volunteers
		11	Children 0-23 months	NO DATA	
	Indoor residual spraying	N/A	N/A	N/A	N/A
	ORS / ORS + zinc	11	Children 0-59 months	NO DATA	Health centers / clinics, Community volunteers
	Nutrition support / counseling to PLWHIV & TB (NACS)	11	PLHIV	N/A	Other community groups, Health centers / clinics, Hospitals, Health workers
	11	TB cases	NO DATA		
	Promotion of regenerative health & nutrition	1	All population groups	6%	Hospitals, Health workers

N/A = no organisation currently implementing action

Summary of key data – Part 2

	Country Relevant Actions	# of districts supported (max 11)	Target group(s)	% of target group covered	Delivery mechanisms
WASH	Household water treatment / supply	11	All population groups	NO DATA	The community, Community leaders, Womens groups, Health centers / clinics, Field / project / technical officers
		8	Households	1%	
	Hand washing with soap	11	Women	NO DATA	Schools, The community, Health workers, Womens groups, Field / project / technical officers
		11	Children 0-18	NO DATA	
		9	All population groups	57%	
		11	School students	NO DATA	
	Sanitation education	11	All population groups	49%	The community, Health workers, Schools
		11	School students	NO DATA	
VIP latrines	6	All population groups	49%	The community	
Community Led Total Sanitation	11	All population groups	81%	Community leaders, The community, Local Government	
Food & Agriculture	Food processing & value added	9	Farmers	7%	Womens groups, Field / project / technical officers, Farmers / Farmer based organisations, Savings and loans associations, The community, Community volunteers
		7	Women	0%	
		2	Adults 19+ years	NO DATA	
	Small-scale animal husbandry	4	Women	0%	The community, Farmers / Farmer based organisations, Community volunteers, Field / project / technical officers, Womens groups, Mens groups, NGOs / CBOs
		10	Farmers	3%	
	Local homestead food production (including home / dry season gardening)	11	Adults 19+ years	0%	Farmers / Farmer based organisations, Womens groups, Field / project / technical officers, Agricultural Extension Agents, The community, Mens groups, Other community groups
		11	Women	1%	
		11	Farmers	7%	
	Diversified food production	3	Adults 19+ years	1%	Womens groups, Field / project / technical officers, Community volunteers, Farmers / Farmer based organisations, The community
		4	Farmers	9%	
4	Women	1%			
Cooking / food demonstrations	1	Mothers / caregivers	3%	Community volunteers, Mother-to-mother support groups	
Community based milling & fortification	11	Women	NO DATA	The community, NGOs / CBOs	
School Health & Nutrition	School feeding	11	School students	14%	Schools
	School health education programme	11	School students	2%	Schools, Field / project / technical officers
Social Protection	Take-home rations for girls	N/A	N/A	N/A	N/A
	Safety nets / Cash transfers	2	Food insecure households	21%	The community

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 – 11 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?
20 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	Upper West Region	Daffiama Bussie Issa	Jirapa	Lambusie-Karni	Lawra	Nadowli	Nandom	Sissala East	Sissala West	Wa East	Wa Municipal	Wa West	Total districts covered
IVCF	Optimal breastfeeding practices promotion and counselling	Pregnant / lactating women 15-49 years													11
	Optimal complementary feeding practices promotion and counselling	Pregnant / lactating women 15-49 years													11
Nut. promotion	Nutrition education / counselling	Mothers / caregivers													11
Micronutrients	Vitamin A supplementation	Children 6-59 months													11
	Vitamin A supplementation	Pregnant / lactating women 15-49 years													11
	Iron-folic acid supplementation / Iron supplementation	Pregnant / lactating women 15-49 years													11
	Micronutrient powder promotion	N/A	-	-	-	-	-	-	-	-	-	-	-	-	N/A
	Iodized salt promotion	All population groups													11
Management SAM/MAM	Food fortification	All population groups		-	-	-	-	-	-	-	-	-	-	-	2
	Management of SAM (Community & health centre)	Children 0-59 months with SAM													11
	Management of MAM (Community & health centre)	Children 6-59 months with MAM		-											9
Pregnant & lactating women 15-49 years with MAM				-	-	-	-	-	-	-	-	-	-	-	5
Maternal neonatal & child health	Baby Friendly Hospital Initiative	Pregnant / lactating women 15-49 years													11
	Growth Monitoring and Promotion	Children 0-23 months													11
Family Plan	Promotion of family planning, including optimized inter-pregnancy	Women of reproductive age 15-49 years													11
Disease prevention/management	Deworming	School students													11
		Children 24-59 months													11
	Promotion of ITBN	Pregnant / lactating women 15-49 years													11
		Children 0-23 months													11
	Indoor residual spraying	N/A	-	-	-	-	-	-	-	-	-	-	-	-	N/A
	ORS / ORS + zinc	Children 0-59 months													11
	Nutrition support / counseling to PLWHIV & TB (NACS)	PLHIV													
TB cases															11
Promotion of regenerative health & nutrition	All population groups		-	-	-	-	-	-	-	-	-	-	-	1	

N/A = no organisation currently implementing action

Geographic Coverage – Part 2

Country Relevant Actions		Target Groups	Upper West Region	Daffiama Bussie Issa	Jirapa	Lambusie-Karni	Lawra	Nadowli	Nandom	Sissala East	Sissala West	Wa East	Wa Municipal	Wa West	Total districts covered
WASH	Household water treatment / supply	Households													11
		All population groups				-	-		-						8
	Hand washing with soap	Women													11
		Children 0-18 years													11
		All population groups						-		-					9
		School students													11
	Sanitation education	All population groups													11
		School students													11
VIP latrines	All population groups		-	-		-		-		-				6	
Community Led Total Sanitation	All population groups													11	
Food & Agriculture	Food processing & value added	Farmers		-					-						9
		Women		-				-	-				-		7
		Adults 19+ years		-	-	-	-	-	-	-		-	-	-	2
	Small-scale animal husbandry	Women		-					-	-		-	-		4
		Farmers		-											10
		Adults 19+ years													11
	Local homestead food production (including home / dry season gardening)	Women													11
		Farmers													11
		Adults 19+ years		-	-	-	-		-	-		-	-		3
	Diversified food production	Farmers		-	-	-	-		-	-	-	-	-		4
		Women		-	-	-	-		-	-	-	-	-		4
	Cooking / food demonstrations	Mothers / caregivers		-	-	-	-		-	-	-	-	-		1
Community based milling &	Women													11	
School Health	School feeding	School students												11	
	School health education programme	School students												11	
Social Protection	Take-home rations for girls	N/A	-	-	-	-	-	-	-	-	-	-	-	N/A	
	Safety nets / Cash transfers	Food insecure households		-	-	-	-	-	-	-	-	-	-	2	

N/A = no organisation currently implementing action

Key points to note – geographic coverage

Key points	Key questions
3 actions out of 34 are not being implemented	Are these important actions? Why is no-one implementing them?
23 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 Daffiama Bussie (22) and Nandom (22)	Why are these districts being focused on less than others?

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	PLHIV 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	
IVCF	Optimal breastfeeding practices promotion and counselling																																	7	
	Optimal complementary feeding practices promotion and counselling																																		3
Nut. promotion	Nutrition education / counselling																																		5
	Vitamin A supplementation																																		4
Micronutrients	Iron-folic acid supplementation / Iron supplementation																																		2
	Iodized salt promotion																																		3
	Food fortification																																		1
SAM/MAM	Management of SAM (Community & health centre)																																		3
	Management of MAM (Community & health centre)																																		5
Maternal, neonatal & child health	Baby Friendly Hospital Initiative																																		3
	Growth Monitoring and Promotion																																		4
Family Plan	Promotion of family planning, including optimized inter-pregnancy intervals																																		1
	Deworming																																		2
Disease prevention & management	Promotion of ITBN																																		3
	ORS / ORS + zinc																																		2
	Nutrition support / counseling to PLWHIV & TB (NACS)																																		4
	Promotion of regenerative health & nutrition																																		2
	Household water treatment / supply																																		6
WASH	Hand washing with soap																																		6
	Sanitation education																																		3
	VIP latrines																																		1
	Community Led Total Sanitation																																		3
	Food processing & value added																																		6
Food & Agriculture	Small-scale animal husbandry																																		7
	Local homestead food production (including home / drv season gardening)																																		7
	Diversified food production																																		5
	Cooking / food demonstrations																																		2
	Community based milling & fortification																																		2
School Health & Nutrition	School feeding																																		1
	School health education programme																																		2
Social Protection	Safety nets / Cash transfers																																		1
	Frequency of each delivery mechanism by action	2	11	5	10	0	3	1	5	5	0	2	9	14	0	0	12	5	8	2	0	3	1	0	0	4	1	0	3	0	0	0	0	0	

Key points to note – Delivery Mechanisms

Key points	Key questions
Maximum number of delivery mechanisms used: 7 (Optimal breastfeeding practices, small-scale animal husbandry and local homestead food production)	Which delivery mechanisms can be grown to their full potential?
Minimum number of delivery mechanisms used: 1 (Food fortification, family planning, VIP latrines, school feeding, safety nets/cash transfers)	Can a new delivery mechanism be added to better promote and deliver the actions?
Average number of delivery mechanisms used: over 3 per action	Are all delivery mechanisms being exploited to their full potential?
Most used delivery mechanisms – Community volunteers (14), The community (12), Health centers (11), Health workers (10)	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	Department of Children	EHSD	GES	Ghana Aids Commision	GHS	MOFA	IJDS/GHS/WIAD	ACDEP	ACDEP/PLUS 1	Action Aid Partners	BFC Assembly	CARD/CAPEC/ProNet North/TUDRIDEP/PRUDA	Care International	Christian Mothers	CRS	FOMWAG	NGOs	Plan Ghana	ProNet North	Save Ghana	Send Ghana	SILDEP	Suntaa Nuntaa	World Vision	YARO	Total Districts Covered Across Stakeholders
NCF	Optimal breastfeeding practices promotion and counselling						11		2						11	11		2						2			11 / 11	
	Optimal complementary feeding practices promotion and counselling						11																					11 / 11
Nut. promotion	Nutrition education / counselling						11		2				4															11 / 11
	Vitamin A supplementation						11																		4			11 / 11
Micronutrients	Iron-folic acid supplementation / Iron supplementation						11																					11 / 11
	Iodized salt promotion			4			11																					11 / 11
	Food fortification								2																			2 / 11
SAM / MAM	Management of SAM (Community & health centre)						11																					11 / 11
	Management of MAM (Community & health centre)						8										6						2			4		10 / 11
Maternal, neonatal & child health	Baby Friendly Hospital Initiative						11																					11 / 11
	Growth Monitoring and Promotion						11									11												11 / 11
Family Plan	Promotion of family planning, including optimized inter-pregnancy						11																					11 / 11
	Deworming						11																			4		11 / 11
Disease prevention/mgmt	Promotion of ITBN		2				11									11										4		11 / 11
	ORS / ORS + zinc						11																			4		11 / 11
	Nutrition support / counseling to PLWHIV & TB (NACS)						11	7				3					9											11 / 11
	Promotion of regenerative health & nutrition						1																					1 / 11
WASH	Household water treatment / supply			6											11						4		1			4		11 / 11
	Hand washing with soap	6		6	11											11		2			1	3	2					11 / 11
	Sanitation education	6		6	11											11	7											11 / 11
	VIP latrines	6																										6 / 11
Food & Agriculture	Community Led Total Sanitation	11		4																		5				5		11 / 11
	Food processing & value added																	2					2				1	9 / 11
	Small-scale animal husbandry							10	2	2		9	4	4		11				3	1	1			4		11 / 11	
	Local homestead food production (including home / dry season gardening)							9	2		9			4		11				1	1	2		11	2		11 / 11	
	Diversified food production							2		2				4														7 / 11
	Cooking / food demonstrations													4								1						1 / 11
School Health & Nutrition	School feeding				11																		3					11 / 11
	School health education programme				11																	3						11 / 11
Social Protection	Safety nets / Cash transfers							2																				2 / 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 13 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?
Three actions: Micronutrient powder promotion, indoor residual spraying 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	EHSD	GES	GHS	MOFA	Social Welfare	Wa Municipal Assembly	UNFPA	UNICEF	WFP	JICA	World Bank	USAID	Action Aid	Card	Care International	Christian Mothers	CRS	FOMWAG	ITA	MEDA	MGCP	NRGP	Oxfam	PAWLA	Plan Ghana	SADA	SNV	Water Aid	World Vision	Yaro
IYCF	Optimal breastfeeding practices promotion and counselling									11							11				2					2						
	Optimal complementary feeding practices promotion and counselling									11														3								
Nut. promotion	Nutrition education / counselling									11											2	4										
	Vitamin A supplementation									11																						
Micronutrients	Iron-folic acid supplementation / Iron supplementation									11																						
	Iodized salt promotion									11	11																					
SAM/ MAM	Food fortification																				2											
	Management of SAM (Community & health centre)									11																						
Maternal, neonatal & child health	Management of MAM (Community & health centre)								8	4					2		9						3									
	Baby Friendly Hospital Initiative									11																						
Family Plan	Growth Monitoring and Promotion																									4						
	Promotion of family planning, including optimized inter-pregnancy								11																							
Disease prevention/ mgmt	Deworming			11						11											2											
	Promotion of ITBN																						2			3					1	
WASH	ORS / ORS + zinc									11																						
	Nutrition support / counseling to PLWHIV & TB (NACS)					7	7				6			9	3		11	6								1						
Food & Agriculture	Promotion of regenerative health & nutrition									1																						
	Household water treatment / supply	6						1		6							11															
School Health & Nutrition	Hand washing with soap	7				11				11			6			2							1			11		3		1		
	Sanitation education	6								11			6				7									11					2	
Social Protection	VIP latrines												6																			
	Community Led Total Sanitation						1			11			11														5					
Food & Agriculture	Food processing & value added																						4	9		4	2		2			
	Small-scale animal husbandry											10				2		11				2	4		9		4	2		2		
School Health & Nutrition	Local homestead food production (including home / dry season gardening)																						2	4		9	2	4		6		
	Diversified food production																						2	4							1	
Social Protection	Cooking / food demonstrations																															
	Community based milling & fortification															2										4						
School Health & Nutrition	School feeding				11		11				8						2					8		2					3		3	
	School health education programme	11			11													11									3			3		
Social Protection	Safety nets / Cash transfers										2																					

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 larger 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 UWR 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		Ghana Aids Commission	Government	IFAD	UNFPA	WHO	DANIDA	DFATD	DFID	Dutch Government	EU	GTZ	JICA	Switzerland	USAID	World Bank	Action Aid	African Development	BIDO	Bill & Melinda Gates Foundation	Care International	Christian Aid	CORDAID	CRS	DAICONIAD	IBISC	IGF	Local duties	MEDA	Oxfam	PanAfrican CLTS	Plan Ghana	Plan Japan	PTE	RAINBOW	ROBO Bank	Send Ghana	SFB	SIDA	SNV	Trust Africa	WAAAPP	Water Aid	Water Vision	World Vision					
IYCF	Optimal breastfeeding practices promotion and counselling							11	2						2						11																													
	Optimal complementary feeding practices promotion and counselling							11																																										
Nut promotion	Nutrition education / counselling							11								2																																		
	Vitamin A supplementation							11																																										
Micronutrients	Iron-folic acid supplementation / Iron supplementation		11					11																					4																					
	Iodized salt promotion		4					11																																										
	Food fortification															2																																		
SAM/MAM	Management of SAM (Community & health centre)							11																																										
	Management of MAM (Community & health centre)		8					7										2			6				4			4																						
Maternal, neonatal & child health	Baby Friendly Hospital Initiative							11																																										
	Growth Monitoring and Promotion		11					4					4																	11																				
Family Plan	Promotion of family planning, including optimized inter-pregnancy		8																																															
	Deworming		11				11		11																					4																				
Disease prevention/mgmt	Promotion of ITBN		11					3																						4																				
	ORS / ORS + zinc		11					11																						4	11						3				3								1	
	Nutrition support / counseling to PLWHIV & TB (NACS)		7					1	6							9		3										1		11							1													
	Promotion of regenerative health & nutrition							1																																										
	Household water treatment / supply		6						6																					4																				
WASH	Hand washing with soap		1					11								6	2																																	
	Sanitation education							11								7	6																																	
	VIP latrines																6																																	
	Community Led Total Sanitation		5					11				5					11																																	
	Food processing & value added							6					1																																					
Food & Agriculture	Small-scale animal husbandry							2							10		2					11							4																					
	Local homestead food production (including home / dry season gardening)		6	9				4								2	2																																	
	Diversified food production							6								2																																		
	Cooking / food demonstrations																																																	
	Community based milling & fortification																																																	
School Health & Nutrition	School feeding							8								8																																		
	School health education programme		11														6																																	
Social Protection	Safety nets / Cash transfers							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 44 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 Care International	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

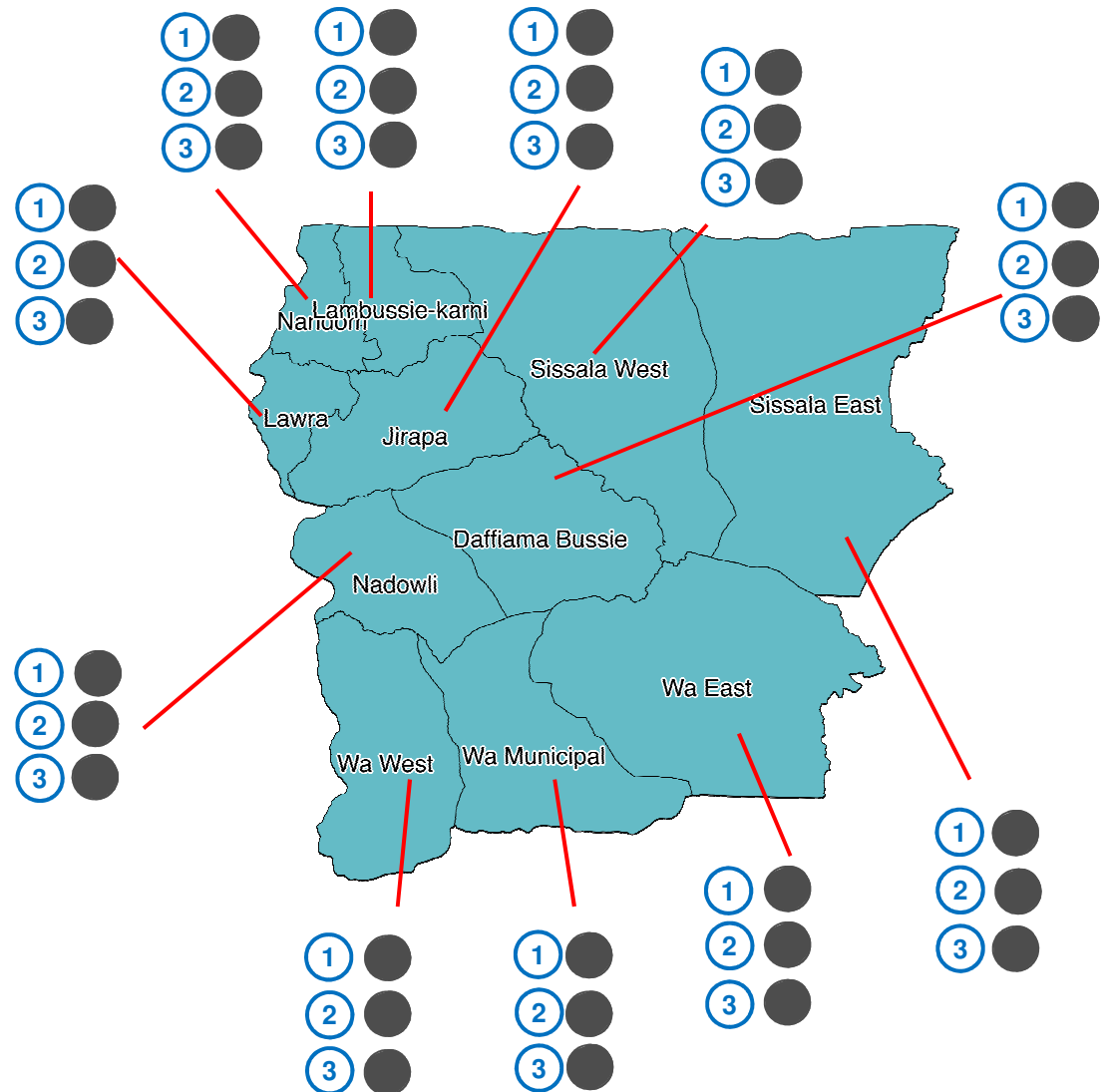
- Following optimal IYCF practices help to promote normal growth of young children and reduce the under-5 mortality rate.
- IYCF actions include:
 1. Initiating breastfeeding within one hour of birth
 2. Exclusive breastfeeding for the first six months of life
 3. Starting appropriate complementary feeding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

Actions addressing IYCF by district

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	Pregnant - lactating women 15-49 years	●
2	Optimal complementary feeding practices promotion & counseling	Pregnant - lactating women 15-49 years	●
3	Growth monitoring and promotion	Children 0-23 months	●
4	Baby Friendly Hospital Initiative	Pregnant - lactating women 15-49 years	⊙



Target population coverage

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

Key

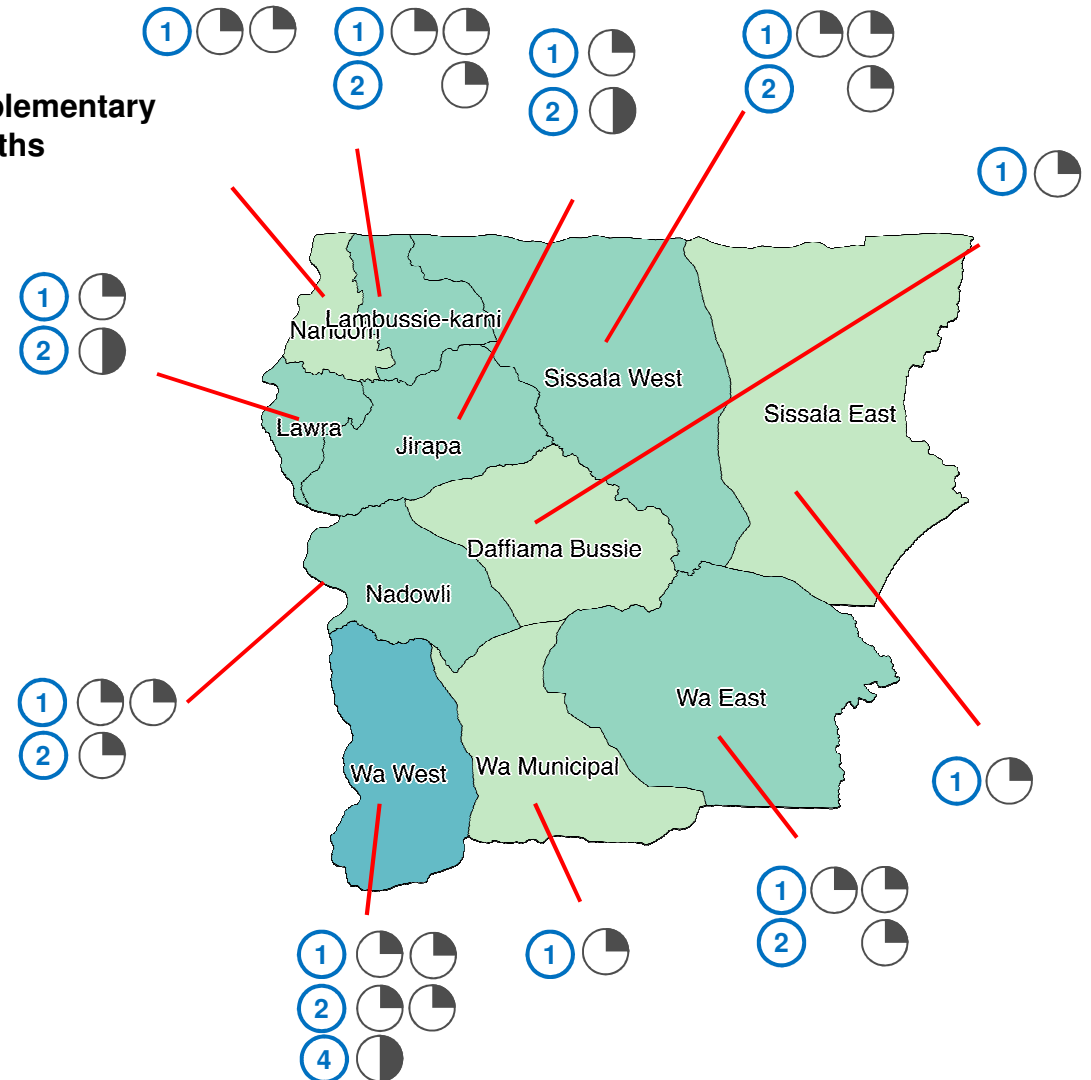
- ☐ 1 action
- ◐ 2 actions
- ◑ 3 actions
- 4 actions

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

Actions addressing complementary feeding practices by district

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

	Nutrition Sensitive Actions	Target Groups	% of TG Covered
1	Promote Local homestead food production	Farmers / Adults 19+	
2	Diversified food production	Farmers / Women	
3	Community-based milling and fortification	Women	
4	Cooking/food demonstrations	Mothers - Caregivers	



Target population coverage

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

Key

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

IYCF: Coverage of Actions Vs Trend of Key Indicators

Key indicator	Trend	Action	Target Group(s)	Coverage
Timely initiation of Breastfeeding	Improving: MICS 2011 61.1% DHS 2008 60.2%	1. BFHI 2. Optimal breastfeeding practices	1. Pregnant / lactating women 15-49 years 2. Pregnant / lactating women 15-49 years	⊙ ●
Children 0-5 months exclusively breastfed	Improving: MICS 2011 67% DHS 2008 49.4% (N)	Optimal breastfeeding practices	1. Pregnant / lactating women 15-49 years	●
Children 6-23 months with appropriate feeding	Worsening: MICS 2011 38.3% DHS 2008 47.7%	Optimal complementary feeding practices	1. 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

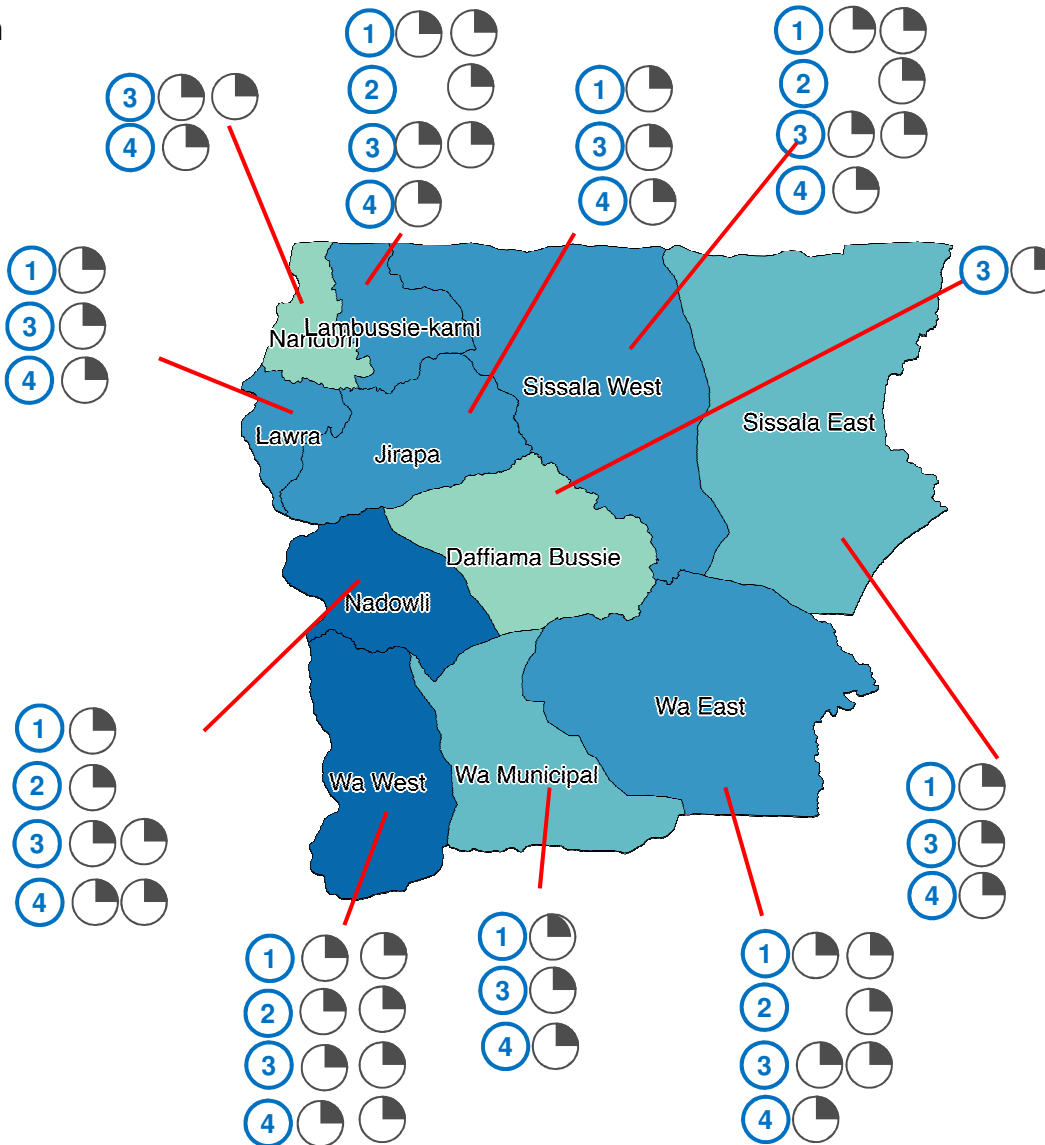
- Diet needs to include enough micronutrients and other essential elements including fats and proteins, to ensure normal growth and development.
- Food based actions include:
 1. Diversified food productions
 2. Local homestead food production/gardening
 3. Food fortification
 4. Animal husbandry

Food based approaches for increased consumption of nutrient-dense foods: What are the action gaps for each district in the Upper West 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	Farmers / Adults 19+	
2	Diversified food production	Farmers / Women	
3	Promote local homestead food production	Farmers / Adults 19+	
4	Promote small-scale animal husbandry	Farmers / Adults 19+	
5	Community-based milling and fortification	Women	
6	Food fortification	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)	Improving: CFSVA 2012 23.7% CFSVA 2010 34%	- Food processing and value added	1. Farmers 2. Adults	
		- Diversified food production	1. Farmers 2. Women	
		- Local homestead food production	1. Farmers 2. Adults	
		- Small-scale animal husbandry	1. Farmers 2. Adults	
		- Food fortification	1. All population groups	
Children 6-23 months with appropriate feeding	Worsening: MICS 2011 38.3% DHS 2008 47.7%	- Diversified food production	1. Farmers 2. Women	
		- Local homestead food production	1. Farmers 2. Adults	
		- Community based milling and fortification	1. Women	

How is the trend relative to the target population coverage?

Are the right target groups being reached?

WASH

WATER AND SANITATION ACTIONS

WASH

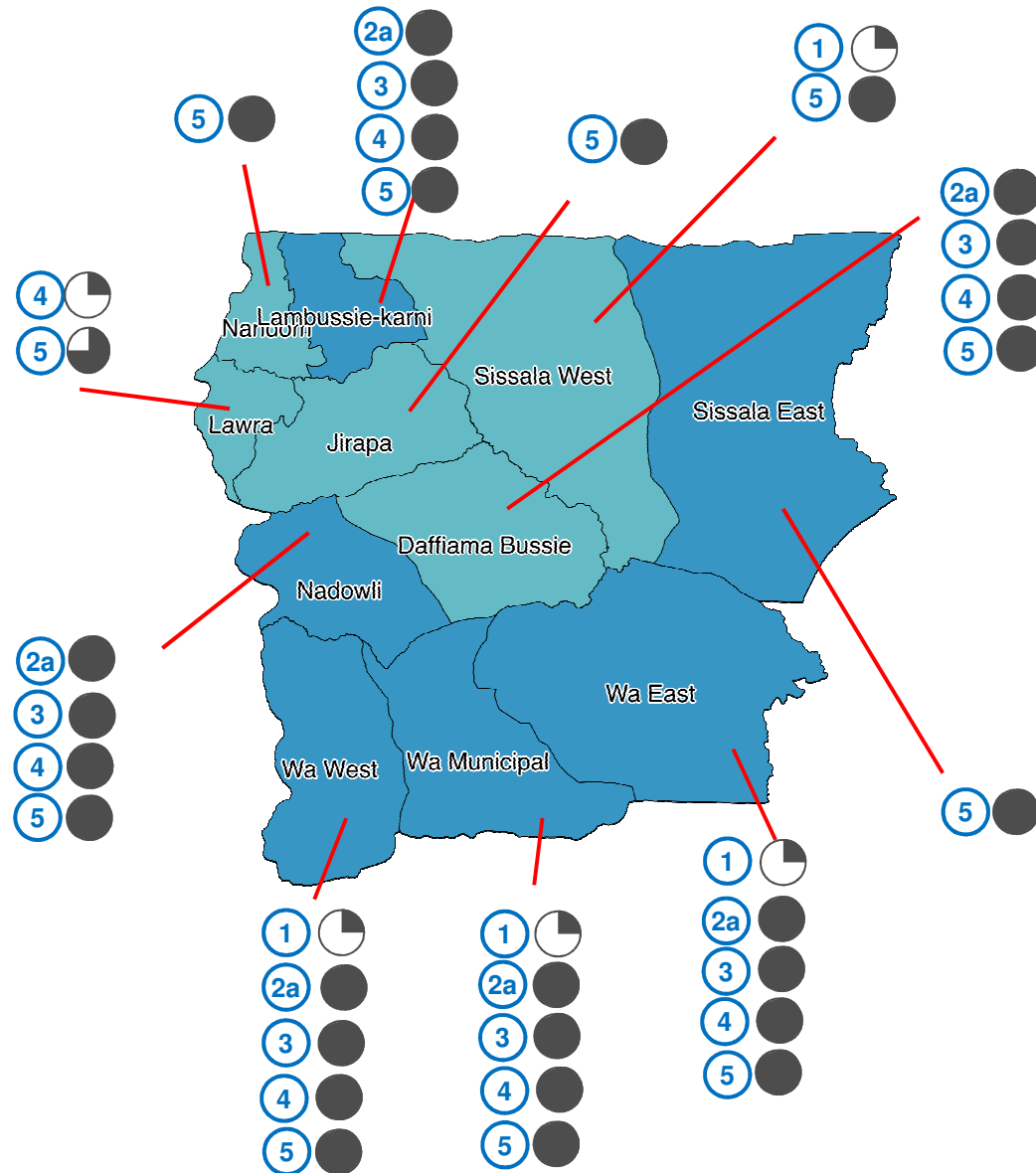
- Improving water, sanitation and hygiene can lead to more healthy environments and reduce the prevalence of infectious diseases and reduce undernutrition.
- WASH actions include:
 1. improving access to clean water
 2. hand washing with soap
 3. improving sanitation.

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

Actions mapped addressing WASH practices

	Related Country Relevant Actions	Target Groups	% of TG Covered
1	Household water treatment / supply	All population groups / Households	☐ ?
2a	Hand washing with soap	All population groups / School students	☐ ?
2b	Hand washing with soap	Women / Children 0-18 years	? ?
3	Sanitation education	All population groups / School students	☐ ?
4	VIP latrines	All population groups	☐
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 West Region, Ghana?

Country Relevant Actions		Target Groups	Upper West Region	Daffiama Bussie Issa	Jirapa	Lambusie-Karni	Lawra	Nadowli	Nandom	Sissala East	Sissala West	Wa East	Wa Municipal	Wa West	
WASH	Household water treatment / supply	All population groups	1%								1%	1%	2%	2%	
		Households													
	Hand washing with soap	All population groups	57%			80%		82%			80%		124%	94%	90%
		School students													
		Women													
		Children 0-18 years													
	Sanitation education	All population groups	49%			80%		82%			80%		80%	80%	80%
		School students													
	VIP latrines	All population groups	49%			80%		82%			80%		80%	80%	80%
	Community Led Total Sanitation	All population groups	81%	76%	80%	80%	70%	82%	92%	83%	83%	82%	82%	82%	

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 88.6% MICS 2006 94.8%	Household water treatment / supply	1. All population groups 2. Households	 
Households with soap for hand washing	??? MICS 2011 34.3% 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	Improving: MICS 2011 24.3% MICS 2006 17.2%	VIP latrines	1. All population groups	

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

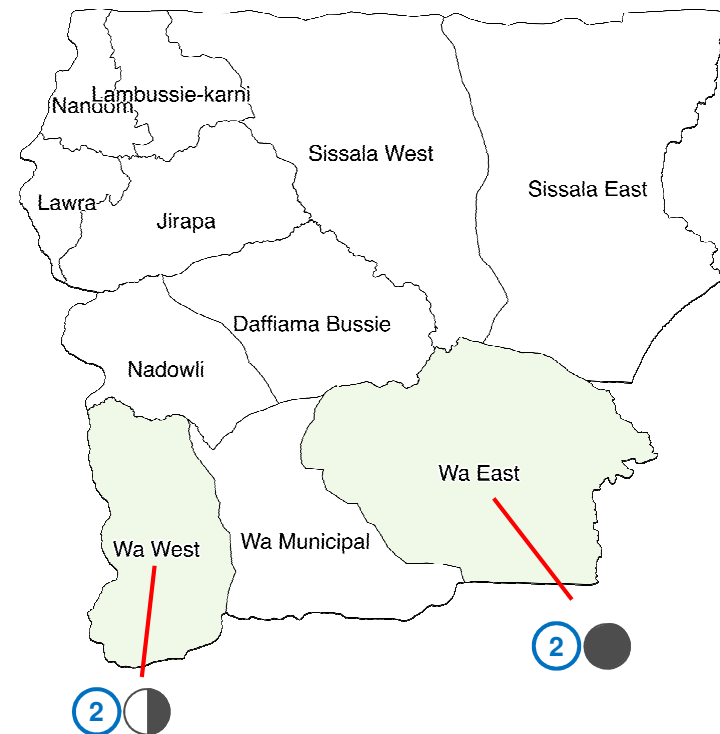
- Social protection involves policies and programmes that protect people against vulnerability, mitigate the impacts of shocks, improve resilience and support people whose livelihoods are at risk.
- Social Protection actions in Ghana include:
 1. Take home rations
 2. Safety nets

Social Protection: What are the action gaps for each district in the Upper West Region?






Actions addressing social protection by district

Social protection actions mapped



	Nutrition Sensitive Actions	Target Groups	% of TG Covered
1	Take-home rations for girls	Adolescent girls 10-19 years	N/A
2	Safety nets / cash transfers	Food insecure households	



Target population coverage

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


Key

-  1 action
-  2 actions

Social Protection: What are the action gaps for each district in the Upper West Region?

Country Relevant Actions		Target Groups											
		Upper West Region	Daffiama Bussie Issa	Jirapa	Lambusie-Karni	Lawra	Nadowli	Nandom	Sissala East	Sissala West	Wa East	Wa Municipal	Wa West
Social Protection	Safety nets / Cash transfers	Food insecure households	21%								104%		36%

Social Protection: Coverage of Actions Vs Trend of Key Indicators

Key indicator	Trend	Action	Target group(s)	Coverage
Households with poor or borderline food consumption	Improving: CFSVA 2012 23.7% CFSVA 2010 34%	Safety nets / cash transfers	Food insecure households	

How is the trend relative to the target population coverage?

Are the right target groups being reached?

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 West 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	Pregnant - lactating women 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

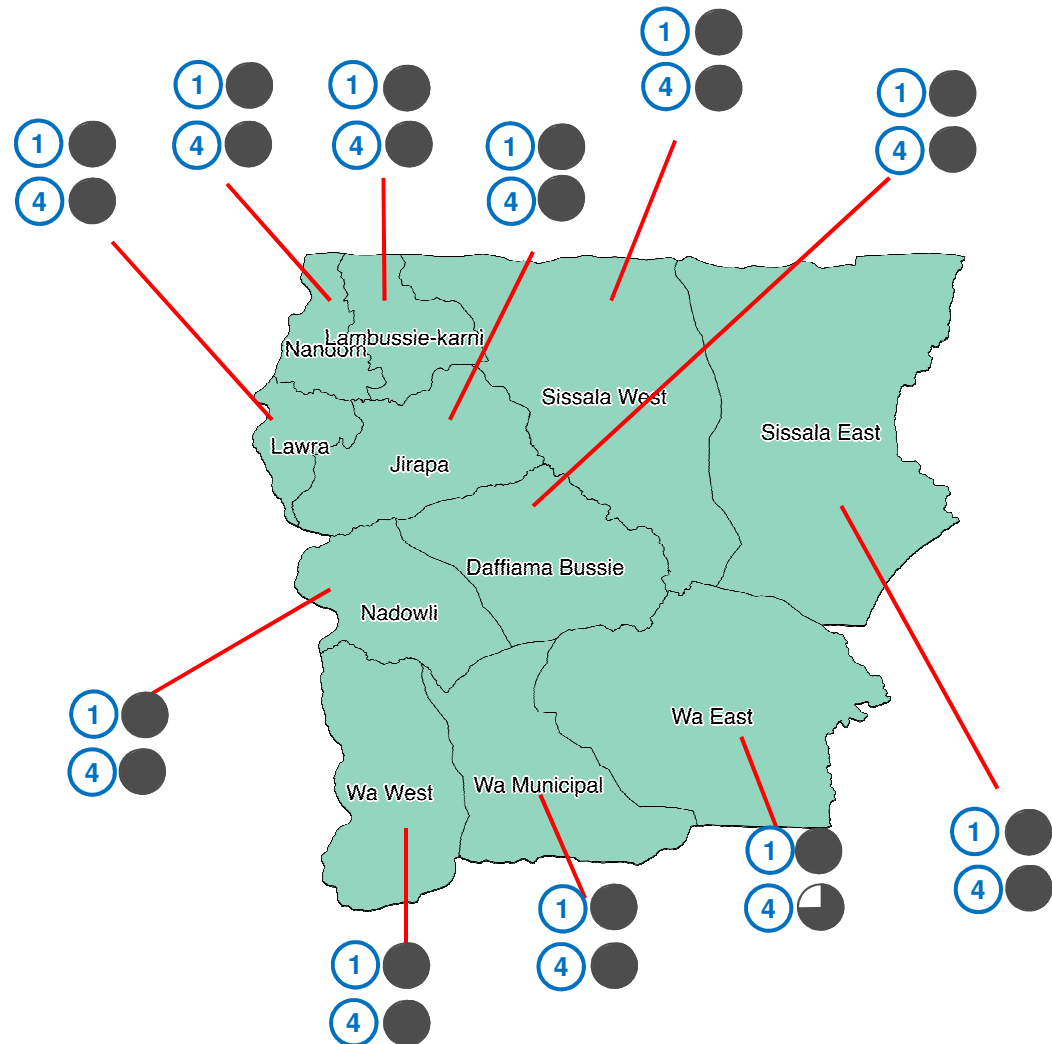
Anemia among children: What are the **nutrition specific/health action gaps** for each district in the Upper West Region?

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

Actions mapped addressing anemia among children

	Related Country Relevant Actions	Target Groups	% of TG Covered
1	Optimal complementary feeding practices promotion & counseling	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

Actions addressing anaemia among children 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

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

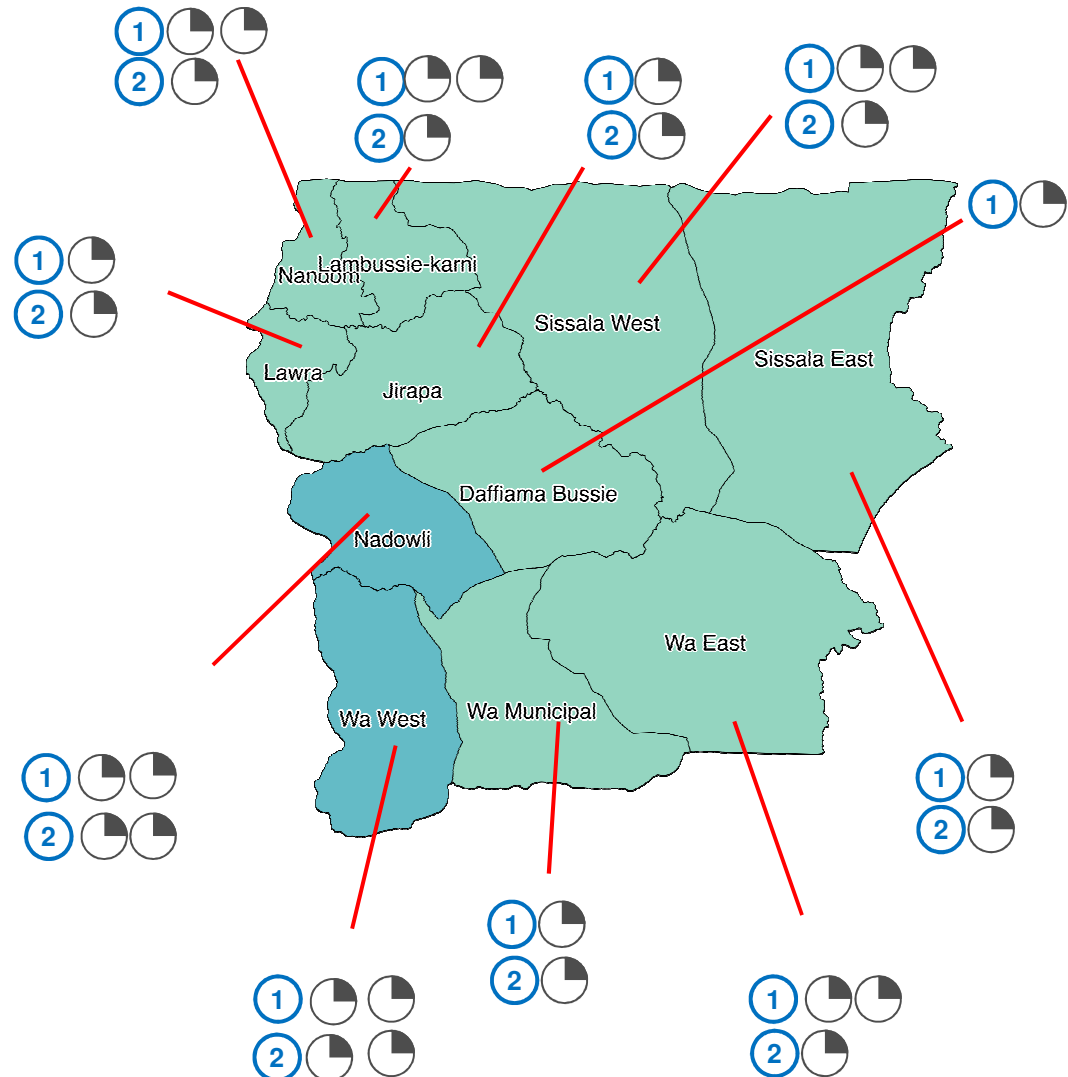
Country Relevant Actions		Target Groups	Upper West Region	Daffiama Bussie Issa	Jirapa	Lambusie-Karni	Lawra	Nadowli	Nandom	Sissala East	Sissala West	Wa East	Wa Municipal	Wa West
IYCF	Optimal complementary feeding practices promotion and counselling	Pregnant / lactating women 15-49 years	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Disease prevention & management	Promotion of ITBN	Children 0-23 months												
	Deworming	School students												
		Children 24-59 months	82%	83%	83%	81%	77%	90%	102%	76%	75%	66%	95%	79%

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

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

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

	Actions	Target Groups	% of TG Covered
1	Promote local homestead food production	Farmers / Adults 19+	
2	Promote small-scale animal husbandry	Farmers / Adults 19+	
3	Community-based milling and fortification	Women	
4	Food fortification	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	Worsening: DHS 2008 66.9% DHS 2003 49.7%	- Provide iron-folic acid/iron supplements - Micronutrient Powder Promotion	1. Pregnant/lactating women 15-49 years 1. N/A	 
Children 6-59 months with anemia	Improving: MICS 2011 81.5% DHS 2008 88.2%	- Complementary feeding practices promotion - Micronutrient Powder Promotion	1. 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:

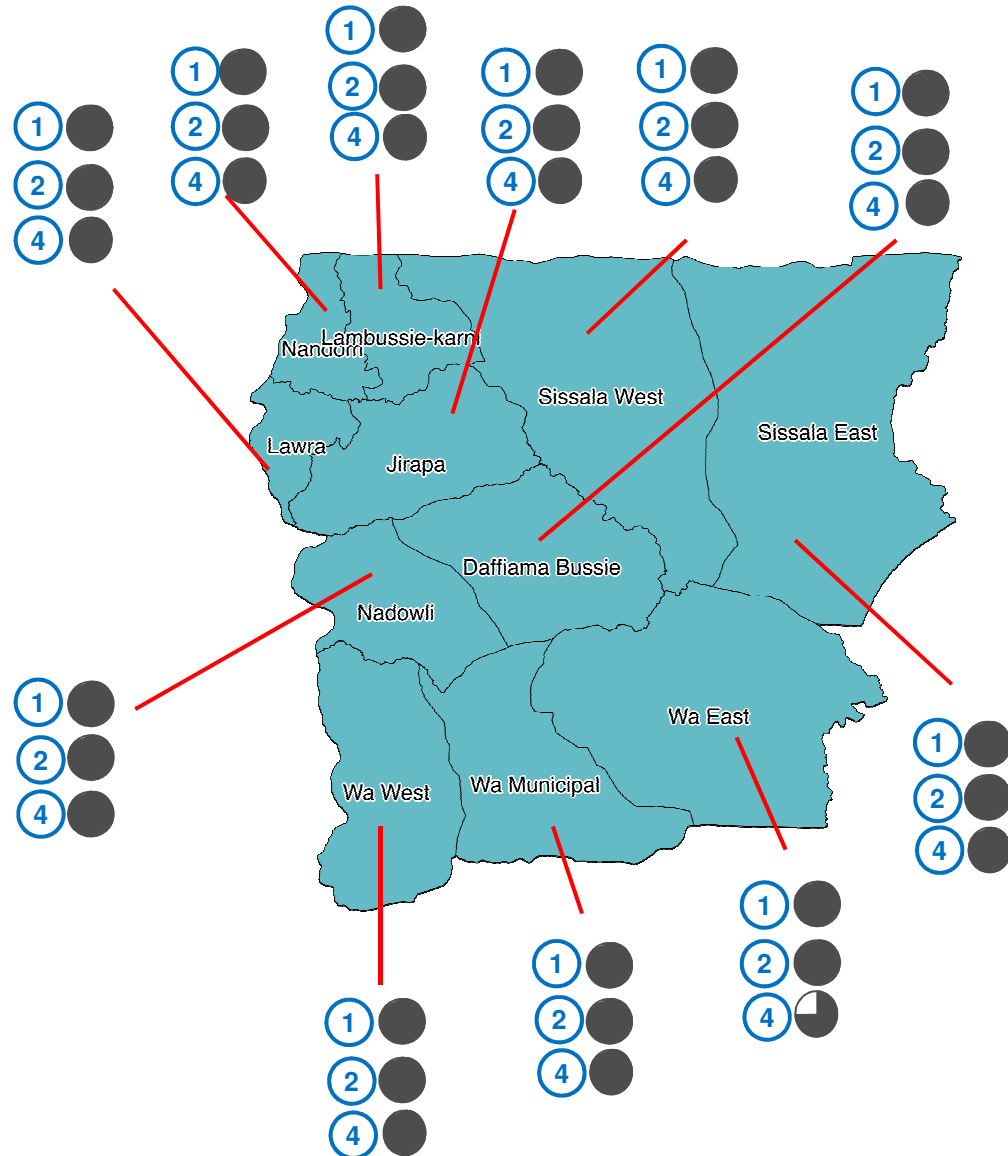
- Community-based Management of Acute Malnutrition (CMAM)
- Hand washing with soap
- Treatment of illness

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

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	●

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



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 specific / health action gaps for each district in the Upper West Region?

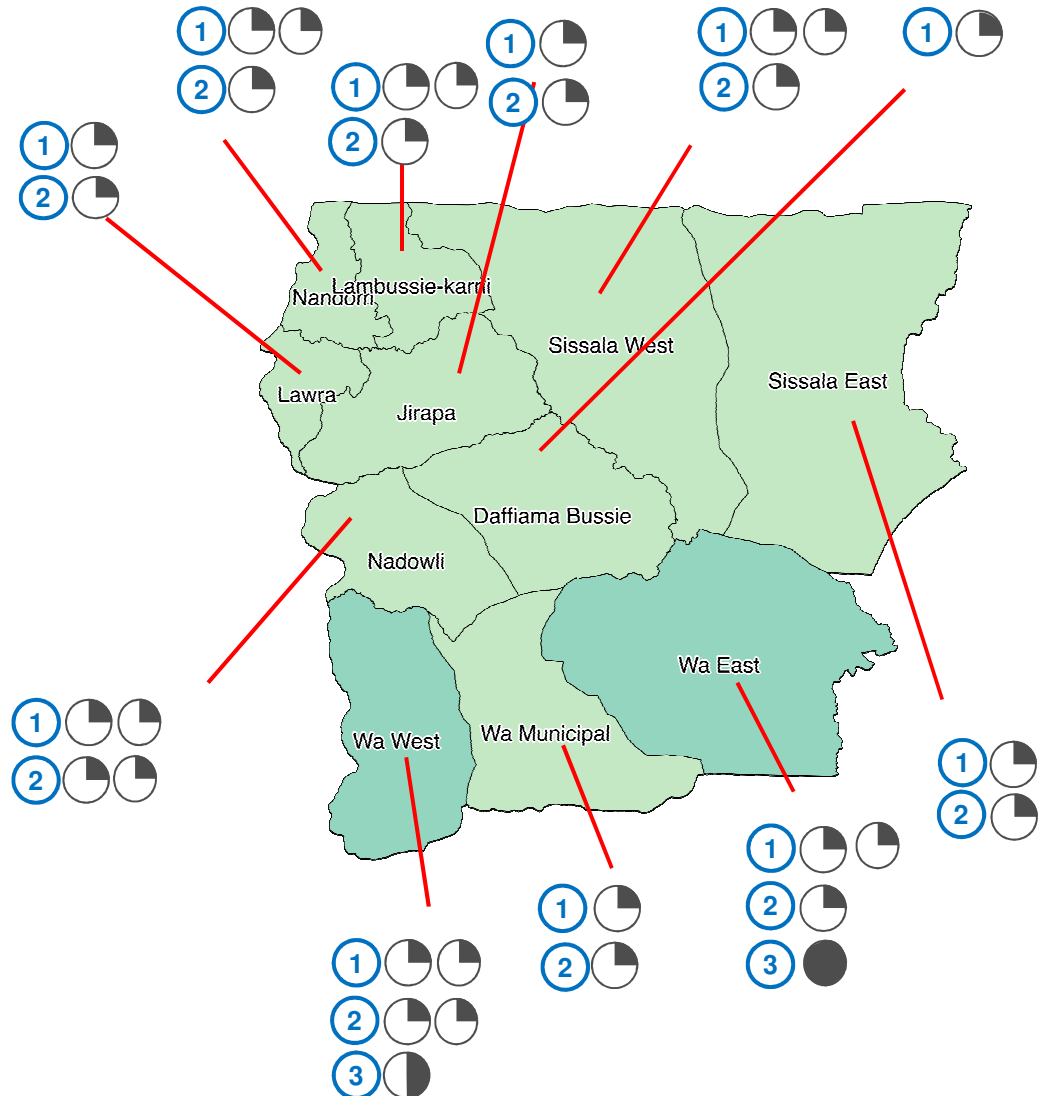
Country Relevant Actions		Target Groups	Upper West Region	Daffiama Bussie Issa	Jirapa	Lambusie-Karni	Lawra	Nadowli	Nandom	Sissala East	Sissala West	Wa East	Wa Municipal	Wa West
Management SAM/MAM	Management of SAM (Community & health centre)	Children 0-59 months with SAM	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Management of MAM (Community & health centre)	Children 6-59 months with MAM	100%		100%	100%	100%	100%		100%		100%	100%	100%
		Pregnant & lactating women 15-49 years with MAM												
Disease prevention & management	ORS / ORS + zinc	Children 0-59 months												
		School students												
	Deworming	Children 24-59 months	82%	83%	83%	81%	77%	90%	102%	76%	75%	66%	95%	79%

Acute Malnutrition: What are the nutrition sensitive action gaps for each district in the Upper West 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	Farmers / Adults 19+	
2	Promote small-scale animal husbandry	Farmers / Adults 19+	
3	Safety Nets / Cash Transfers	Safety nets / Cash transfers	



Target population coverage

Key

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

- 1 action
- 2 actions
- 3 actions

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

Country Relevant Actions		Target Groups	Upper West Region	Daffiama Bussie Issa	Jirapa	Lambusie-Karni	Lawra	Nadowli	Nandom	Sissala East	Sissala West	Wa East	Wa Municipal	Wa West	
Food & Agriculture	Local homestead food production (including home / dry season gardening)	Women	1%			2%		0%	0%		4%	2%		2%	
		Farmers	7%	0%	3%	14%	6%	9%	1%	22%	11%	5%	5%	6%	
		Adults 19+ years	1%												5%
	Small-scale animal husbandry	Women	0%					0%							
		Farmers	3%		11%	0%	16%	1%	0%	0%	0%	0%	0%	0%	0%
		Adults 19+ years	0%												0%
Social Protection	Safety nets / Cash transfers	Food insecure households	21%									104%		36%	

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 9.2% DHS 2008 13.9%	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 1.8% DHS 2008 3.9%	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