



TANZANIA NATIONAL STAKEHOLDER AND NUTRITION ACTION MAPPING RESULTS

23 FEBURARY 2015

INTRODUCTION

Rationale

- Request from PMO for nutrition stakeholder and action mapping
- Redefining of previous mapping efforts to better understand coverage of target populations and geographic areas

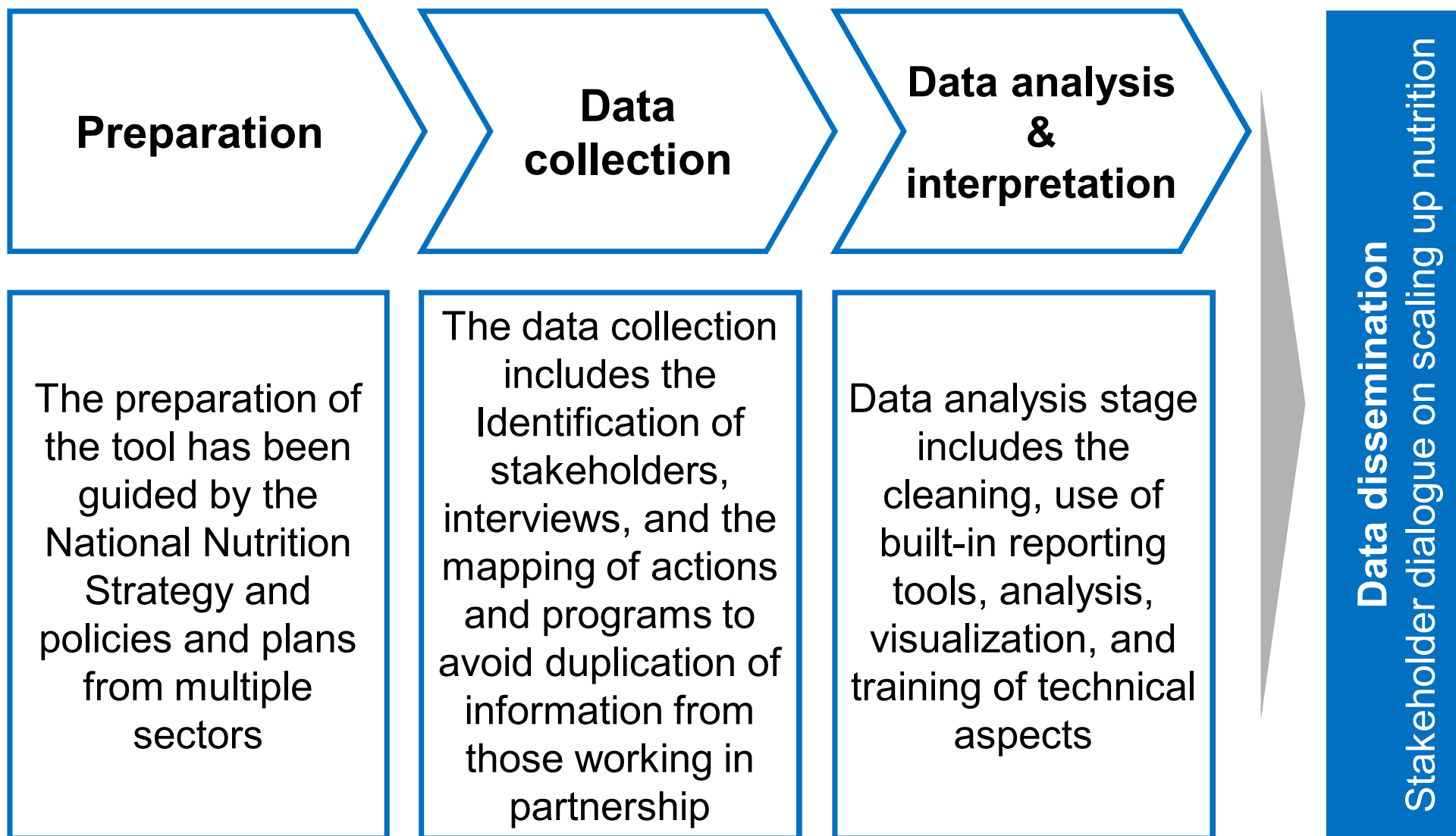
Goal

- To map key nutrition actions at the national levels in order to determine gaps and implementation challenges through assessing the coverage of actions, target groups, and geographical regions

OVERVIEW OF MAPPING PROCESS

PREPARATION, COLLECTION & ANALYSIS

OVERVIEW OF MAPPING PROCESS



NUTRITION ACTIONS MAPPED

IYCF	<ul style="list-style-type: none"> Promote optimal breastfeeding practices (e.g. BFHI, BFCI) Promote optimal complementary feeding practices
Micronutrient supplementation	<ul style="list-style-type: none"> Provide vitamin A supplements Provide iron/folic acid / iron supplements Provide specialized nutritious foods (incl. MNPs, FBFs, LNS)
Management of MAM/SAM	<ul style="list-style-type: none"> Treatment of SAM Treatment of MAM
Disease prevention / management	<ul style="list-style-type: none"> Provide insecticide treated bed nets Provide intermittent preventive treatment of malaria Provide deworming tablets Provide diarrhea treatment with ORS / ORS-zinc Promote prevention of mother to child transfer of HIV (PMTCT) Provide specialized nutritious products in case of HIV/AIDS
Child health	<ul style="list-style-type: none"> Growth Monitoring
Food & agriculture	<ul style="list-style-type: none"> Provide materials and technology for small-scale horticulture / crop diversification Promote food preservation and storage with a nutrition objective Carry out universal salt iodization Carry out / support food fortification (excluding salt iodization)
Nutrition education	<ul style="list-style-type: none"> Carry out nutrition education and counselling
WASH	<ul style="list-style-type: none"> Provide materials & technology for improved water source with hygiene education
Social protection	<ul style="list-style-type: none"> Provide conditional social safety net actions (e.g. cash, voucher, in-kind)

COLLECTION OF INFORMATION

Stakeholders were asked to report on each nutrition action, defining target group, delivery mechanisms, partners, and coverage of beneficiaries per region for each

Action based on predefined list

Target group and Delivery Mechanisms

Beneficiary Coverage by region

Complete before interview

Mapping year*	
Country*	
Subnational level* (N/A = national entry-point)	
Organization*	

What actions are you performing? Let's go through them one by one

Action*	
Action category*	

What is the target group of the action?

Target group*	
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What is/are the main delivery mechanism(s) of the action?

Delivery mechanism 1*	
Delivery mechanism 2	
Delivery mechanism 3	

Only if necessary: can you provide a brief description detailing the action?

Brief description	
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When did the action start? When does it end?

Start date month*	
Start date year*	
End date month*	
End date year*	

Who is the action's Responsible Ministry, Catalyst, Field implementer and Donor?

Organization role*	
Partner 1 role*	
Partner 1 (comma-separated)*	
Partner 2 role*	
Partner 2 (comma-separated)*	
Partner 3 role*	
Partner 3 (comma-separated)*	

(example of questionnaire)

STAKEHOLDERS

Stakeholders were identified through:




- Previous participation in mapping exercises
- Members of the Development Partners Groups for Nutrition and Health
- Identification through partner organizations during the process (e.g. organization funded by a stakeholders)




NGOs	Multi- and bi-lateral organizations	Research Institutes	Government
• 31 stakeholders were contacted – 25 responded	• 12 stakeholders were contacted – 10 responded	• 6 stakeholders were contacted – 6 responded	• 10 stakeholders were contacted – 6 responded

80% response rate - 47 of 59 stakeholders responded

Note: several stakeholders are identified as special cases due to an action that was not able to be mapped based on the structure of the tool or difficulty in defining beneficiary coverage




NGOS

	Information was fully collected
	Information was partially collected
	No information was collected

Organization	Response	Organization	Response
Abt Associates (Tuboreshe Chakula)		International Development Research Centre	
Ace Africa		Jhpiego	
ADVI/VOCA (NAFAKA)		John Hopkins Center for Communication	
Africare (Mwanzo Bora)	Special Case	Medici Con L'Africa	No 2013 project
Aga Khan Foundation		PACT World	Special Case
Alliance against Hunger and Malnutrition		PANITA	Special Case
AMREF		Plan International	
Anglican Church of Tanzania		Primate's World Relief and Development Fund	
CARE International	No 2013 project	SAGCOT Centre	No 2013 project
Catholic Relief Services		Save the Children	
Concern Worldwide	No 2013 project	Tanzania Horticulture Association	No 2013 project
COUNSENUTH		TASAF	
FHI360	Special Case	The World Vegetable Center (AVRDC)	
FINTRAC Inc (TAPP)		University Research Co.	
Global Alliance for Improved Nutrition		World Vision	
Helen Keller International			

Response Rate: 25 out of 31 – 80%




MULTI- AND BI-LATERAL ORGANIZATION




	Information was fully collected
	Information was partially collected
	No information was collected

Organization	Response	Organization	Response
WFP		DFATD	
UNICEF		DFID	
WHO		European Union Delegation	No 2013 project
FAO		Irish Aid	
UNAIDS		USAID	
UNFPA		World Bank	

Response Rate: 10 out of 12 – 83%




RESEARCH INSTITUTES






	Information was fully collected
	Information was partially collected
	No information was collected

Organization	Response
Alliance for a Green Revolution in Africa	
Baylor International Paediatric AIDS Initiative	Special Case
ICAP	Special Case
Ifakara Health Institute	
International Institute of Tropical Agriculture	
John Hopkins	Special Case

Response Rate: 6 out of 6 – 100%

GOVERNMENT

	Information was fully collected
	Information was partially collected
	No information was collected

Organization	Response
Ministry of Agriculture Food Security and Cooperatives	
Ministry of Community Development, Gender and Children	No 2013 project
Ministry of Education and Vocational Training	Special Case
Ministry of Finance and Economic Affairs	Special Case
Ministry of Health and Social Welfare	
Ministry of Industries and Trade	
Ministry of Livestock Development and Fisheries	Special Case
Ministry of Water	
Prime Minister's Office	
Tanzania Food and Nutrition Centre	

Response Rate: 6 out of 10 – 60%

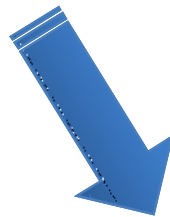
RESULTS



Who does what,
where?

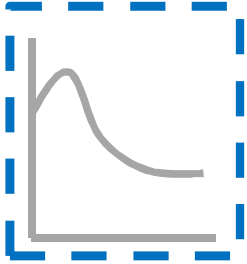
How many
beneficiaries are
reached?

Via which
delivery
mechanisms?



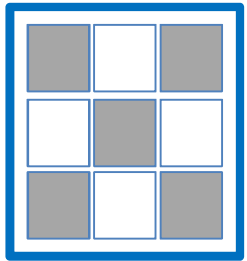
Overall: Shows the current situation and, by showing the
gaps, the potential for scale-up of mapped actions

USE OF RESULTS FOR POTENTIAL SCALE-UP STRATEGY



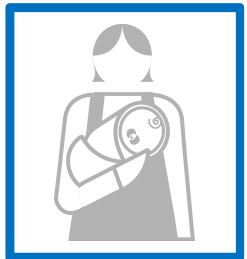
Details on current nutrition situation

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



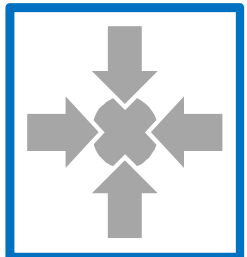
Identification of key stakeholders and geographical coverage

- 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

OVERVIEW OF MAPPING RESULTS

WHO DOES WHAT?

WHO DOES WHAT (1 of 2)

	Country Relevant Actions	Responsible Ministry	Catalyst	Field Implementers	Donors
Infant and Young Child Feeding	Promote optimal breastfeeding practices (e.g. BFHI, BFCI)	MoHSW, MCDGC, PMO-RALG	CRS, COUNSENUTH, HKI, TFNC, Jhpiego, AMREF	World Vision, Aga Khan Foundation, Save the Children, PASADIT, MOCSO, Dioceses of Geita	WHO, DFATD, Irish Aid, Hilton Foundation, USAID
	Promote optimal complementary feeding practices	MoHSW, PMO-RALG	Save the Children, COUNSENUTH, HKI, IHI TFNC, Sokoine University, University of Alberta, International Livestock Research Institute	World Vision, Aga Khan Foundation, PEMWA, ROPA, TFNC, Muhimbili University, UNICEF	WHO, IDRC, AusAID/DFAT, Irish Aid, BMGF, DFATD
Micronutrient supplementation	Provide vitamin A supplements	MoHSW	Plan, COUNSENUTH, Jhpiego, Africare, TFNC	HKI, TFNC	UNICEF, DFATD, Irish Aid
	Provide folic acid/iron supplements	MoHSW	Plan, COUNSENUTH, Jhpiego, Africare, PWRDF	ACT – MASASI, TFNC	DFATD, Irish Aid
	Provide specialized nutritious foods (incl. MNPs, FBFs, LNS)	MoHSW, PMO-RALG	Tuboreshe Chakula, HKI, AMREF	MoHSW, WFP, TRCS, Mohammed Enterprises	WFP, USAID, DFATD, Irish Aid
MGMT of MAM/SAM	Treatment of SAM	MoHSW, zMoHSW	TFNC	TFNC)	UNICEF
	Treatment of MAM	MoHSW	WFP	Aga Khan Foundation, TRCS	WFP
Disease prevention/management	Provide insecticide treated bed nets	MoHSW	PWRDF, NMCP, MEDA	ACT – MASASI	USAID, DFATD
	Provide intermittent preventive treatment of malaria	MoHSW	COUNSENUTH, PWRDF	ACT – MASASI, TFNC	DFATD, Irish Aid
	Provide deworming tablets	MoHSW	Plan, COUNSENUTH, Jhpiego, Africare, PWRDF, TFNC	ACT – MASASI, HKI, TFNC	UNICEF, DFATD, Irish Aid
	Provide diarrhoea treatment with ORS / ORS-zinc	MoHSW	PWRDF	ACT - MASASI	DFATD
	Promote prevention of mother to child transfer of HIV (PMTCT)	MoHSW	AMREF, CRS, National PMTCT program, PWRDF	World Vision, ACT – MASASI, RHMT, CHMT, MGIT, Futures Group International, IMA	Bristol Myers Squibb Foundation, UNICEF, CDC, DFATD
	Provide specialized nutritious products in case of HIV/AIDS	MoHSW	COUNSENUTH, WFP, MoHSW, TRCS, PWRDF	ACT – MASASI, WFP, TRCS, TFNC	WFP, DFATD, Irish Aid

WHO DOES WHAT (2 of 2)

	Country Relevant Actions	Responsible Ministry	Catalyst	Field Implementers	Donors
Child health	Growth monitoring	MoHSW	Plan, CRS, HKII, Jhpiego, Africare, TFNC	Aga Khan Foundation, PASADIT, MOCISO, Dioceses of Geita	WHO, DFATD, Hilton Foundation, Irish Aid
Food & agriculture	Provide materials and training for small-scale horticulture / crop diversification with a nutrition objective	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 with a nutrition objective	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 small- to medium-scale food fortification	MoHSW	HKI, NFFA, TFNC, TFDA	Private Sector, HKI	DFID
Nutrition Education	Carry out nutrition education, counseling, and promotion	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, MOCISO, Dioceses of Geita, PEMWA, ROPA, RHMT, CHMT, TFNC	IDRC, DFATD, USAID, Hilton Foundation, Reckit Benkiser, UNICEF, Irish Aid
WASH	Provide materials & technology for improved water source with hygiene education	Ministry of Water, MoHSW	CRS, COUNSENUTH, PWRDF	ACT – MASASI, Dioceses of Ifakara - Kilombero, Dioceses of Arusha, TFNC	Global Sanitation Funds, DFATD, Irish Aid
Social Protection	Provide social safety net actions (e.g. cash, voucher, food, other) with a nutrition objective	MAFC, MLFD, MoHSW	COUNSENUTH, PMO-Disaster Dept, TFNC, UNICEF, Sokoine University	TFNC, UNICEF, MLFD, Sokoine University	Irish Aid

DEFINITIONS 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

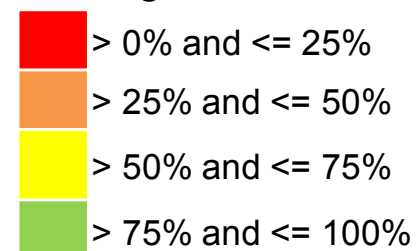
Catalysts – Catalysts give support to the organisations carrying out the action. These are comprised of a number of multilateral and bilateral agencies as well as a number of NGO's supporting the Government or subcontracting to other organisations

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 REGIONS COVERED, % OF TARGET GROUP COVERED
NATIONALLY FOR EACH ACTION AND DELIVERY
MECHANISMS USED**

% of regions or beneficiaries covered



SUMMARY OF KEY DATA (1 of 2)

	Country Relevant Actions	# of regions supported (max 30)	Target group	% of Target group reached nationally	Delivery mechanisms
Infant and Young Child Feeding	Promote optimal breastfeeding practices (e.g. BFHI, BFCI)	30	Pregnant & lactating women 15-49 years	40%	Outreach Health workers, Dispensaries, Hospitals, Health centers, Healthcare worker Training, Women groups, Village health workers, Breastfeeding Week Campaign
	Promote optimal complementary feeding practices	30	Mothers / caregivers 15-49 years	38%	Women groups, Outreach Health workers, Child Health Days, Health centers, UN agencies, Village health workers, Healthcare worker Training, Dispensaries
Micronutrient supplementation	Provide vitamin A supplements	24	Children 6-59 months	93%	Child Health Days, Outreach Health workers, Health centers
	Provide folic acid/iron supplements	5	Pregnant women 15-49 years	7%	Child Health Days, Health centers, Outreach Health workers, Dispensaries, Hospitals
	Provide specialized nutritious foods (MNPs, FBFs, LNS)	6	Children 6-23 months	5%	Hospitals, Health centers, dispensaries, Outreach health workers, village health workers, women groups
	Provide specialized nutritious foods (MNPs, FBFs, LNS)	4	Pregnant women 15-49 years	3%	Hospitals, Health centers, dispensaries, Pharmacies, Shops
MGMT of MAM/SAM	Treatment of SAM	15	Children 0-59 months with SAM	4%	Hospitals, Health centers, Dispensaries
	Treatment of MAM	4	Children 0-59 months with MAM	2%	Healthcare worker Training, Health centers, Village health workers, Dispensaries, Hospitals
Disease prevention/management	Provide insecticide treated bed nets	2	Pregnant women 15-49 years	<1%	Outreach health workers, healthcare worker training, dispensaries
	Provide insecticide treated bed nets	3	Mothers / caregivers 15-49 years	3%	Primary schools
	Provide intermittent preventive treatment of malaria	3	Pregnant women 15-49 years	<1%	Health centers, Outreach Health workers, Dispensaries, Healthcare worker Training
	Provide deworming tablets	24	Children 6-59 months	91%	Child Health Days, Health Centers, Outreach Health Workers
	Provide deworming tablets	3	Pregnant women 15-49 years	<1%	Dispensaries, Health Centers, Hospitals, Outreach Health workers
	Provide diarrhoea treatment with ORS / ORS-zinc	2	Children 6-59 months	<1%	Dispensaries, Health centers, Hospitals
	Promote prevention of mother to child transfer of HIV (PMTCT)	9	Pregnant & lactating women 15-49 years with HIV/AIDS	5%	NGOs, Healthcare worker Training, Village health workers, Hospitals, Dispensaries, Health centers, Community leaders, Women groups
	Provide specialized nutritious products in case of HIV/AIDS	4	Children and adolescents 0-17 years with HIV/AIDS	1%	Health centers, Outreach Health workers, Hospitals, Dispensaries

SUMMARY OF KEY DATA (2 of 2)

	Country Relevant Actions	# of regions supported (max 30)	Target group	% of Target group reached nationally	Delivery mechanisms
Child health	Growth monitoring	30	Children 0-59 months	39%	Child Health Days, Health centers, Dispensaries, Outreach Health workers, Village health workers, Women groups, Healthcare worker Training
Food & agriculture	Provide materials and training for small-scale horticulture / crop diversification with a nutrition objective	30	Smallholder farmers	80%	Farmer field schools, Agriculture extension workers, women groups, wholesalers, NGOs
	Provide materials and training for small-scale horticulture / crop diversification with a nutrition objective	3	Households living below the national poverty line	<1%	Agriculture extension workers, women groups
	Promote food preservation and storage with a nutrition objective	15	Smallholder farmers	3%	LGAs, Agricultural extension workers, UN agencies, NGOs, Farmer Field Schools
	Promote universal salt iodization	30	Households	59%	LGAs, Agricultural extension workers, UN agencies, NGOs, Farmer Field Schools
	Carry out / support small- to medium-scale food fortification	25	Entire population	45%	Producers, Community-based organizations, NGOs, LGAs, Shops
Nutrition Education	Carry out nutrition education, counseling, and promotion	9	Women of reproductive age 15-49 years	3%	Child Health Days, Outreach Health workers, Hospitals, Health centers, Village health workers, Women groups, Dispensaries
	Carry out nutrition education, counseling, and promotion	6	Entire population	2%	Agricultural extension workers, Dispensaries, Healthcare worker Training
	Carry out nutrition education, counseling, and promotion	2	Households living below the national poverty line	<1%	Agricultural extension workers, Shops, Producers, Wholesalers, Village health workers
WASH	Provide materials & technology for improved water source with hygiene education	5	Households	1%	NGOs, Village health workers, CHWs, CORPs, CHAs, Local Government Athorities (LGAs), Community-based organizations
Social Protection	Provide social safety net actions (e.g. cash, voucher, food, other) with a nutrition objective	12	Households living below the national poverty line	24%	Local Government Athorities (LGAs), NGOs

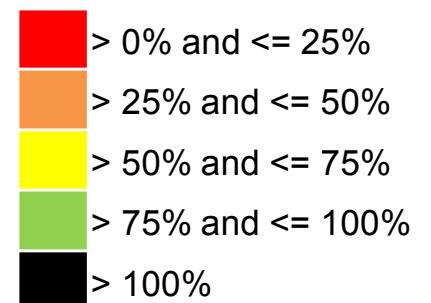
KEY POINTS AND QUESTIONS

Key points	Key questions
The number of regions in which an action is implemented in varies from 1 to 30 regions	Which type of organizations tend to have wider geographic coverage? What accounts for the variation?
Different organizations implementing the same action do not necessarily target the same population groups (range: 1 to 3 target groups per intervention)	Which are the most important target groups to make an impact on the priority objectives?
22 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 and not all	How to get hold of the remaining population data?

GEOGRAPHIC COVERAGE

ALL ACTIONS BY REGION

% of beneficiaries covered



% OF TARGET GROUP REACHED BY REGION (1 of 4)

[illegible]

% OF TARGET GROUP REACHED BY REGION (2 of 4)

[illegible]

% OF TARGET GROUP REACHED BY REGION (3 of 4)

Country Relevant Actions	Target group	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba
Growth monitoring	Children 0-59 months	35%	35%	35%	36%	40%	40%	35%	35%	35%	35%	35%	35%	35%	35%	103%	35%	35%	35%	55%	35%	35%	35%	35%	35%	36%	35%	35%	35%	35%	35%
Provide materials and training for small-scale horticulture	Smallholder farmers	72%	91%	85%	75%	91%	75%	62%	80%	72%	100%	120%	85%	66%	73%	100%	89%	67%	67%	66%	77%	86%	130%	135%	66%	73%	11%	12%	9%	9%	8%
Provide materials and training for small-scale horticulture	Households living below the national poverty line	1%	-	-	-	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7%	-	-	-	-	-	-	-	-	-
Promote food preservation and storage	Smallholder farmers	3%	<1%	1%	2%	-	-	-	32%	-	27%	<1%	<1%	3%	-	1%	<1%	1%	2%	-	2%	2%	-	-	-	-	-	-	-	-	-
Promote universal salt iodization	Households	36%	97%	70%	36%	65%	76%	88%	64%	18%	35%	55%	49%	27%	59%	55%	78%	39%	61%	58%	99%	49%	55%	55%	39%	51%	32%	54%	72%	11%	34%
Carry out / support small- to medium-scale food fortification	Entire population	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	-	-	-	-	-

% OF TARGET GROUP REACHED BY REGION (4 of 4)

Country Relevant Actions	Target group	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba
Carry out nutrition education, counseling, and promotion	Women of reproductive age 15-49 years	<1%	-	-	<1%	3%	2%	-	94%	-	12%	-	-	-	-	23%	-	-	-	10%	-	-	-	-	-	<1%	-	-	-	-	-
Carry out nutrition education, counseling, and promotion	Entire population	-	-	-	-	7%	-	10%	-	-	13%	13%	-	-	-	-	-	<1%	-	-	-	-	5%	-	-	-	-	-	-	-	-
Carry out nutrition education, counseling, and promotion	Households living below the national poverty line	-	-	-	-	-	-	-	13%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Provide technology for improved water source with hygiene education	Households	-	-	-	-	-	-	-	9%	1%	11%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Provide social safety net actions with a nutrition objective	Households living below the national poverty line	36%	93%	51%	-	15%	-	-	77%	17%	39%	-	-	-	-	-	-	143%	-	79%	36%	61%	-	-	35%	-	-	-	-	-	-

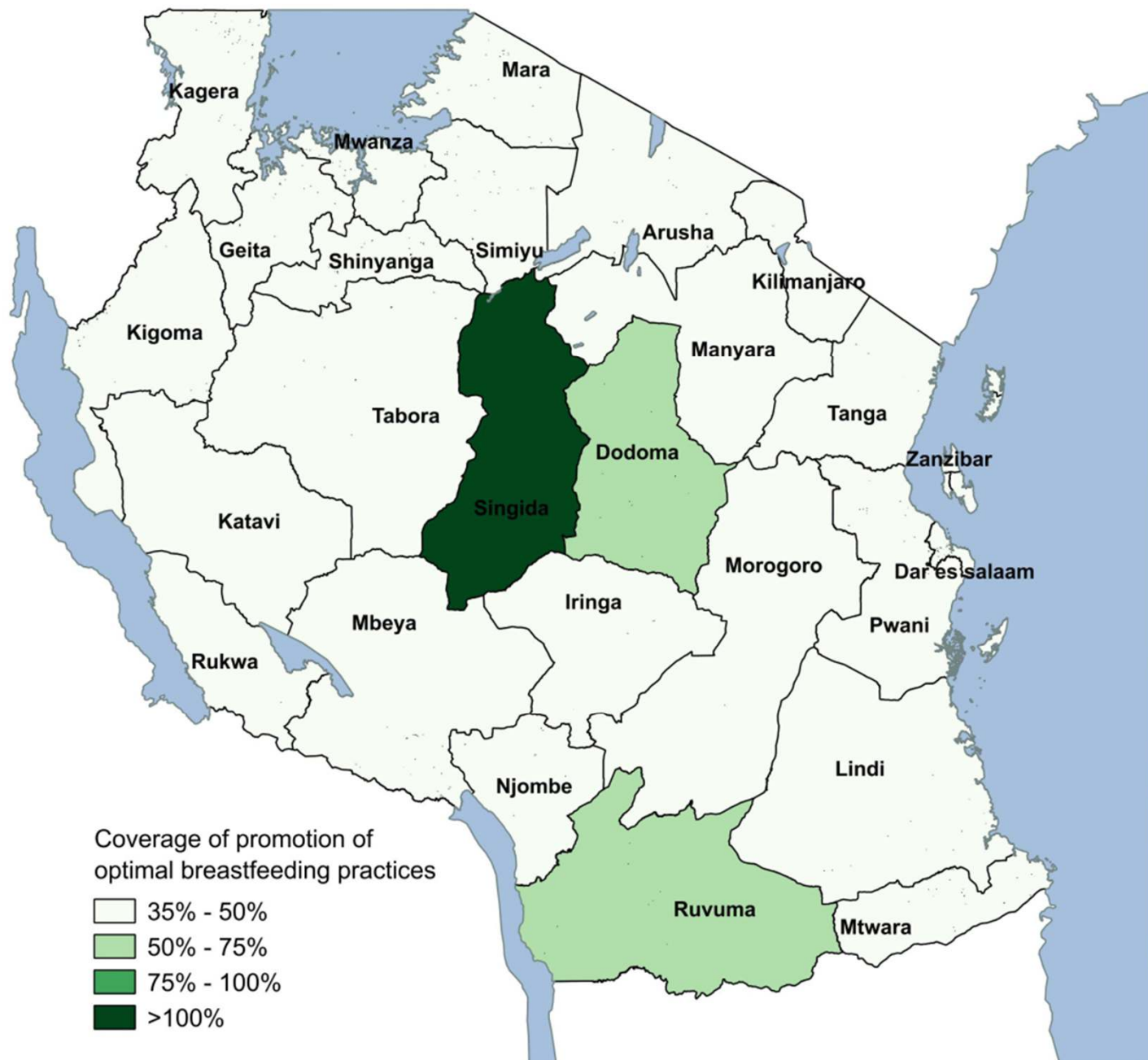
KEY POINTS AND QUESTIONS

Key points	Key questions
8 actions out of 21 are being implemented in less than 5 regions	Are these important actions? Why is no-one implementing them?
5 actions are present in all regions	However, how much of the target population is covered in each region?
9 actions are present in some of the regions (ranging between 5 – 29 regions)	Why is geographic coverage not across all regions?

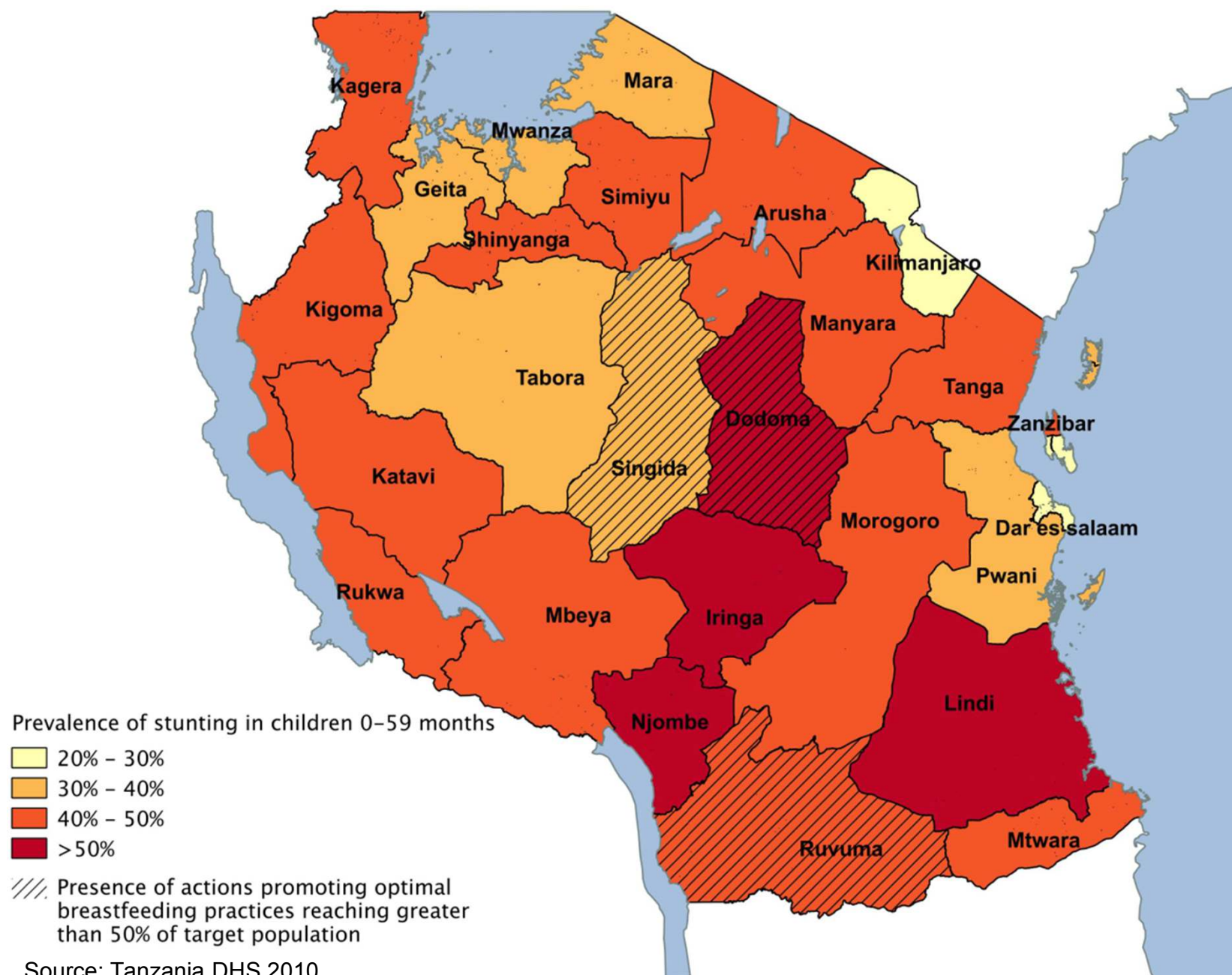
MAPPING OF ACTIONS

**EXAMPLE OF PROMOTION OF OPTIMAL
BREASTFEEDING PRACTICES**

COVERAGE OF PROMOTION OF OPTIMAL BREASTFEEDING PRACTICES TO PREGNANT AND LACTATING WOMEN



PREVALENCE OF STUNTING AMONG CHILDREN AND COVERAGE OF PROMOTION OF OPTIMAL BREASTFEEDING PRACTICES >50%



CHALLENGES

There are several challenges to the mapping process that cause gaps in results

- **Some actions are difficult to map due to type or structure of action, such as**
 - Governance and policy
 - Programs with intermediary target population (health workers) and no data on end beneficiaries
 - Programs that reach and record beneficiaries more than once a year
- **Full reporting from all stakeholders is difficult**
 - Not all stakeholders were able to provide complete and timely information
 - Nutrition sensitive actions are more difficult to map
- **Data quality and consistency**
 - Mapping takes place at only the regional level, not at the district level where planning and budgeting decisions are made

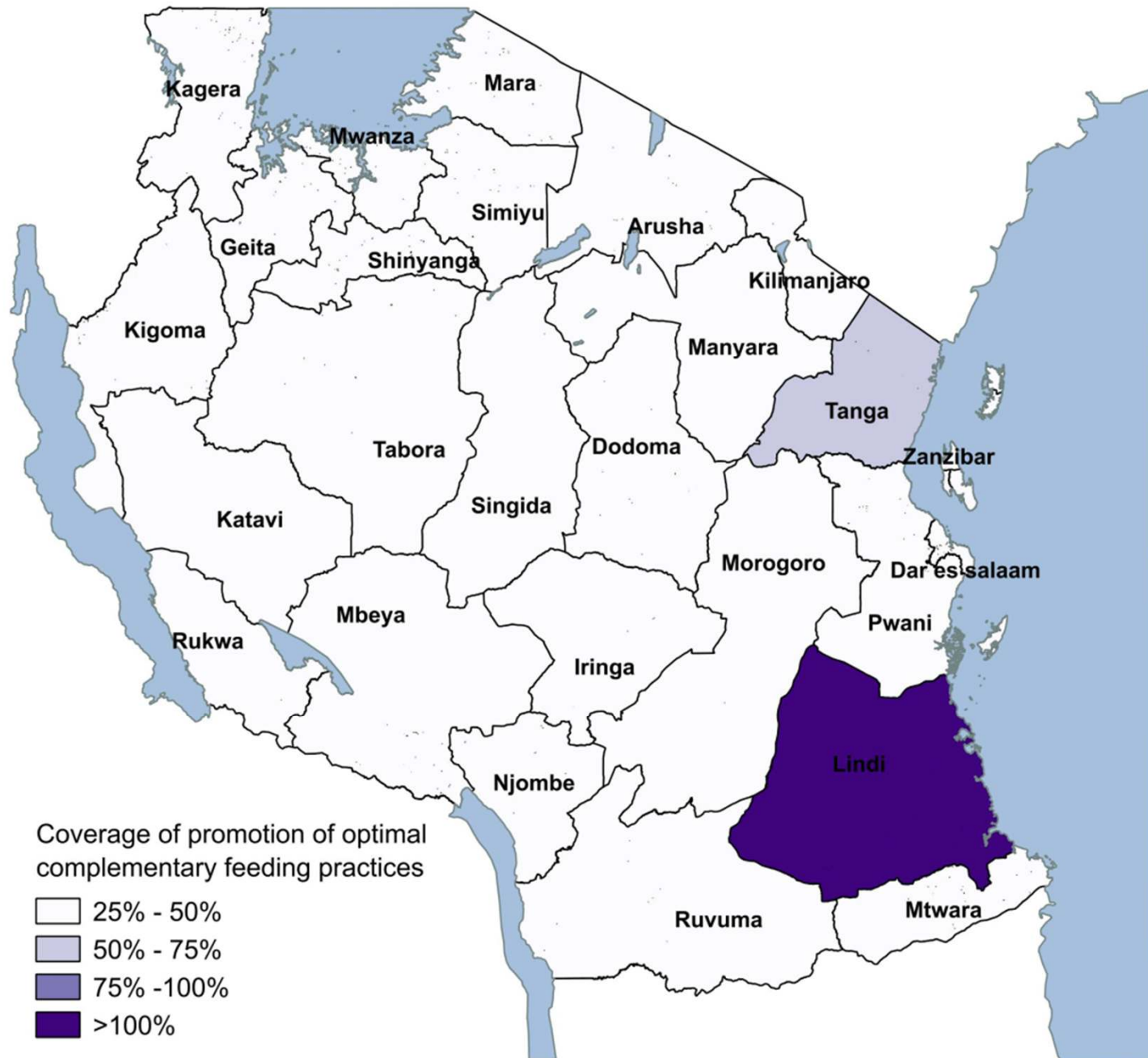
NEXT STEPS

- **Expanding the mapping to the district level**
- **Better coverage of stakeholders working on nutrition sensitive actions**
- **Clear and simple instructions for stakeholder reporting**

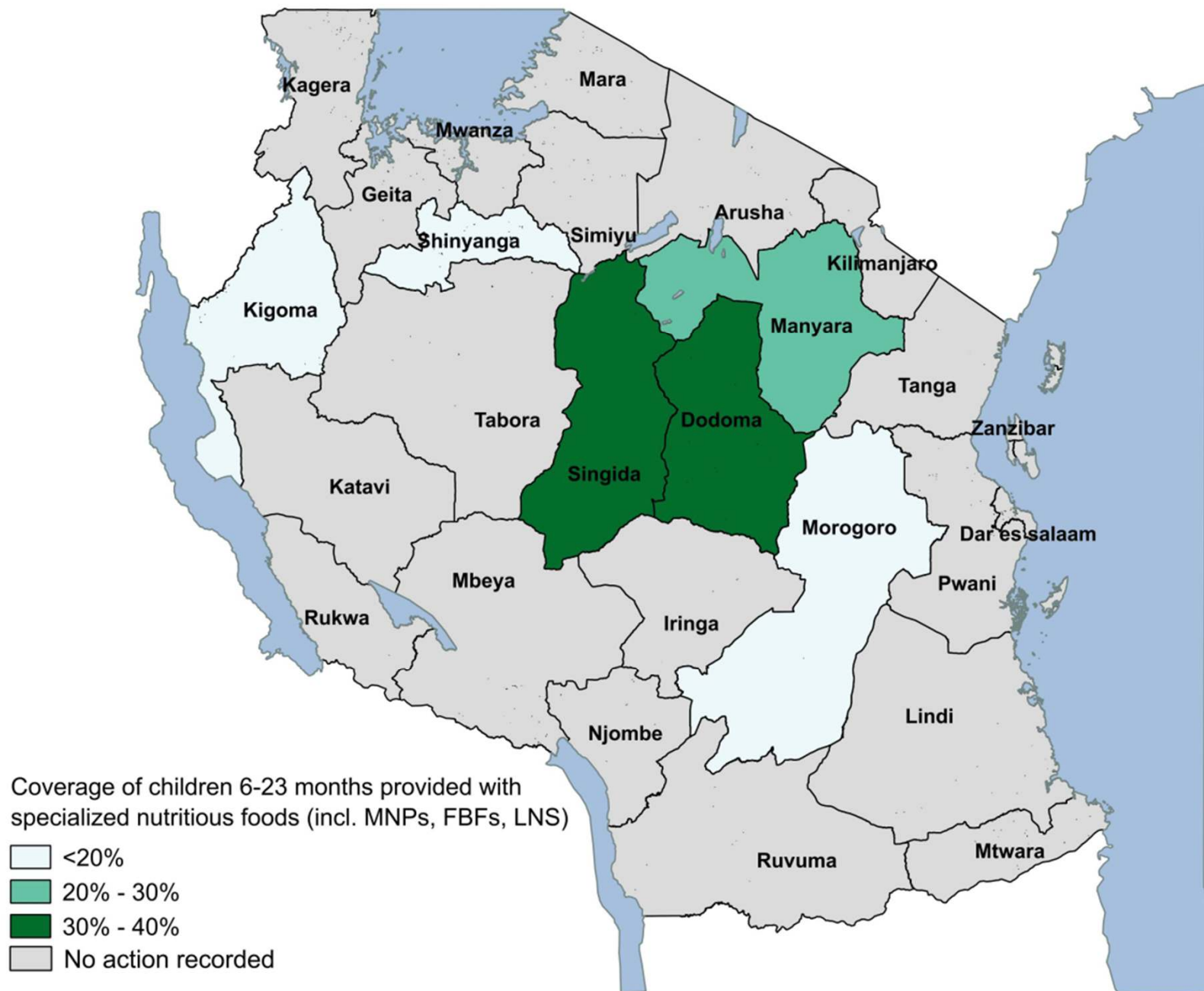
GEOGRAPHIC COVERAGE

**STOCK MAPS OF COVERAGE OF
INDIVIDUAL ACTIONS**

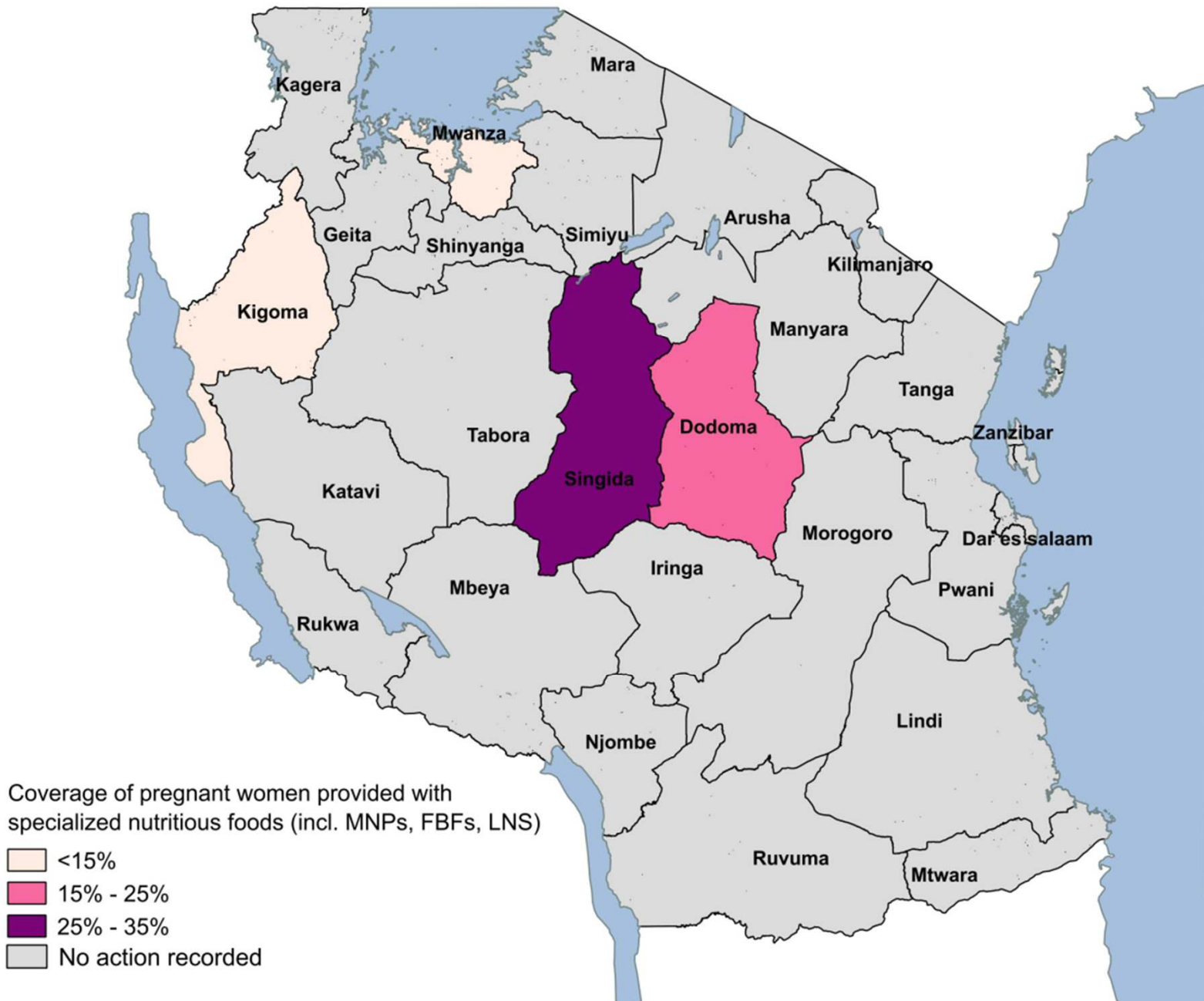
Coverage of promotion of optimal complementary feeding practices to mothers and caregivers



Coverage of children 6-23 months provided with specialized nutritious foods (incl. MNPs, FBFs, LNS)



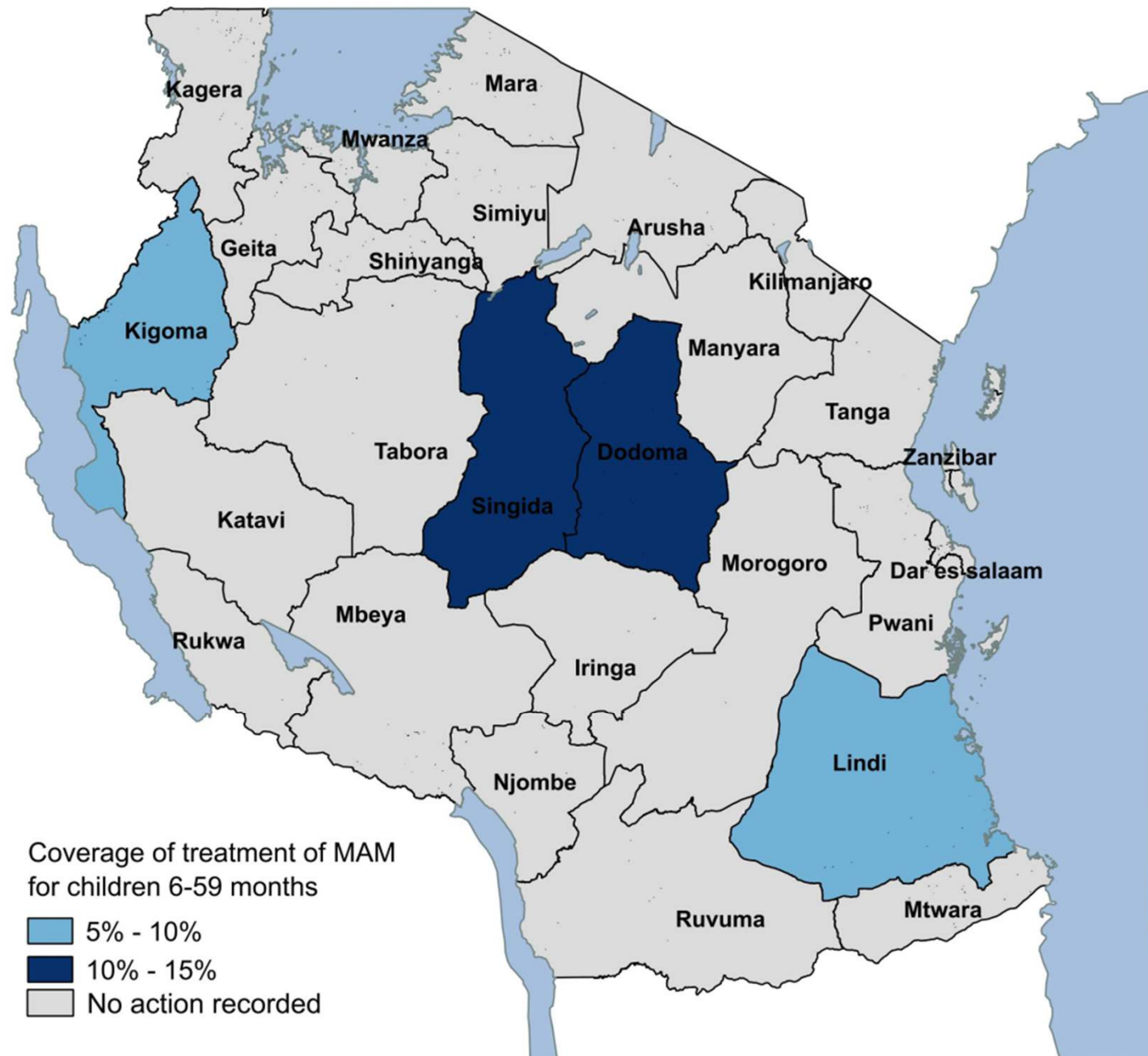
Coverage of pregnant women provided with specialized nutritious foods (incl. MNPs, FBFs, LNS)



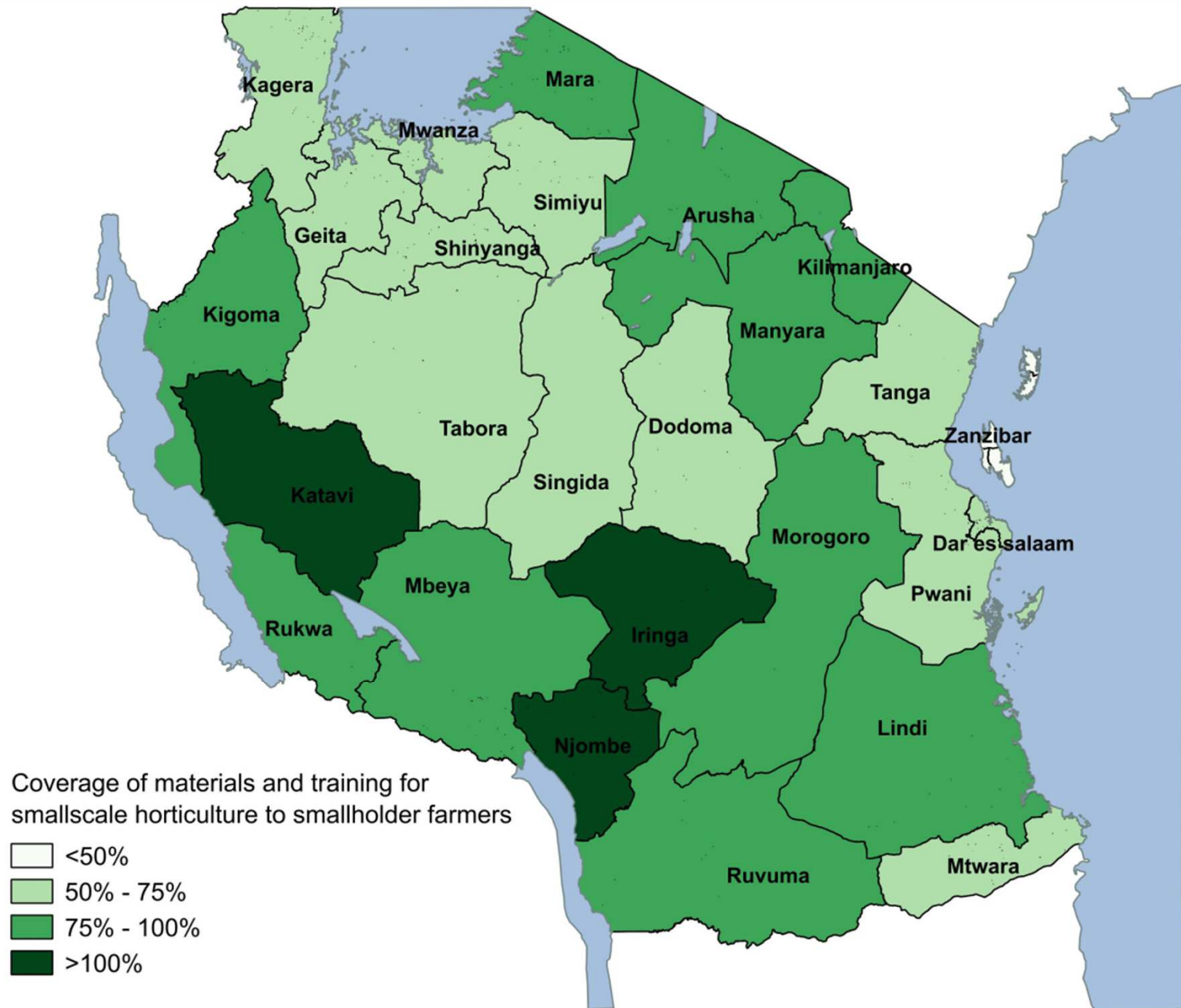
Coverage of treatment of SAM for children 6-59 months



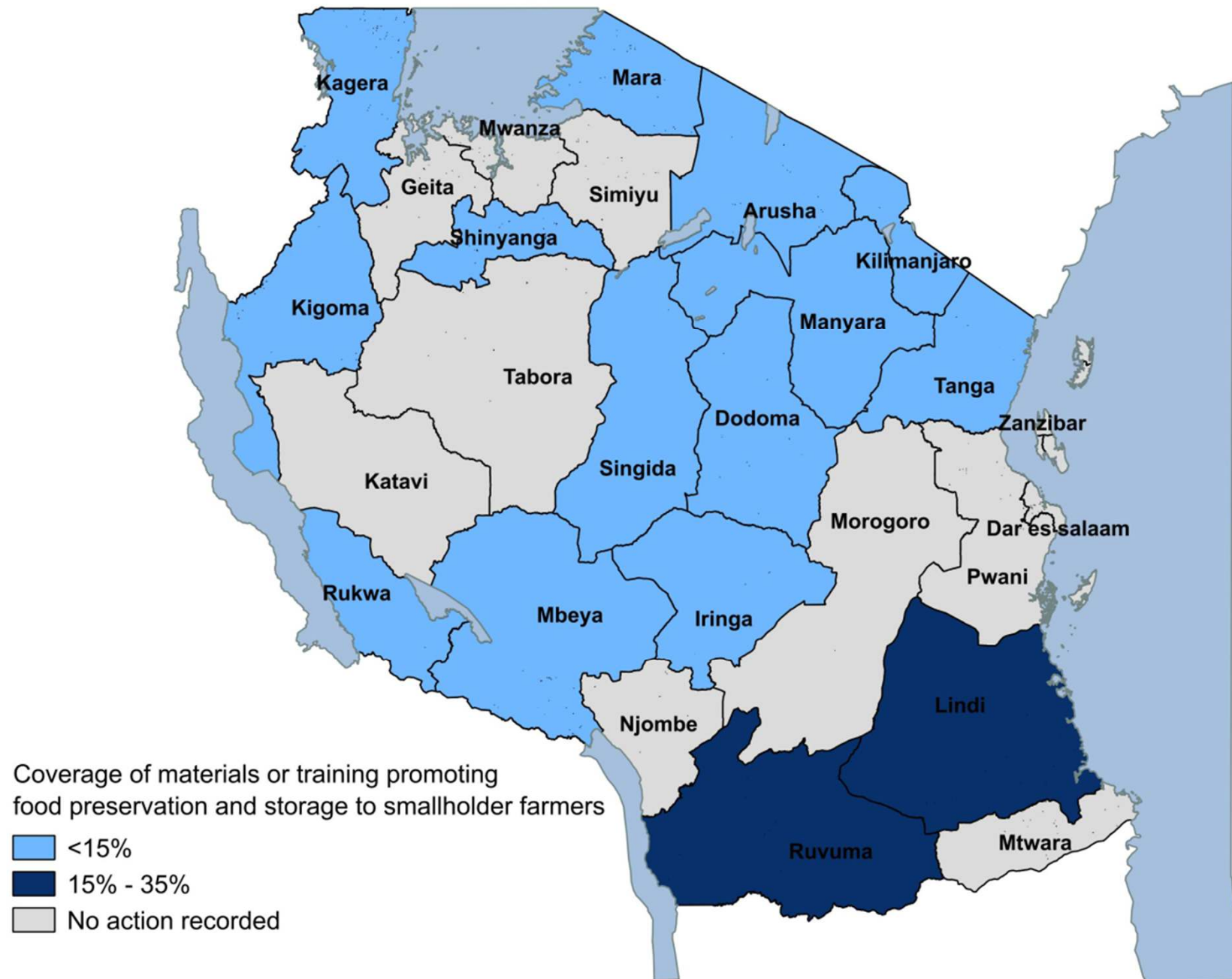
Coverage of treatment of MAM for children 6-59 months



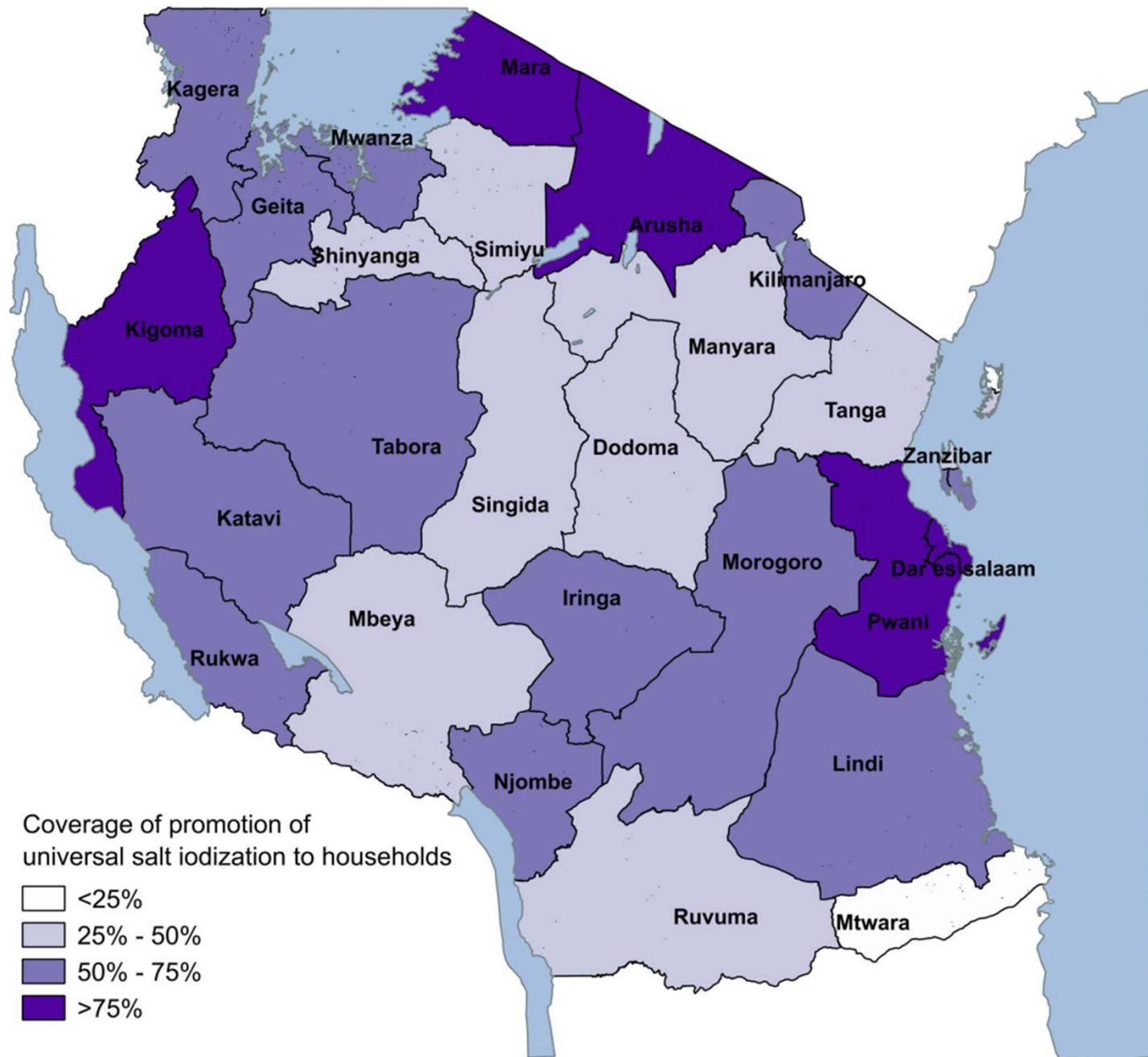
Coverage of materials and training for smallscale horticulture to smallholder farmers



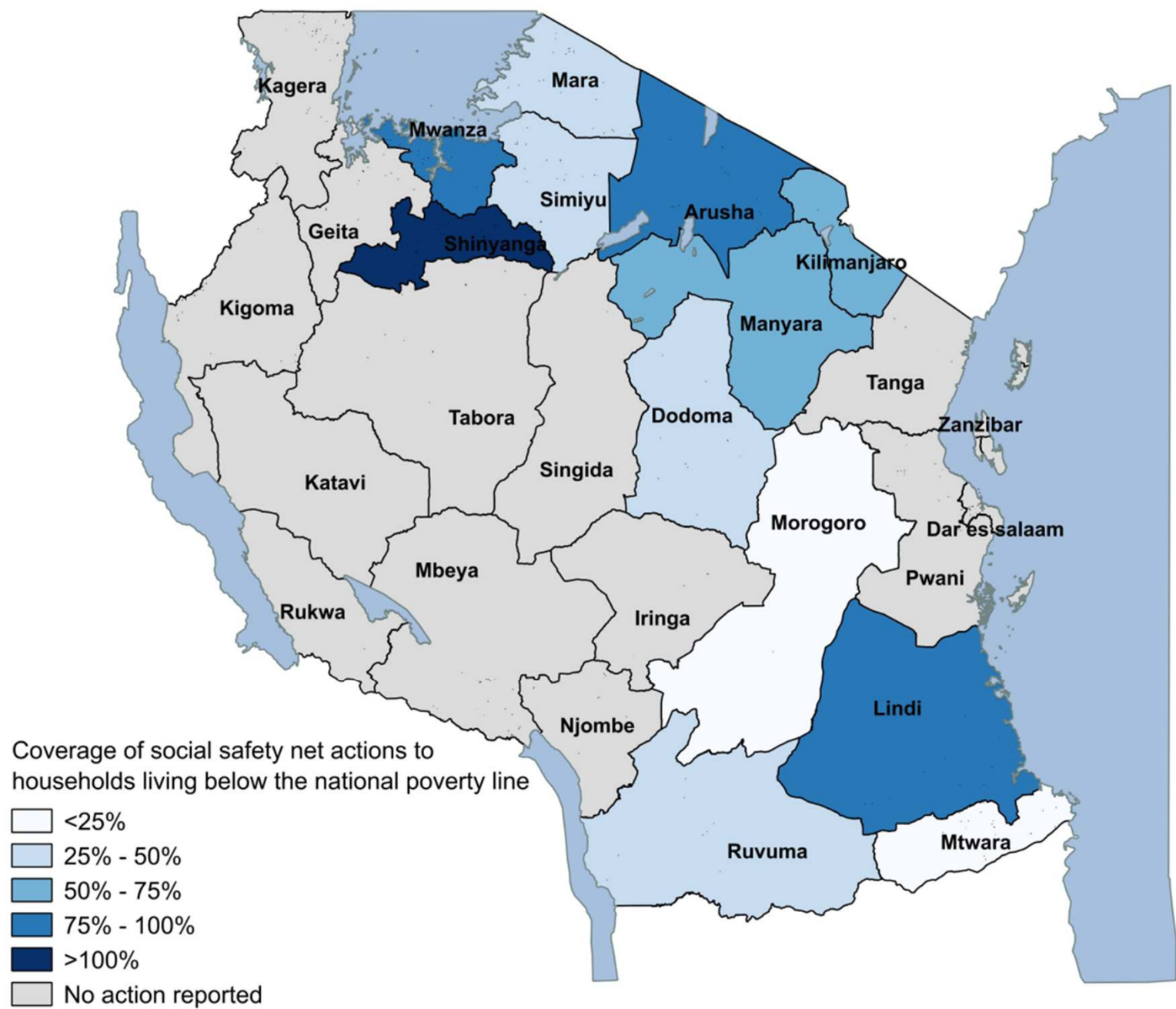
Coverage of materials or training promoting food preservation and storage to smallholder farmers



Coverage of promotion universal salt iodization in households



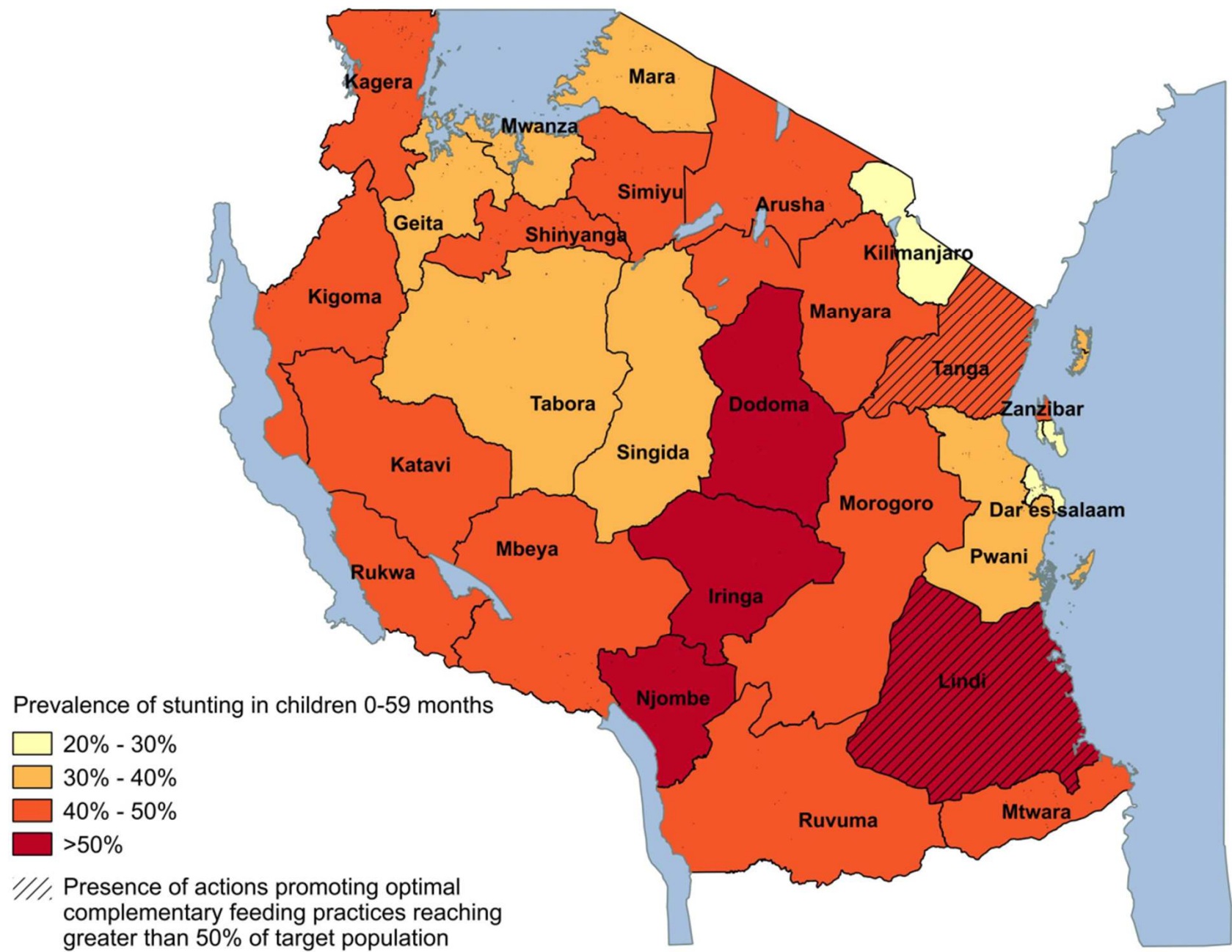
Coverage of social safety net actions (conditional cash transfers, vouchers) to households living below the national poverty line



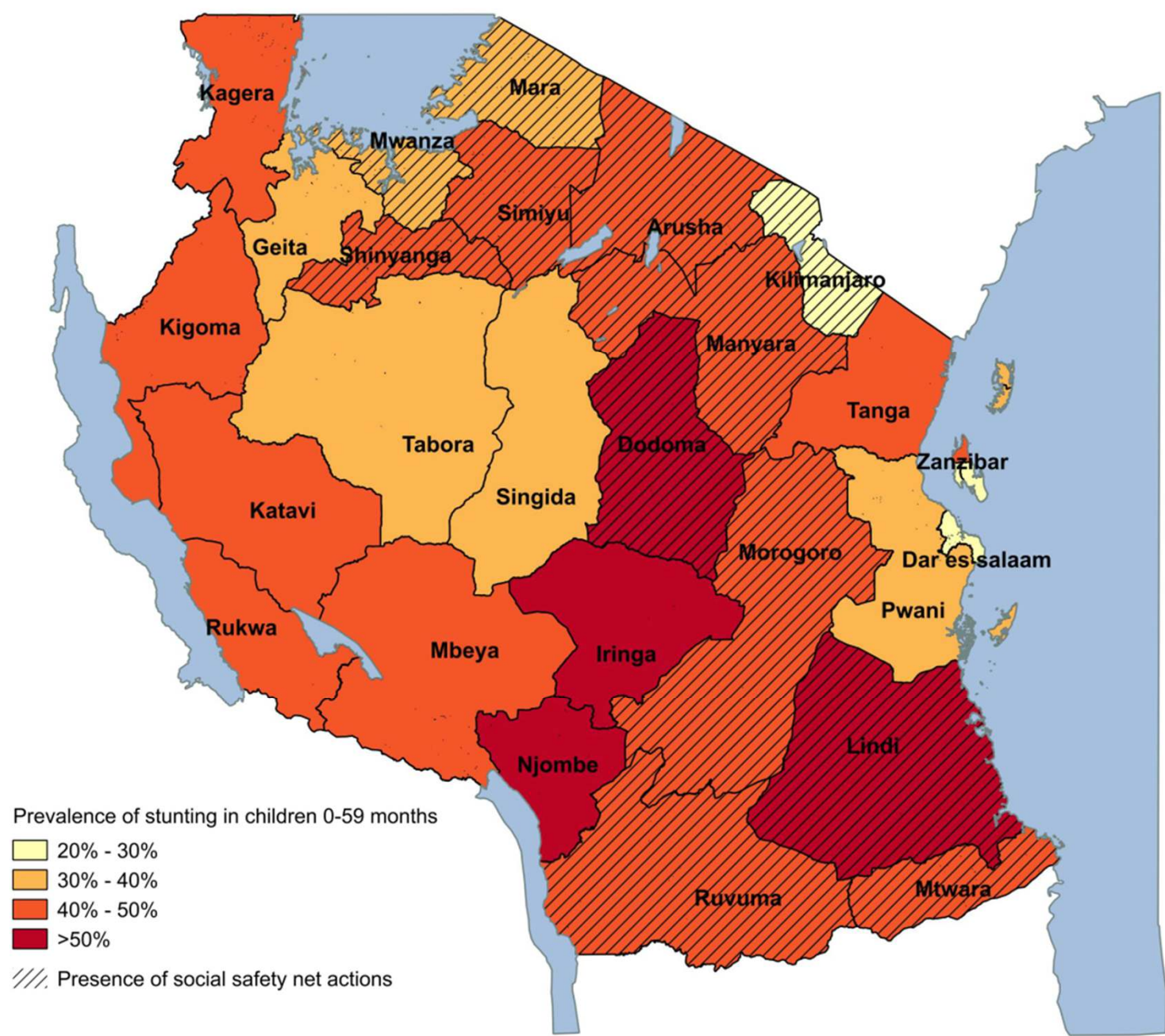
GEOGRAPHIC COVERAGE

**STOCK MAPS OF COVERAGE OF
ACTIONS AND SITUATION INDICATORS**

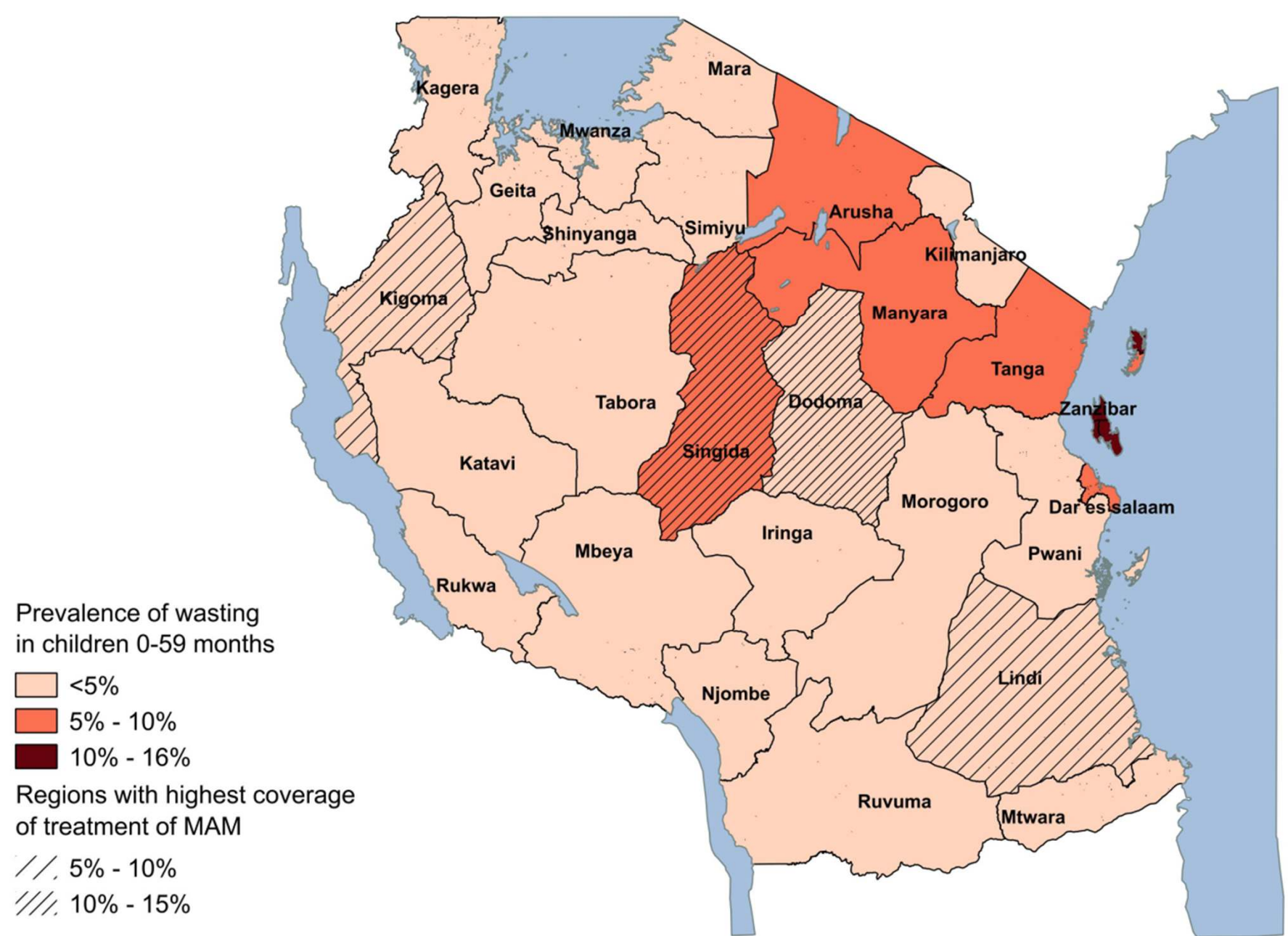
Prevalence of stunting among children 0-59 months and coverage of promotion of optimal complementary feeding practices greater that 50%



Prevalence of stunting among children 0-59 months and the coverage of social safety nets



Prevalence of wasting among children 0-59 months and coverage of treatment of MAM



Prevalence of wasting among children 0-59 months and coverage of treatment of SAM

