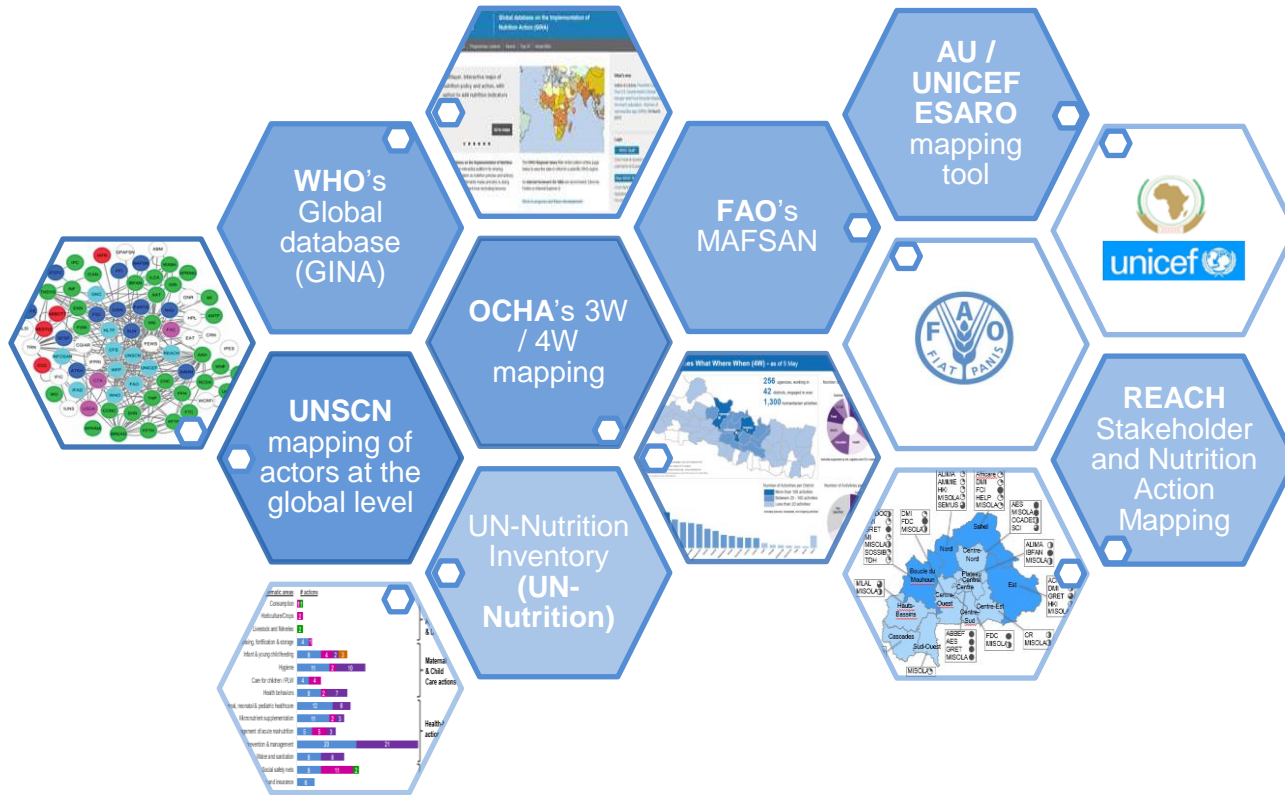


# ***MULTI-SECTORAL MAPPING OF NUTRITION ACTIONS***

# “Mapping” in the global context



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

... it was later rebranded as UN-Nutrition in view of the new institutional arrangements for UN coordination on nutrition

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

Improve coordination among partners, and help inform planning and scale up of nutrition actions

## For Ministries



Get a better overview of who the partners are and what they do

Identify potential gaps in geographic coverage

Identify potential gaps in action coverage

Help planning & scale-up of nutrition actions

## For sub-national administrations



See what partners are working on nutrition in your district

Get info on what actions are being conducted, and where

How many people are being reached by different actions, what needs to be scaled up

## For UN and NGOs



Enhance coordination through better info on what organizations are working in the same districts and/or on the same actions

Identify what districts need further support

See what actions need to be scaled up, and where

## For Donors



Identify what districts need further support

See what actions need more funds to scale up

Help identify what organizations can cover different actions and districts

# The mapping aims to support two functions, that are ideally combined

## Stakeholder & Action Mapping

*Baseline ( $t_0$ )*

### Geographic coverage

*Who does what where?*

### Population Coverage

*What % of the target group is covered?*

### Guidance for a stakeholder dialogue

*How & where to scale up nutrition?*

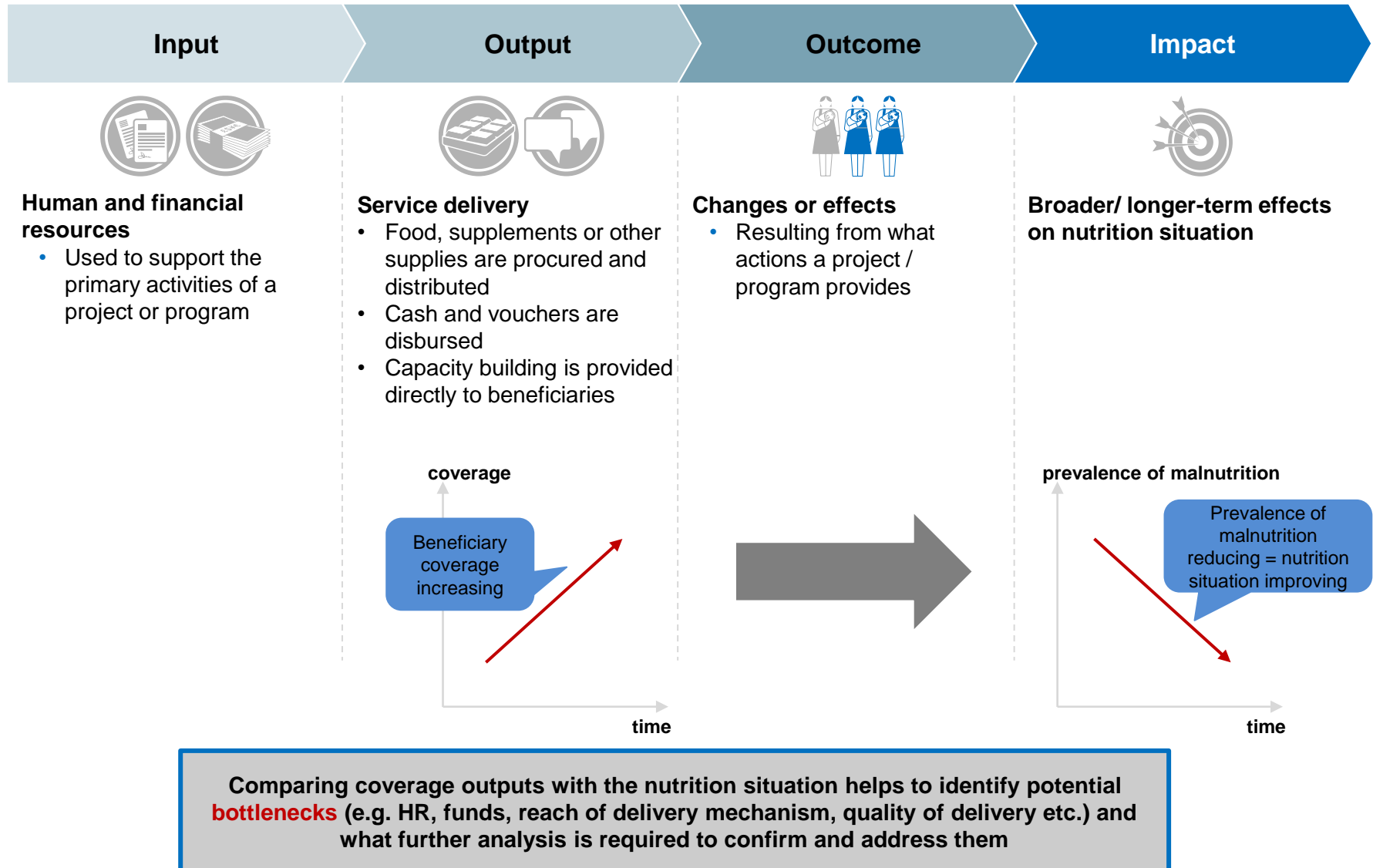
## Implementation Monitoring

*Continuous ( $t_0...x$ )*

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

**to be monitored & discussed over time**  
(e.g. (bi-)annual monitoring)

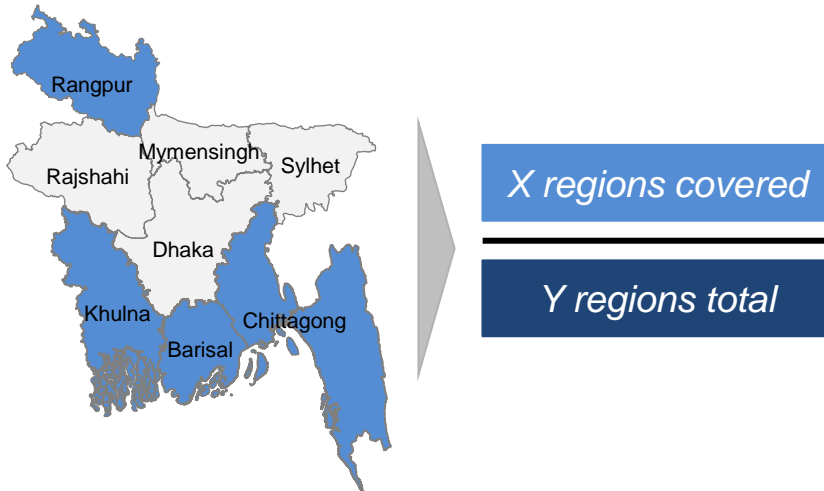
# Conceptually, the mapping aims to monitor coverage of nutrition actions as part of a broader information landscape



# How geographic and population coverage are defined in the mapping

Illustrative

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



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

*Beneficiaries reported by stakeholder 1*

*Beneficiaries reported by stakeholder 3*

*Beneficiaries reported by stakeholder 2*

*Sum of all beneficiaries covered by Action A*

*Total number of potential beneficiaries*

# The mapping process uses the UN-Nutrition mapping tool to answer key questions

## Qualitative view

- ➔ 1. Who are the key stakeholders? What are their roles?
- ➔ 2. Which stakeholders are doing what where?

## Quantitative view

- ➔ 3. What % of districts are covered per region?
- ➔ 4. What % of the target group is covered per region?

## Guidance for scaling up nutrition

- ➔ 5. Which regions are not adequately covered?
- ➔ 6. Where are there action gaps in addressing key nutrition problems?

## Implementation monitoring

- ➔ 7. Is the target group coverage improving over time?
- ➔ 8. Are targets achieved as defined in the national plan?

# 1. Who are the key stakeholders? What are their roles?

*Excerpt from the Tanzania Stakeholder & Nutrition Action Mapping*

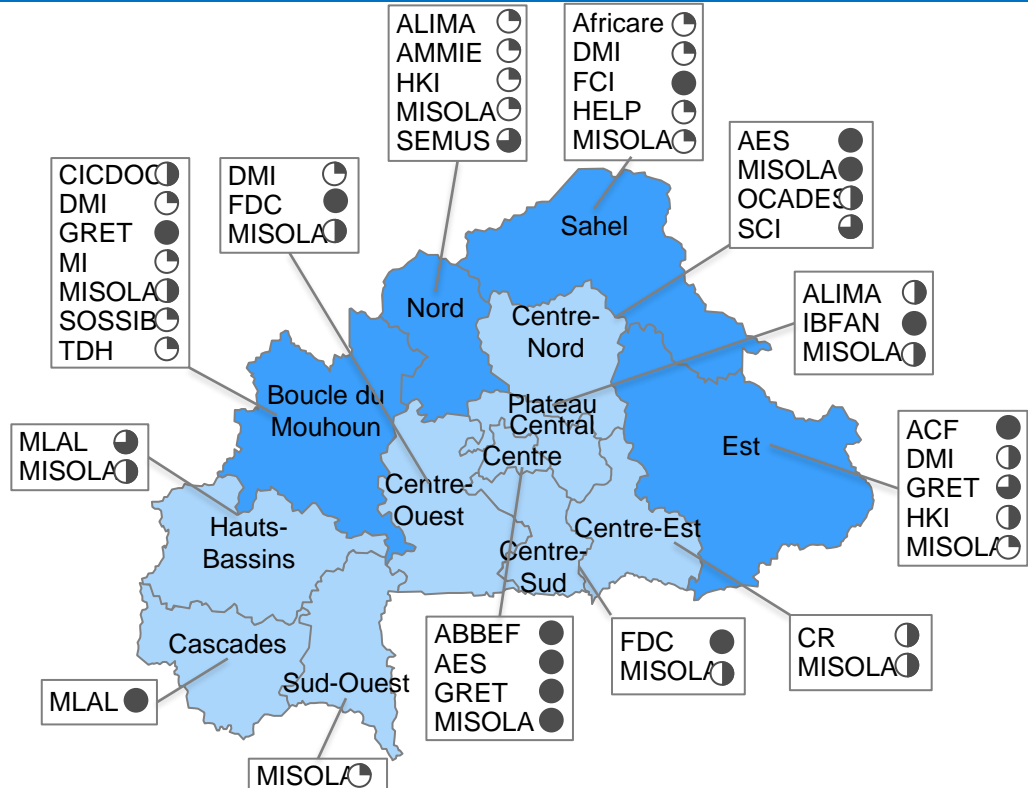
	Country relevant actions	Responsible Ministries	Catalysts	Field implementers	Donors
Child Health	Growth monitoring	MoHSW	Plan, CRS, HKI, Jhpiego, Africare, TFNC	Aga Khan Foundation, PASADIT, MOCSO, Dioceses of Geita	WHO, DFATD, Hilton Foundation, Irish Aid
Food & Agriculture	Provide materials and training for small-scale horticulture	MAFC, MLFD, MoHSW	CRS, Fintrac, NAFKA, HKI, IITA, ICRISAT, Sokoine University, University of Alberta, International Livestock Research Institute, PWRDF	ACT MASASI, Global Service Corps, HACOCA, CBO, Iringa Mercy Organization, Rungwe Small Tea Grower's Association, Njombe Agriculture Development Organization, Zapha+, RUDI, MVIWATA, FIPs, IFDC, DANIA, CRS, ARVDC	IDRC, USAID, DFATD, Irish Aid, BMGF
	Promote food preservation and storage	MAFC, MoHSW	WFP, Save the Children, COUNSENUTH, IITA, ICRISAT, PWRDF	ACT – MASASI, RUDI, Faida MaLi, PEMWA, ROPA, TFNC, Lukoveg, ARVDC	AGRA, Irish Aid, DFATD, USAID
	Promote universal salt iodization	MoHSW	Save the Children, COUNSENUTH, TSPA, PWRDF	ACT MASASI, TFNC, PEMWA, ROPA	UNICEF, Irish Aid, DFATD
	Carry out / support food fortification	MoHSW	HKI, NFFA, TFNC, TFDA	Private Sector, HKI	DFID
Nut. Edu.	Carry out nutrition education	MAFC, MoHSW, PMO-RALG	Plan, GAIN, CRS, Save the Children, AMREF, COUNSENUTH, Jhpiego, Africare, Sokoine University, University of Alberta, International Livestock Research Institute, PWRDF	Aga Khan Foundation, ACT MASASI, private sector, PASADIT, MOCSO, Dioceses of Geita, PEMWA, ROPA, RHMT, CHMT, TFNC	IDRC, DFATD, USAID, Hilton Foundation, Reckit Benkiser, UNICEF, Irish Aid
WASH	Provide materials for improved water sources	Ministry of Water, MoHSW	CRS, COUNSENUTH, PWRDF	ACT MASASI, Dioceses of Ifakara - Kilombero, Dioces of Arusha, TFNC	Global Sanitation Funds, DFATD, Irish Aid
Social Prot.	Provide conditional cash transfers	MAFC, MLFD, MoHSW	COUNSENUTH, PMO-Disaster Dept, TFNC, UNICEF, Sokoine University	TFNC, UNICEF, MLFD, Sokoine University	Irish Aid



## 2. Which stakeholders are doing what where?

Excerpt from the Burkina Faso Stakeholder & Nutrition Action Mapping

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



### 3. What % of districts are covered per region?

### 4. What % of the target group is covered per region?

*Excerpt from the Burkina Faso Stakeholder & Nutrition Action Mapping*

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

Region	Province coverage	Coverage of pregnant and lactating women
Boucle du Mouhoun	●	21%
Cascades	●	97%
Centre	●	18%
Centre-Est	◐	1%
Centre-Nord	●	49%
Centre-Ouest	●	21%
Centre-Sud	●	54%
Est	●	69%
Hauts-Bassins	◑	5%
Nord	●	80%
Plateau Central	●	75%
Sahel	●	40%
Sud-Ouest	◐	1%
<b>National</b>	<b>13/13</b> Regions covered	<b>46%</b>

% of provinces covered in a region:

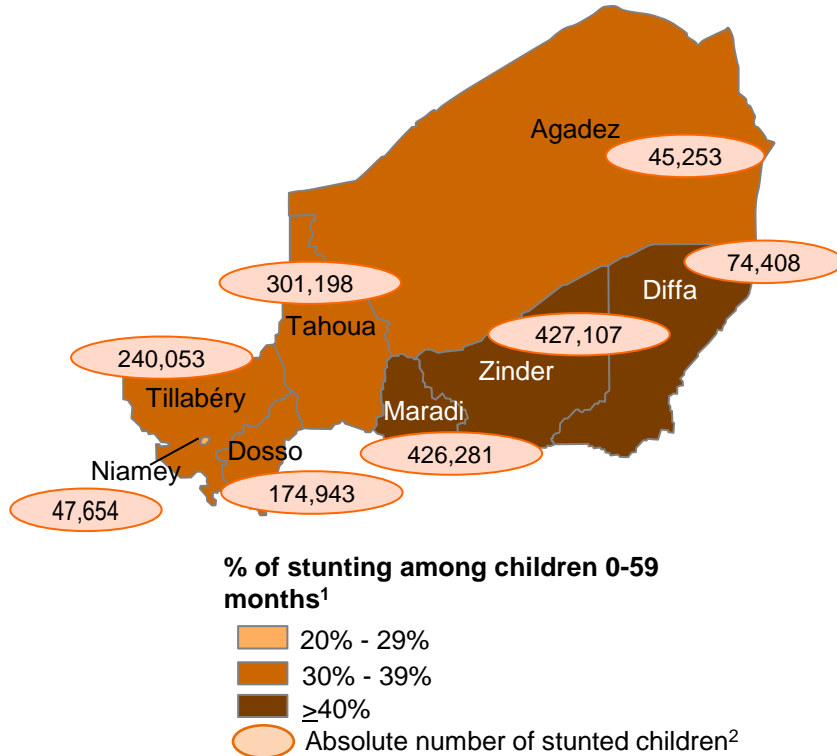
- ◐ ≤25%
- ◑ >25 - ≤50%
- ◒ >50 - ≤75%
- >75%

n.d. No data

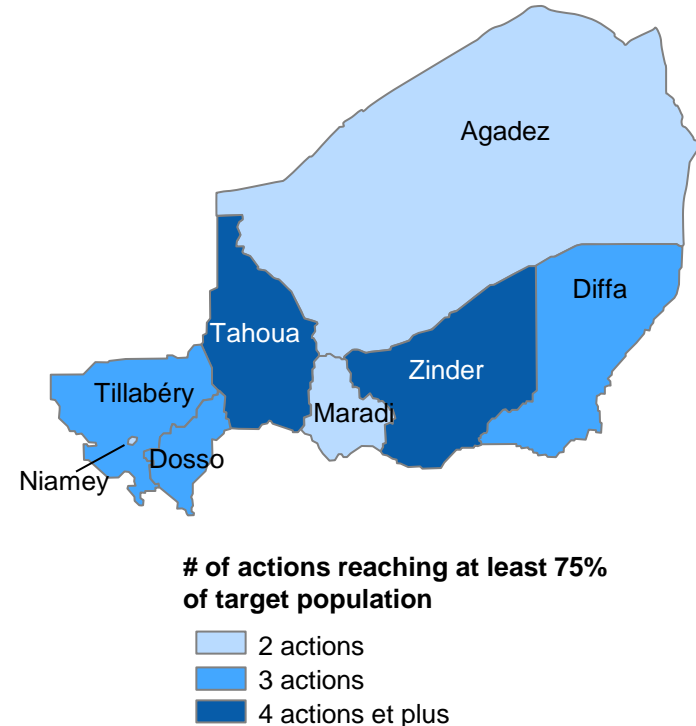
# 5. Which regions are not adequately covered?

*Excerpt from the Niger Stakeholder & Nutrition Action Mapping*

## Prevalence of stunting



## Actions reaching > 75% of the target



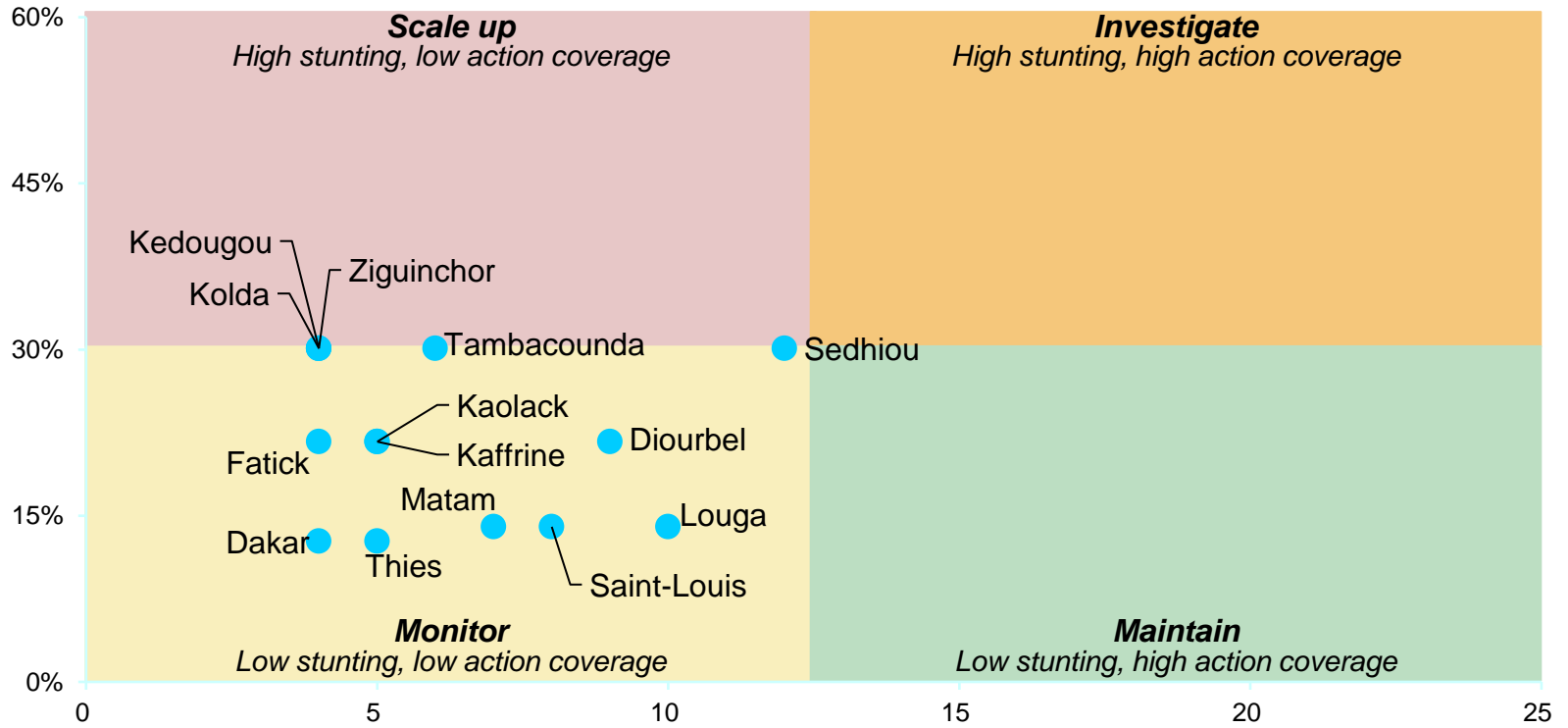
Prevalence of stunting is highest in the Zinder, Maradi and Diffa regions, while the absolute number of children affected is relatively lower in Diffa

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

# 6. Where are there action gaps in addressing key nutrition problems?

Excerpt from the Senegal Stakeholder & Nutrition Action Mapping

% of stunting among children 0-59 months<sup>1</sup>

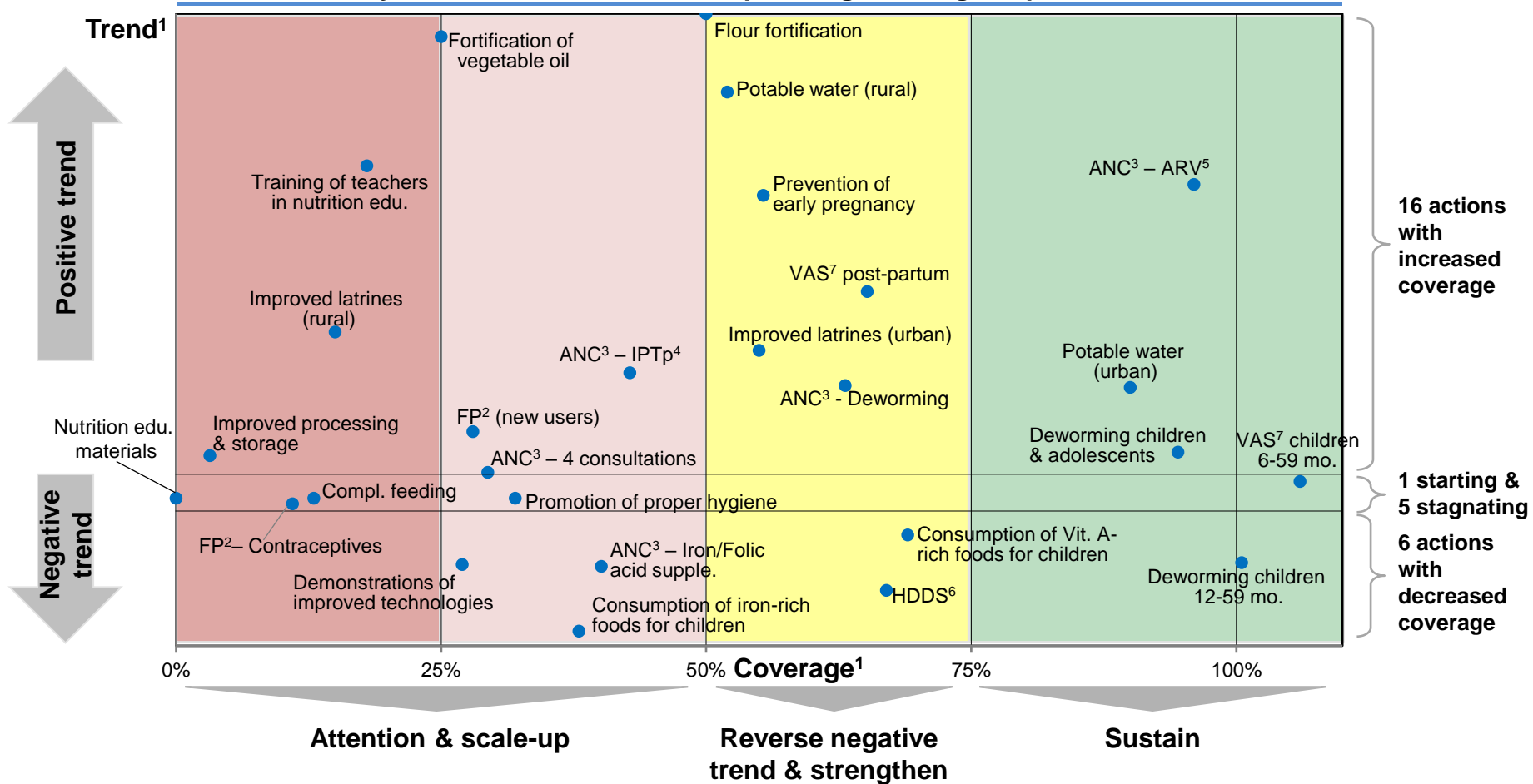


# of actions with at least 40% coverage of target population

# 7. Is the target group coverage improving over time?

Excerpt from the Mozambique Stakeholder & Nutrition Action Mapping

Is further investment needed in capacity development?  
 Are new delivery mechanisms needed? Is increased political support needed?  
 Quality of actions? Are the scale-up strategies being adopted effectively?



Source: Sector information, surveys, REACH analysis

<sup>1</sup>2014 vs. Baseline (2012 or 2011) <sup>2</sup>FP = Family Planning <sup>3</sup>ANC = Antenatal care <sup>4</sup>IPTp = intermittent preventive treatment during pregnancy

<sup>5</sup>ARV = antiretroviral <sup>6</sup>HDDS = Household dietary diversity support <sup>7</sup>VAS = vitamin A supplementation

# Are targets achieved as defined in the national plan?

Illustrative – to be populated with country data

## Annual targets

Nutrition-related actions		Target groups	Summary coverage (baseline)	% coverage (baseline)	Source	% Pop. coverage (2016)	% Pop. coverage (2017)	% Pop. coverage (2018)	% Pop. coverage (2019)	% Pop. coverage (2020)
1	Provide iron-folic acid / iron supplements	Pregnant women 15-49 years		XX%	ABC	XX%	XX%	XX%	XX%	XX%
2	Provide multiple micro-nutrient supplements	Pregnant women 15-49 years		XX%	ABC	XX%	XX%	XX%	XX%	XX%
3	Provide insecticide treated bednets	Pregnant women 15-49 years		XX%	ABC	XX%	XX%	XX%	XX%	XX%
4	Provide insecticide treated bednets	Post-partum women 15-49 years		XX%	ABC	XX%	XX%	XX%	XX%	XX%
5	Provide deworming tablets	Pregnant women 15-49 years		XX%	ABC	XX%	XX%	XX%	XX%	XX%
6	Carry out insecticide spraying	Households		XX%	ABC	XX%	XX%	XX%	XX%	XX%
7	Promote small-scale horticulture / crop div.	Households		XX%	ABC	XX%	XX%	XX%	XX%	XX%
8	Promote small-scale animal husbandry	Households		XX%	ABC	XX%	XX%	XX%	XX%	XX%
9	<i>Etc.</i>	XYZ		XX%	ABC	XX%	XX%	XX%	XX%	XX%

# The mapping tool comes in both an excel version and a new web-based version

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

The Excel tool interface includes sections for:

- Complete before interview:** Organization, Country, Subnational level (SUN + national entry point), Organization.
- Who is the project name?** Organization.
- What actions are you performing?** Action, Action category.
- Who is the target group of the action?** Target group.
- What is the main delivery mechanism?** Delivery mechanism 1, Delivery mechanism 2, Delivery mechanism 3.
- When did the action start? When does it end?** Start date, End date.
- Who are the action's Responsible Person?** Responsible person.
- Country relevant actions:** A list of actions such as 'Provide essential medicines', 'Provide ORS/zinc', etc., with checkboxes for 'Yes' or 'No'.
- Map:** A map of Malawi showing regional coverage with a legend for 'No action', 'Action', and 'No data'.

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

The DHIS2 interface shows data entry for:

- Organization unit:** East
- Mapping year:** 2015
- Delivery Mechanism:** Health - community
- Field Variables:** History of health

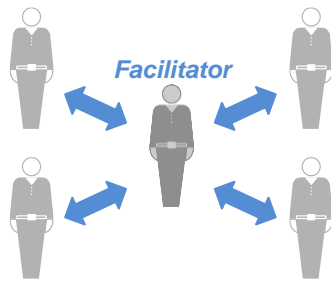
Visualizations include:

- Coverage of beneficiaries for health actions (disease prevention & mgmt, WASH):** A bar chart showing coverage for various actions like 'Oral rehydration treatment with zinc' (78.7%) and 'Handwashing supplies' (11.1%).
- Population coverage of actions in Disease Prevention & Mgmt. and WASH areas:** A table showing coverage percentages for different regions (Rovuma, East, Niassa City, North, South, West) across various actions.
- Number of children 6-59m with diarrhoea who received ORS with zinc, by field implementer:** A pie chart showing the distribution of ORS coverage by implementer (UNICEF, CARE, CRS, UNICEF, Save the Children, Orfan).
- Coverage of children 6-59m with diarrhoea who received ORS with zinc:** A bar chart showing coverage percentages for different regions (East, Niassa City, North, South, West).
- % of children 6-59m who received ORS+zinc:** A map of Malawi showing regional coverage.

The Excel tool has both a full version and a lite version. The lite version maps only geographic coverage.

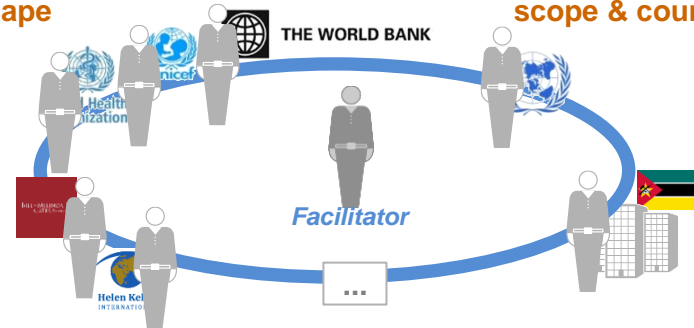
# Before starting the mapping exercise, gather input from key stakeholders to tailor the mapping to your country

Conduct bilateral consultations



Initial view of stakeholder landscape

Conduct workshops with key stakeholders



Articulation of mapping scope & country specifics

Group discussion or 1-on-1s with key stakeholders<sup>1</sup>

## Main steps:

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

Workshops with key stakeholders<sup>1</sup> at national level

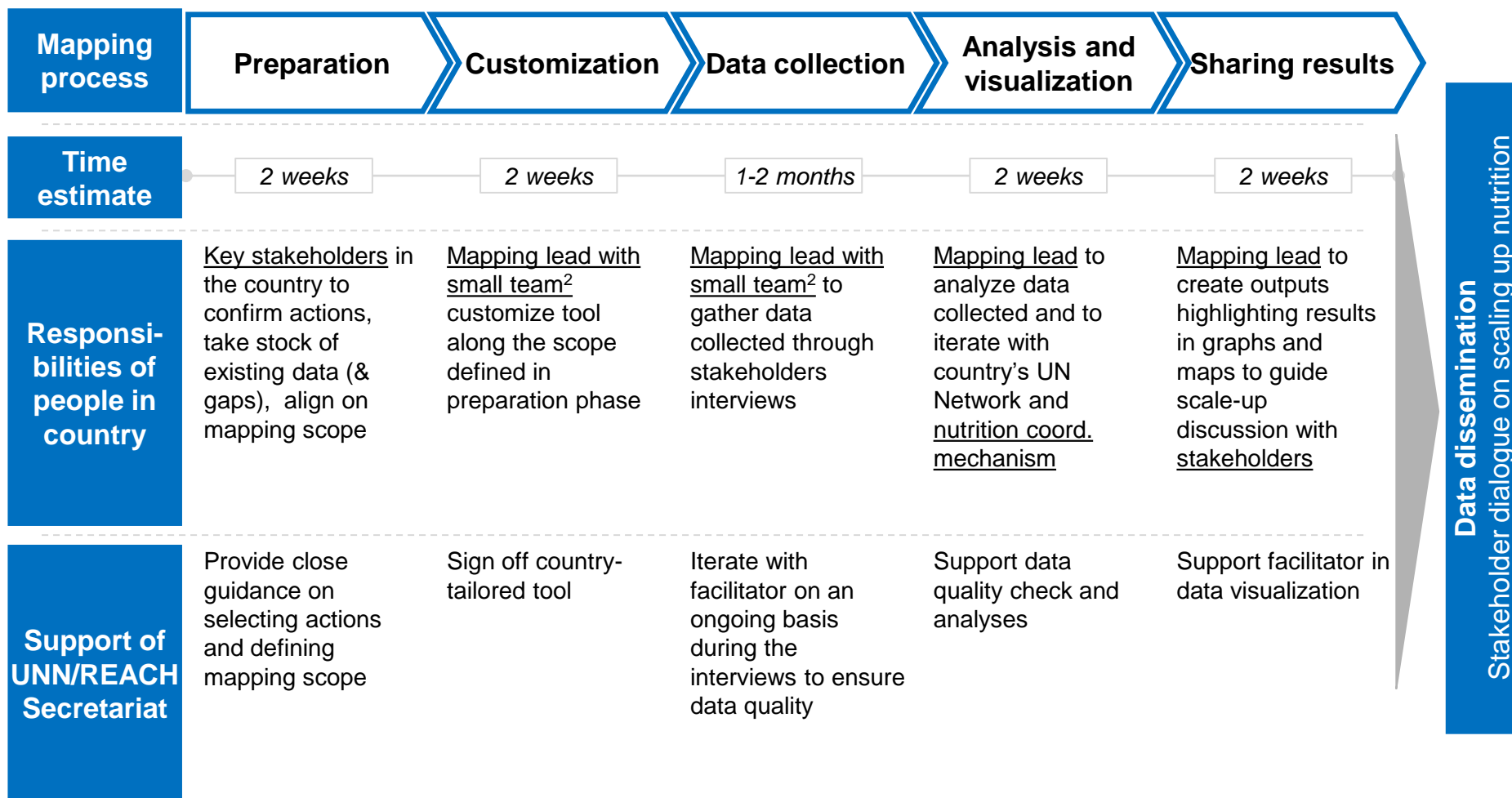
## Main steps:

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

<sup>1</sup>Key stakeholders may include: gov't representatives (incl. SUN focal point, members of MSP, focal points of ministries); UN-Nutrition facilitator & other UN nutrition colleagues; colleagues from other SUN Networks incl. Civil Society Network Coordinator & other nutrition stakeholders



# High-level approach for the mapping exercise

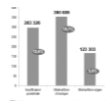


<sup>1</sup>CNA = Core Nutrition Actions

<sup>2</sup>The small team typically refers to the SUN government focal point, focal points from key ministries, UN Nutrition Network in-country (UN nutrition focal points) and REACH facilitator (if present), focal points from CSOs. Small team identifies one person lead responsible to coordinate ideally from government (e.g. nutrition secretariat, office of statistics), consultant (preferably national) or REACH facilitator (if present). Small team may be technically supported by external consultant and/or UN Network/REACH Secretariat.

# Customizing the mapping exercise to the country context starts with defining actions

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



**Nutrition situation**



**Country experience**



**Technical expertise**



**Current coverage data**



Consideration of **data availability**



**Other country examples**



**Empirical evidence**



## Reaching consensus on a list of Core Nutrition Actions

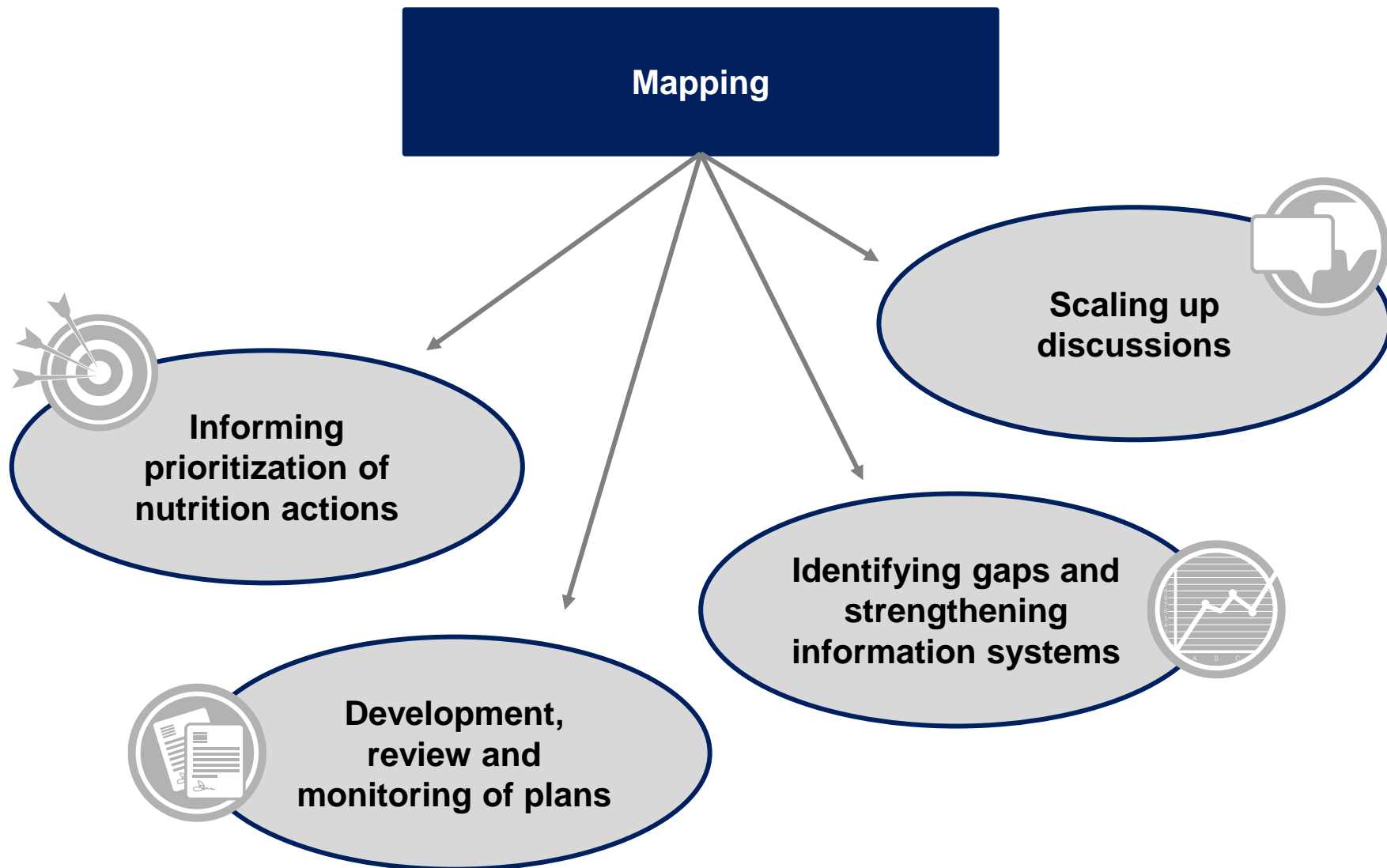
- 1 **Compile & review inputs/feedback** from key stakeholders on CNAs<sup>1</sup>
- 2 **Facilitate a participative dialogue to refine list** of 15-20 CNAs<sup>1</sup> grouped by sector
- 3 **Jointly articulate definitions** of CNAs<sup>1</sup> specifying:
  - ✓ Target groups
  - ✓ Delivery mechanisms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

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

<sup>1</sup>CNA = core nutrition actions

# **Web-based Mapping Tool Demo**

# The mapping results can be used to support various planning and implementation activities in country



The mapping results can be used to inform and implementation activities

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



Informing prioritization of nutrition actions



Development, review and monitoring of plans



Information systems

# The mapping results can be used to support various planning and implementation activities in country

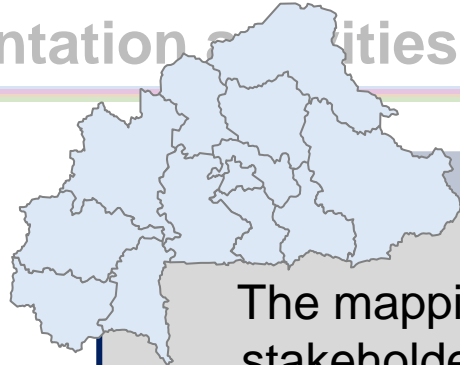
In **Rwanda**, the mapping exercise was used to **inform prioritization discussions about scaling-up nutrition**. The mapping looked at data from 2015 but also included prospective data on the largest nutrition programs taking place in the country to understand the duration and coverage of these programs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

Scaling up discussions

Development review and monitoring of plans

Identifying gaps and strengthening systems

# The mapping results can be used to support various planning and implementation activities in country



The mapping of key nutrition interventions and stakeholders supporting those interventions in **Burkina Faso** was an important tool in the multi-sectoral planning process. The exercise made it possible to identify needs, launch a discussion on scaling up interventions and mobilize sectors and development partners around nutrition. Including the **development of the Multi-sectoral Nutrition Strategic Plan.**



Informing prioritization of nutrition action

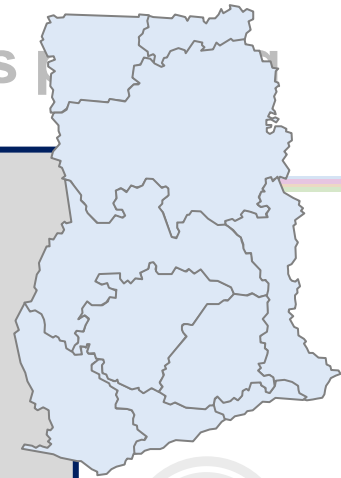


Development, review and monitoring of plans

strengthening information systems



# The mapping results can be used to support various and implementation activities in country



In 2016, the mapping exercise was rolled-out at the district level in three northern regions. This entailed reviewing the stakeholder mapping templates (for data collection) and providing orientation sessions to district nutrition officers. The aim of these revised templates and tools were to support districts to lead of the mapping process and **integrate into routine systems at the district level.**



planning  
prioritization of  
nutrition actions

**Identifying gaps and  
strengthening  
information systems**



Development,  
review and  
monitoring of plans





# How to get started?

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- ❑ **Meet with country stakeholders to discuss whether and when to undertake the mapping exercise, outlining country-specific objectives**
- ❑ **Contact the UN-Nutrition Secretariat for tools and guidance**

**The UN-Nutrition Secretariat can support with:**

- Tools
- Guidance
- Training and technical assistance
- Connecting with experienced consultants

**Contact: [info@unnutrition.org](mailto:info@unnutrition.org)**