

Accelerating Nutrition Improvements in sub-Saharan Africa (ANI)

Mapping of stakeholders and nutrition actions in three countries

Report of the second meeting

10 February 2015, Kampala, Uganda



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Abbreviations and acronyms

ANI Accelerating Nutrition Improvements in sub-Saharan Africa

BCG Boston Consulting Group

FAO Food and Agriculture Organization of the United Nations

FMoH Federal Ministry of Health (Ethiopia)

HKI Helen Keller International

MOHSW Ministry of Health and Social Welfare (United Republic of

Tanzania)

NGO Nongovernmental organization

NHIS National health information system

NNP National Nutrition Programme

REACH Renewed Efforts Against Child Hunger

SAM Severe acute malnutrition

SUN Scaling Up Nutrition movement

UNICEF United Nations Children's Fund

USAID United States Agency for International Development

WHO World Health Organization

1 Introduction

The Accelerating Nutrition Improvements in sub-Saharan Africa (ANI) project was launched in March 2013, supported by Global Affairs Canada. The project aimed to:

- support 11 countries¹ to strengthen nutrition surveillance systems;
- conduct surveys in four of the 11 countries (Rwanda, Sierra Leone, Zambia and Zimbabwe) to establish a baseline for key indicators; and
- scale up evidence-informed nutrition actions in three of the 11 countries (Ethiopia, Uganda and the United Republic of Tanzania).

As part of the global and regional components of the ANI project, WHO committed to supporting Ethiopia, Uganda and the United Republic of Tanzania to map stakeholders and programme implementation. This activity was carried out in collaboration with Renewed Efforts Against Child Hunger (REACH). Describing actual implementation modalities of nutrition interventions is important to identify effective (and ineffective) practices, and thus to maximize the impact of the actions being carried out. The identification of implementing agencies or partners, and assessing the coverage and quality of the services provided are crucial for planning and scaling up effective actions.

Participants from the three countries met in Kampala, Uganda on 10 February 2015 as a follow-up to the first such meeting in Addis Ababa, Ethiopia, one year earlier. The meeting aimed to review the progress on implementing the agreements made at the previous meeting, and to determine further steps for each country in finalizing its stakeholder mapping system. The meeting agenda is provided in Annex 1.

Meeting participants were multistakeholder country teams comprising WHO country office staff, REACH facilitators, UNICEF, implementing nongovernmental organization (NGO) partners, ministries of health, the Tanzania Food and Nutrition Center (TFNC), and the Uganda Prime Minister's Office. The list of participants is provided in Annex 2.

The country teams discussed successes, challenges and solutions in stakeholder mapping. While the focus was on experiences in the three countries, the lessons learnt will contribute to ongoing global and regional efforts in undertaking and harmonizing mapping work.

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¹ Burkina Faso, Ethiopia, Mali, Mozambique, Rwanda, Senegal, Sierra Leone, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe

2 Opening session

Dr Mercy Chikoko, WHO Regional Office for Africa, opened the meeting, and Dr Agnes Chandia Baku, Ministry of Health, Uganda welcomed the participants to the meeting and to the country.

Dr Chizuru Nishida, WHO headquarters, reviewed the outcomes of the 2014 meeting during which participants had established a common understanding of the priority elements to include in a stakeholder mapping for nutrition (Table 1).

Table 1. Agreed priority elements to include in a stakeholder mapping for nutrition

Priority element	Obligatory?	
Who is doing	Partner information is crucial. Each country established selection criteria according to country needs.	
what	These are based on national plans, but a minimum set of interventions included those in the WHO Essential Nutrition Actions and the Lancet 2013 series on Maternal and Child Nutrition.	
for whom, where and when (estimation of coverage)	Yes for the following minimum set of interventions: promotion of breastfeeding; complementary feeding education; vitamin A supplementation for children aged 6–59 months; treatment of severe acute malnutrition (SAM); iron-folic acid supplementation during pregnancy; and salt iodization.	
how (delivery mechanisms)	Yes, but technical and functional capabilities are out of scope.	
at what cost	Yes, where possible, the budget of specific interventions by year (otherwise, budget for the programme by year), and expenditures.	
how well they are being implemented and how effective they are (monitoring and evaluation framework, lessons learnt)	No. Lessons learnt would be helpful to inform programme implementation, however the information was considered optional for stakeholder mapping.	

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