Nutrition Stakeholder and Action Mapping

WFP Peru Office
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1. Nutrition situation in Peru
Nutrition situation in Peru - 2019

Prevalence of chronic malnutrition (< 5 years)

- National average 12%
- Three regions at 31%
- Lima (1) 5%
- Province of Callao 5%

Overweight and obesity (< 5 years)

- National average 8%
- Metropolitan Lima 12.3%
- Highlands 4.9% | Jungle 3.7%

Anaemia in children aged between 6 to 36 months

- National average 40.1%
- The region with the highest average is Puno 69.9%
- Lima (1) 29.8% | Lima (2) Provinces 39.6%

Children aged 6 to 35 months who took an iron supplement

- National average 34.5%
- 7 regions reached 49.8%

Children aged 6 months with exclusive breastfeeding

- National average 65.6%
- 5 regions reached 87% | Callao 58.2%

Pregnant women aged 15 to 49 years who received > 6 antenatal check-ups

- National average 89.7%

Individuals > 15 years of age with obesity, high blood pressure or diabetes

- National average 37.2%
- Urban 39.6% | Lima (1) 43% | Callao 44.3% | Rural 27.5%


Source: National Institute of Statistics and Informatics (INEI), Demographic and Family Health Survey (ENDES) 2019
2. Mapping of nutrition actors and actions
What does the mapping of nutrition actors and actions consist of?

It is an analytical exercise carried out in a participative approach involving multi-sectoral stakeholders working on nutrition. The mapping exercise provides quantitative and qualitative results which inform nutrition decision making.

1. It focuses on actions needed to improve the nutrition situation of specific target groups

2. It allows the identification of stakeholders acting in specific geographic areas (districts)

3. Each action is associated with indicators relating to the geographic and population coverage
Objectives of the Nutrition Stakeholder and Action Mapping

• Sensitize, inform, and identify opportunities to improve the nutrition situation in the country

• Foster an informed dialogue among the government, private sector, civil society and academia to improve the coverage of nutrition actions in the country
What are the benefits of carrying out the process of the Nutrition Stakeholder and Action?

1. What is the country nutrition situation?
2. Who are the key stakeholders? What are their roles?
3. Which stakeholders are doing what where? And through which delivery mechanisms?
4. What % of the target population is covered nationally?
5. What % of target population is covered per action?
6. What % of the target population is covered per region/district?
7. For each district, who is reaching what % of the target population?
8. What is the role of the public sector in the nutrition situation?
9. What is the role of the private sector, civil society and international organizations in the nutrition situation?
10. Is the revision of national and local public policies aligned with the situation identified?
11. What accountability mechanism is in place?
12. Is the target population coverage improving over time?
13. Are the targets being achieved as defined in the national plan?
14. Are there opportunities to monitor and evaluate the planning and management tools?
### Who are the results of the Nutrition Stakeholder and Action Mapping relevant for?

<table>
<thead>
<tr>
<th>Sub-national administrations (regional and local)</th>
<th>Government ministries</th>
<th>Civil society, private sector and international organizations</th>
<th>Donors</th>
</tr>
</thead>
<tbody>
<tr>
<td>See what partners are working on nutrition in your area</td>
<td>Get a better overview of who the partners are and what they do</td>
<td>Enhance coordination through better info on what organizations are working in the same districts and/or on the same actions</td>
<td>Identify what provinces need further support</td>
</tr>
<tr>
<td>Get info on what actions are being conducted, and where</td>
<td>Identify potential gaps in geographic and population coverage</td>
<td>Identify what provinces need further support</td>
<td>See what actions need more funds to scale up</td>
</tr>
<tr>
<td>How many people are being reached by different actions, what needs to be scaled up</td>
<td>Help planning &amp; scale-up of nutrition actions</td>
<td>See what actions need to be scaled up, and where</td>
<td>Help identify what organizations can cover different actions and provinces</td>
</tr>
</tbody>
</table>

- **WFP**
- **World Food Programme**
Development of the implementation process

**Timeline**

**October 2019**
- Formation of the Mapping Committee
- Development of the preliminary list of actions
- Preparation of metadata template and customization of tool
- Meetings with government sectors, civil society and the private sector to present the exercise
- Data entry on web-based tool

**15 March to 30 June, Delays due to Covid-19 lockdown**
- Meetings with stakeholders to review data
- Data cleaning and input modifications

**August 2020**
- Preparation of the preliminary report and development of key messages
- Review of the results and situation indicators
- Systematization

**Stages**
- Preparation
- Data collection
- Data quality check
- Dara Analysis
- Results Sharing

**Activities**
- Presentation of the results
- Dialogue between the stakeholders
Identification of nutrition actions

- Formation of the Technical Team
  - MINDSI, MINH, UNICEF, IFAD, FAO, Peru 2021, CARE Peru and WFP Peru

- Review of country guidelines
  - National, sectoral and multi-sectoral plans

- Preparation of the preliminary list
  - Results of the analysis of situation and coverage indicators and their delivery mechanisms and target groups

- Review and validation of actions
  - More than 30 meetings with representatives of specific sectors and government organizations

- Final list of actions
  - Consensus between 5 government ministries to identify 20 priority nutrition actions
Participating public organizations

- Presidency of the Council of Ministers
- Ministry of Agriculture and Irrigation
- Ministry of Economy and Finance
- Ministry of Education
- Ministry of Health
- Ministry of Production
- Ministry of Housing, Construction and Sanitation
Criteria considered in the selection of actions

**Criteria of selection of priority nutrition actions**

- Evidence-based
- Within the framework of the budgeted programmes and results management processes led by the Ministry of Economy and Finance
- Availability of associated secondary, district-level data for 2019 from administrative systems

**Completion of metadata**

- 2019 data
- District level coverage
- Nutrition actions
- Target groups
- Delivery mechanisms
- Situation indicators

**Data collection using questionnaires in Excel**

Government ministries | Civil society
Private sector
# List of priority nutrition actions

<table>
<thead>
<tr>
<th>Thematic area</th>
<th>Nutrition actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health of pregnant women (4)</td>
<td>Delivery of the package of care for pregnant women (4 supporting tests) in the first term, at least 6 antenatal check-ups with the iron and folic acid supplement, and at least 6 doses of iron and folic acid tablets. Delivery of the anaemia treatment after diagnosis. Comprehensive guidance through home visits. Food preparation demonstration sessions.</td>
</tr>
<tr>
<td>Infant and young children feeding practices (5)</td>
<td>Delivery of the comprehensive package of care (complete GDM according to age, pneumococcal and rotavirus vaccines, iron supplementation and measurement of haemoglobin) for children aged 0 to 11 months. Delivery of the comprehensive package of care (complete GDM according to age, pneumococcal and rotavirus vaccines, iron supplementation and measurement of haemoglobin) for children aged 12 to 23 months. Delivery of the comprehensive package of care (complete GDM according to age, pneumococcal and rotavirus vaccines, iron supplementation and measurement of haemoglobin) for children aged 24 to 36 months. Food preparation demonstration sessions. Comprehensive guidance through home visits to children under 6 months.</td>
</tr>
<tr>
<td>Iron supplementation (1)</td>
<td>Supplementation with iron drops starting at 4 months of age.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Thematic area</th>
<th>Nutrition actions</th>
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</thead>
<tbody>
<tr>
<td>Prevention of overweight and obesity (2)</td>
<td>Promotion of healthy eating and physical exercise in public spaces (recreation areas) by local governments. Sessions and/or projects held by trained teachers about healthy eating and physical exercise.</td>
</tr>
<tr>
<td>Healthy eating at school (1)</td>
<td>Assessment of school snack bars, canteens and dining halls.</td>
</tr>
<tr>
<td>Nutrition education for families (1)</td>
<td>Demonstration sessions at Communal Promotion and Monitoring Centres (CPMCs) for parents and caregivers of children under 1 year of age.</td>
</tr>
<tr>
<td>Food consumption (1)</td>
<td>Training on the consumption of fishery products.</td>
</tr>
<tr>
<td>Agriculture (1)</td>
<td>Creation of cultivated pastures.</td>
</tr>
<tr>
<td>Water, sanitation and hygiene (2)</td>
<td>Rehabilitation of drinking water systems in a substandard state. Systems that supply water with an adequate concentration of chlorine.</td>
</tr>
</tbody>
</table>
## Target population (1/2)

<table>
<thead>
<tr>
<th>Component</th>
<th>Actions</th>
<th>Target population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Delivery of the package of care for pregnant women</td>
<td>Pregnant women</td>
</tr>
<tr>
<td>Health of pregnant women</td>
<td>2. Delivery of the anaemia treatment after diagnosis</td>
<td>Pregnant women with anaemia</td>
</tr>
<tr>
<td></td>
<td>3. Comprehensive guidance through home visits</td>
<td>Pregnant women</td>
</tr>
<tr>
<td></td>
<td>4. Food preparation demonstration sessions</td>
<td>Pregnant women</td>
</tr>
<tr>
<td>Infant and Young Children</td>
<td>5a. Delivery of the comprehensive package of care for children aged 0 to 11 months</td>
<td>Children aged 0 to 11 months</td>
</tr>
<tr>
<td>Feeding practices</td>
<td>5b. Delivery of the comprehensive package of care for children aged 12 to 23 months</td>
<td>Children aged 12 to 23 months</td>
</tr>
<tr>
<td></td>
<td>5c. Delivery of the comprehensive package of care for children aged 24 to 35 months</td>
<td>Children aged 24 to 35 months</td>
</tr>
<tr>
<td></td>
<td>6. Food preparation demonstration sessions</td>
<td>Children aged 6 to 35 months</td>
</tr>
<tr>
<td></td>
<td>7. Comprehensive guidance - home visits to children under 6 months</td>
<td>Children aged 0 to 5 months</td>
</tr>
<tr>
<td>Iron supplement</td>
<td>8. Supplementation with iron drops starting at 4 months of age</td>
<td>Children aged 4 months</td>
</tr>
<tr>
<td>Disease prevention and</td>
<td>9. Treatment of 18-month-old children who have been diagnosed with anaemia and recovered</td>
<td>Children aged 18 months</td>
</tr>
<tr>
<td>control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Component</td>
<td>Actions</td>
<td>Target population</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Disease prevention and control</td>
<td>10. Treatment of acute respiratory infections</td>
<td>Children under 5 years of age</td>
</tr>
<tr>
<td></td>
<td>11. Treatment of acute diarrhoeal diseases</td>
<td>Children under 5 years of age</td>
</tr>
<tr>
<td></td>
<td>12. Mass deworming of school children</td>
<td>Children aged 6-11 years, scheduled</td>
</tr>
<tr>
<td>Overweight and obesity prevention</td>
<td>13. Promotion of healthy eating and physical exercise in public spaces by local governments</td>
<td>Amount allocated</td>
</tr>
<tr>
<td></td>
<td>14. Sessions and/or projects held by trained teachers about healthy eating and physical exercise</td>
<td>Primary teachers</td>
</tr>
<tr>
<td>Healthy eating at school</td>
<td>15. Assessment of school snack bars, canteens and dining halls</td>
<td>School snack bars, canteens and dining halls</td>
</tr>
<tr>
<td>Nutrition education for families</td>
<td>16. Demonstration sessions at Communal Promotion and Monitoring Centres for parents and carers</td>
<td>Children under 1 year of age</td>
</tr>
<tr>
<td>Food consumption</td>
<td>17. Training on the consumption of fishery products</td>
<td>Primary and secondary teachers</td>
</tr>
<tr>
<td>Agriculture</td>
<td>18. Creation of cultivated pastures</td>
<td>Families of livestock producers</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>19. Rehabilitation of drinking water systems in a substandard state</td>
<td>Drinking water systems in a substandard state</td>
</tr>
<tr>
<td></td>
<td>20. Systems that supply water with an adequate concentration of chlorine</td>
<td>Drinking water systems</td>
</tr>
</tbody>
</table>
Operational mapping definitions

### Ministry responsible
Ministries that participate in the monitoring and evaluation of the action

### Implementer
Partners that carry out nutrition actions directly with the target population

### Catalyst
Partners that provide coordination, M&E and/or technical assistance for the nutrition actions being mapped

### Donor
Partners that provide funds for the nutrition actions identified

### Action
Nutrition activities or interventions chosen to be mapped and identified in consensus with the multi-sector actors

### Delivery mechanism
Specific mechanisms that define how an action was implemented

### Geographical coverage
Percentage of regions where an action has been carried out (at least one partner has reached the target population)

### Population coverage
Percentage of the target population that received an action, compared with the total of that target population

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A stakeholder may take on several roles in relation to a given action (the ministry responsible may also be the implementer through its civil servants).

Not all roles will necessarily be performed for every action. The donor role includes donors and technical partners that have financed implementing organizations.

The ‘delivery mechanisms’ may consist of strategies (campaigns or routines), human capital (extension workers, religious leaders) or focal points (led by the community or health centres). The set of options is specific to the country and is decided by the government and partners working with nutrition.
Considerations in the interpretation of the mapping results

• The work carried out with the multi-sector technical team for the mapping process involved an assessment of the current nutrition situation in the country, establishing a preliminary list of actions and defining selection criteria.

• The nutrition actions were selected based on consultations with the ministries concerned, in coordination with some UN agencies such as IFAD and UNICEF, as well as the relevant civil society organizations.

• This exercise involved compiling data on the selected nutrition actions. The organizations, which participated in this mapping process in a voluntary capacity, may be working on other actions that are important to improve nutrition outcomes. It should be pointed out that there may also be other organizations working on these actions in the country.

• Coverage (geographical and population) is estimated based on the information obtained at the district level. Therefore, indications of coverage should not be considered exhaustive or exact.

• This mapping process did not assess the quality or accuracy of the coverage reported. The results can be used as an indicator of where certain areas or actions should be analysed in greater detail.
Considerations in the interpretation of the mapping results

Some difficulties were encountered in compiling the data:

- The delay between the launch workshop (October 2019) and the data collection process (June 2020);
- High turnover of key personnel in the ministries;
- Extension of the response time by the organizations;
- Weakness of the information management system;
- Absence of district-level information for some priority actions;
- The impact of Covid-19 in Peru leading to new national priorities, affecting the ministries and other organizations for almost four months in terms of managing the information related to the selected nutrition actions.
3. Who is working on nutrition?
<table>
<thead>
<tr>
<th>Thematic area</th>
<th>Action</th>
<th>Ministry</th>
<th>Catalyst</th>
<th>Implementer</th>
<th>Donor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health of pregnant women</td>
<td>Delivery of the package of care for pregnant women</td>
<td>Ministry of Health</td>
<td>Action Against Hunger</td>
<td>Ministry of Health</td>
<td>Basque Country</td>
</tr>
<tr>
<td></td>
<td>Delivery of the anaemia treatment after diagnosis</td>
<td>Ministry of Health</td>
<td>NGO Action Against Hunger</td>
<td>Ministry of Health</td>
<td>Basque Country</td>
</tr>
<tr>
<td></td>
<td>Comprehensive guidance through home visits</td>
<td>Ministry of Health</td>
<td>Action Against Hunger, ADRA Peru, CARE Peru</td>
<td>Ministry of Health Peruvian Union University - Juliaca Campus</td>
<td>Basque Country, Nestlé, ADRA Peru, CARE Peru, WFP Peru, CARE Peru, Repsol Foundation, Save the Children International, OFDA</td>
</tr>
<tr>
<td></td>
<td>Food preparation demonstration sessions</td>
<td>Ministry of Health</td>
<td>Action Against Hunger, WFP Peru, CARE Peru</td>
<td>Ministry of Health Gloria S.A., Repsol Foundation, Save the Children International</td>
<td>Basque Country, Nestlé, ADRA Peru, CARE Peru, WFP Peru, CARE Peru, Repsol Foundation, Save the Children International, OFDA</td>
</tr>
<tr>
<td>Infant and Young Children Feeding practices</td>
<td>Delivery of the comprehensive package of care for children aged 0 to 11 months</td>
<td>Ministry of Health</td>
<td>ADRA Peru</td>
<td>Ministry of Health Peruvian Union University - Juliaca Campus</td>
<td>Red Eléctrica Andina S.A. (REA)</td>
</tr>
<tr>
<td></td>
<td>Delivery of the comprehensive package of care for children aged 12 to 23 months</td>
<td>Ministry of Health</td>
<td>ADRA Peru</td>
<td>Ministry of Health Peruvian Union University - Juliaca Campus</td>
<td>Red Eléctrica Andina S.A. (REA)</td>
</tr>
<tr>
<td></td>
<td>Delivery of the comprehensive package of care for children aged 24 to 35 months</td>
<td>Ministry of Health</td>
<td>ADRA Peru</td>
<td>Ministry of Health Peruvian Union University - Juliaca Campus</td>
<td>Red Eléctrica Andina S.A. (REA)</td>
</tr>
</tbody>
</table>
## Catalyst, Implementer and Donor

<table>
<thead>
<tr>
<th>Thematic area</th>
<th>Action</th>
<th>Ministry</th>
<th>Catalyst</th>
<th>Implementer</th>
<th>Donor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Feeding and caring for newborns</strong></td>
<td>Food preparation demonstration sessions</td>
<td>Ministry of Health</td>
<td>Action Against Hunger, WFP Peru, ADRA Peru, CARE Peru</td>
<td>Ministry of Health, Gloria S.A., Repsol Foundation, Plan International, Asociación Unacem, Peruvian Union University - Lima Campus, Save the Children Internat’</td>
<td>Basque Country, FOSPIBAY, Repsol Foundation, ADRA Norway, Red Eléctrica Andina S.A. (REA), PepsiCo Foundation, OFDA/Food for Peace, German Government, UNICON S.A.</td>
</tr>
<tr>
<td></td>
<td>Comprehensive guidance through home visits to children under 6 months</td>
<td>Ministry of Health</td>
<td>Action Against Hunger, WFP Peru, ADRA Peru, CARE Peru</td>
<td>Ministry of Health, Repsol Foundation, Peruvian Union University - Lima Campus, Save the Children Internat’</td>
<td>Basque Country, FOSPIBAY, Nestlé, ADRA Norway, Red Eléctrica Andina S.A. (REA), Repsol Foundation, PepsiCo Foundation, OFDA/Food for Peace</td>
</tr>
<tr>
<td><strong>Iron supplement</strong></td>
<td>Supplementation started with iron drops at 4 months of age</td>
<td>Ministry of Health</td>
<td>Action Against Hunger, WFP Peru, ADRA Peru</td>
<td>Ministry of Health, Peruvian Union University - Lima Campus</td>
<td>Basque Country, FOSPIBAY, ADRA Norway, Red Eléctrica Andina S.A. (REA)</td>
</tr>
<tr>
<td><strong>Disease prevention and control</strong></td>
<td>Treatment of 18-month-old children who have been diagnosed with anaemia and have recovered</td>
<td>Ministry of Health</td>
<td>Action Against Hunger, ADRA Peru</td>
<td>Ministry of Health, Peruvian Union University - Juliaca Campus</td>
<td>Basque Country</td>
</tr>
<tr>
<td></td>
<td>Treatment of acute respiratory infections</td>
<td>Ministry of Health</td>
<td>WFP Peru, ADRA Peru</td>
<td>Ministry of Health, Peruvian Union University - Juliaca Campus</td>
<td>FOSPIBAY, Red Eléctrica Andina S.A. (REA)</td>
</tr>
<tr>
<td></td>
<td>Treatment of acute diarrhoeal diseases</td>
<td>Ministry of Health</td>
<td>WFP Peru, ADRA Peru</td>
<td>Ministry of Health, Peruvian Union University - Juliaca Campus</td>
<td>FOSPIBAY, Red Eléctrica Andina S.A. (REA)</td>
</tr>
<tr>
<td></td>
<td>Mass deworming of school children</td>
<td>Ministry of Health</td>
<td></td>
<td>Ministry of Health, Caritas Peru</td>
<td>Peru LNG</td>
</tr>
</tbody>
</table>
## Catalyst, Implementer and Donor

<table>
<thead>
<tr>
<th>Component</th>
<th>Action</th>
<th>Ministry</th>
<th>Catalyst</th>
<th>Implementer</th>
<th>Donor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention of overweight and obesity</td>
<td>Local governments promote healthy eating and physical exercise in public spaces</td>
<td>Ministry of Health</td>
<td>Ministry of Health</td>
<td>Prisma (NGO), WFP Peru</td>
<td>Nestlé, Pacífico Seguros, Laboratorios Precisa, Red SANNA, Clínica San Felipe, Centro Oncológico Aliada, Repsol Foundation</td>
</tr>
<tr>
<td>Nutrition education for families</td>
<td>Demonstration sessions at Communal Promotion and Monitoring Centres for parents and carers of children aged &lt;1 year</td>
<td>Ministry of Health</td>
<td>Action Against Hunger, USIL degree course</td>
<td>APC Corporación, Gloria S.A., San Ignacio de Loyola University</td>
<td>Basque Country, San Ignacio de Loyola University</td>
</tr>
<tr>
<td>Healthy eating at school</td>
<td>Assessment of school snack bars, canteens and dining halls</td>
<td>Ministry of Health</td>
<td>Ministry of Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>Training in the consumption of fishery products</td>
<td>Ministry of Production</td>
<td>Ministry of Production</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agriculture</td>
<td>Creation of cultivated pastures</td>
<td>Ministry of Agriculture and Irrigation</td>
<td>Action Against Hunger, ProSynergy</td>
<td>Ministry of Agriculture and Irrigation San Ignacio de Loyola University</td>
<td>Basque Country, Grupo Breca</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>Rehabilitation of drinking water systems in a substandard state</td>
<td>Ministry of Housing, Construction and Sanitation</td>
<td>33 Buckets (NGO)</td>
<td>Ministry of Housing San Ignacio de Loyola University</td>
<td>Nestlé, 33 Buckets (NGO)</td>
</tr>
<tr>
<td></td>
<td>Systems that supply water with an adequate concentration of chlorine</td>
<td>Ministry of Housing, Construction and Sanitation</td>
<td>WFP Peru, ADRA Peru</td>
<td>Ministry of Housing Plan International, Peruvian Union University - Lima Campus</td>
<td>Repsol Foundation, ADRA Norway, German Government</td>
</tr>
</tbody>
</table>
4. Geographical coverage
### What nutrition actions are being carried out in each region?

#### Nutrition actions / Regions

<table>
<thead>
<tr>
<th>Action</th>
<th>Regions where the actions are being carried out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive guidance through home visits</td>
<td></td>
</tr>
<tr>
<td>Food preparation demonstration sessions</td>
<td></td>
</tr>
<tr>
<td>Delivery of the comprehensive package of care for children aged 0-11 months</td>
<td></td>
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<tr>
<td>Delivery of the comprehensive package of care for children aged 12-23 months</td>
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<tr>
<td>Delivery of the comprehensive package of care for children aged 24-35 months</td>
<td></td>
</tr>
<tr>
<td>Comprehensive guidance through home visits to children &lt; 6 months</td>
<td></td>
</tr>
<tr>
<td>Supplementation started with iron drops at 4 months of age</td>
<td></td>
</tr>
<tr>
<td>Treatment of 18-month-old children who have had anaemia and have recovered</td>
<td></td>
</tr>
<tr>
<td>Demonstration session on preparing food for children aged 6-35 months</td>
<td></td>
</tr>
</tbody>
</table>
### What nutrition actions are being carried out in each region?

#### Nutrition actions / Regions

<table>
<thead>
<tr>
<th>Nutrition actions</th>
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<tbody>
<tr>
<td>Treatment of acute respiratory infections</td>
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<td>Treatment of acute diarrhoeal diseases</td>
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<tr>
<td>Mass deworming of school children</td>
<td></td>
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<tr>
<td>Local govs. promote healthy eating and physical exercise in public spaces</td>
<td></td>
</tr>
<tr>
<td>Sessions/projects by trained teachers about healthy eating and physical exercise</td>
<td></td>
</tr>
<tr>
<td>Assessment of school snack bars, canteens and dining halls</td>
<td></td>
</tr>
<tr>
<td>Demonstration sessions at CPMCs for parents and carers of children aged &lt; 3 years</td>
<td></td>
</tr>
<tr>
<td>Training on the consumption of fishery products</td>
<td></td>
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<tr>
<td>Creation of cultivated pastures</td>
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</tr>
<tr>
<td>Rehabilitation of drinking water systems in a substandard state</td>
<td></td>
</tr>
<tr>
<td>Systems that supply water with an adequate concentration of chlorine</td>
<td></td>
</tr>
</tbody>
</table>

- **Amazonas**
- **Áncash**
- **Apurímac**
- **Arequipa**
- **Ayacucho**
- ** Cajamarca**
- **Callao**
- **Casma**
- **Cusco**
- **Huancavelica**
- **Huánuco**
- **Ica**
- **Junín**
- **La Libertad**
- **Lambayeque**
- **Lima**
- **Loreto**
- **Madre de Dios**
- **Moquegua**
- **Pasco**
- **Piura**
- **Puno**
- **San Martín**
- **Tacna**
- **Tumbes**
- **Ucayali**

Regions where the actions are being carried out

CPMCs: Communal Promotion and Monitoring Centres
5. Use of the delivery mechanisms
How are the actions implemented?

Nutrition actions / Delivery Mechanisms

- Delivery of the package of care for pregnant women
- Delivery of the anaemia treatment after diagnosis
- Comprehensive guidance through home visits
- Food preparation demonstration sessions
- Delivery of the comprehensive package of care for children aged 0-11 months
- Delivery of the comprehensive package of care for children aged 12-23 months
- Delivery of the comprehensive package of care for children aged 24-35 months
- Comprehensive guidance through home visits to children < 6 months
- Supplementation started with iron drops at 4 months of age
- Treatment of 18-month-old children who have had anaemia and have recovered

Responsibility for the action
How are the actions implemented?

Nutrition actions / Responsibility for the action

- Treatment of acute respiratory infections
- Treatment of acute diarrhoeal diseases
- Mass deworming of school children
- Local govs. promote healthy eating and physical exercise in public spaces
- Trained teachers run sessions/projects to teach about healthy eating and physical exercise
- Assessment of school snack bars
- Demonstration sessions at CPMCs for parents and carers of children aged < 3 years
- Training in the consumption of fishery products
- Creation of cultivated pastures
- Rehabilitation of drinking water systems in a substandard state
- Systems that supply water with an adequate concentration of chlorine

Responsibility for the action

- Health personnel
- NGOs
- Primary school
- FPS
- University
- Local government
- Volunteers
- CS agents
- Health post
- Businesses
- Teachers
- Agricultural extension workers

CPMCs: Communal Promotion and Monitoring Centres
6. Results of the mapping of nutrition actors and actions
This action is being implemented in 25 regions. Tacna has the highest percentage of pregnant women who have received the package of care.

Source: Ministry of Health, 2019
This action is being implemented in 25 regions. Apurímac has the highest percentage of pregnant women diagnosed with anaemia who have received treatment.
This action is being implemented in 25 regions. Cajamarca has the highest percentage of pregnant women who have received comprehensive guidance through home visits.

The Constitutional Province of Callao is not included in the coverage range colour palette.

Source: Ministry of Health, 2019
Percentage of pregnant women who have participated in food preparation demonstration sessions

Implemented by the Ministry of Health with the support of 4 implementers in the regions

This action is being implemented in 25 regions. Tacna has the highest percentage of pregnant women who have participated in food preparation demonstration sessions.

The Constitutional Province of Callao is not included in the coverage range colour palette

Source: Ministry of Health, 2019
Percentage of children aged 0 to 11 months who have received the package of care for children (complete GDM according to age, pneumococcal and rotavirus vaccines, iron supplementation and measurement of haemoglobin)

Implemented by the Ministry of Health with the support of 1 implementer in the regions

This action is being implemented in 25 regions. Apurímac has the highest percentage of children aged 0 to 11 months who have received the package of care for children.

The Constitutional Province of Callao is not included in the coverage range colour palette

Source: Ministry of Health, 2019
This action is being implemented in 25 regions. Ayacucho has the highest percentage of children aged 12 to 23 months who have received the package of care for children.

<table>
<thead>
<tr>
<th>Departamento</th>
<th>Niños de 12 a 23 meses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amazonas</td>
<td>13.9%</td>
</tr>
<tr>
<td>Áncash</td>
<td>8.8%</td>
</tr>
<tr>
<td>Apurímac</td>
<td>38.7%</td>
</tr>
<tr>
<td>Arequipa</td>
<td>3.6%</td>
</tr>
<tr>
<td>Ayacucho</td>
<td>44.2%</td>
</tr>
<tr>
<td>Cajamarca</td>
<td>18.4%</td>
</tr>
<tr>
<td>Callao</td>
<td>1.4%</td>
</tr>
<tr>
<td>Cusco</td>
<td>21.3%</td>
</tr>
<tr>
<td>Huancavelica</td>
<td>30.2%</td>
</tr>
<tr>
<td>Huánuco</td>
<td>22.6%</td>
</tr>
<tr>
<td>Ica</td>
<td>3.0%</td>
</tr>
<tr>
<td>Junín</td>
<td>15.9%</td>
</tr>
<tr>
<td>La libertad</td>
<td>1.9%</td>
</tr>
<tr>
<td>Lambayeque</td>
<td>4.6%</td>
</tr>
<tr>
<td>Lima</td>
<td>1.2%</td>
</tr>
<tr>
<td>Loreto</td>
<td>7.2%</td>
</tr>
<tr>
<td>Madre de Dios</td>
<td>12.0%</td>
</tr>
<tr>
<td>Moquegua</td>
<td>16.3%</td>
</tr>
<tr>
<td>Pasco</td>
<td>14.4%</td>
</tr>
<tr>
<td>Piura</td>
<td>4.0%</td>
</tr>
<tr>
<td>Puno</td>
<td>8.6%</td>
</tr>
<tr>
<td>San Martín</td>
<td>6.4%</td>
</tr>
<tr>
<td>Tacna</td>
<td>24.7%</td>
</tr>
<tr>
<td>Tumbes</td>
<td>6.8%</td>
</tr>
<tr>
<td>Ucayali</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Role in the intervention
- Implementer
- Catalyst
- Donor

Coverage range
- [0 - 9.8%]
- <9.8% - 18.4%]
- <18.4% - 27.0%]
- <27.0% - 35.6%]
- <35.6% - 44.2%]

The Constitutional Province of Callao is not included in the coverage range colour palette

Source: Ministry of Health, 2019
Percentage of children aged 24 to 36 months who have received the package of care for children (complete GDM according to age, pneumococcal and rotavirus vaccines, iron supplementation and measurement of haemoglobin)

Implemented by the Ministry of Health with the support of 1 implementer in the regions

This action is being implemented in 25 regions. Apurímac has the highest percentage of children aged 24 to 36 months who have received the package of care for children.

### Role in the intervention
- **Implementer:**
- **Catalyst:**
- **Donor:**

### Coverage range

<table>
<thead>
<tr>
<th>Regions</th>
<th>Children 24:35mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amazonas</td>
<td>4.1%</td>
</tr>
<tr>
<td>Áncash</td>
<td>4.0%</td>
</tr>
<tr>
<td>Apurímac</td>
<td>26.4%</td>
</tr>
<tr>
<td>Arequipa</td>
<td>1.4%</td>
</tr>
<tr>
<td>Ayacucho</td>
<td>26.1%</td>
</tr>
<tr>
<td>Cajamarca</td>
<td>4.7%</td>
</tr>
<tr>
<td>Callao</td>
<td>0.3%</td>
</tr>
<tr>
<td>Cusco</td>
<td>10.3%</td>
</tr>
<tr>
<td>Huancavelica</td>
<td>25.2%</td>
</tr>
<tr>
<td>Huánuco</td>
<td>8.9%</td>
</tr>
<tr>
<td>Ica</td>
<td>0.5%</td>
</tr>
<tr>
<td>Junín</td>
<td>5.6%</td>
</tr>
<tr>
<td>La libertad</td>
<td>0.3%</td>
</tr>
<tr>
<td>Lambayeque</td>
<td>0.8%</td>
</tr>
<tr>
<td>Lima</td>
<td>0.2%</td>
</tr>
<tr>
<td>Loreto</td>
<td>1.9%</td>
</tr>
<tr>
<td>Madre de Dios</td>
<td>3.8%</td>
</tr>
<tr>
<td>Moquegua</td>
<td>5.9%</td>
</tr>
<tr>
<td>Pasco</td>
<td>5.9%</td>
</tr>
<tr>
<td>Piura</td>
<td>1.0%</td>
</tr>
<tr>
<td>Puno</td>
<td>4.6%</td>
</tr>
<tr>
<td>San Martín</td>
<td>1.0%</td>
</tr>
<tr>
<td>Tacna</td>
<td>4.8%</td>
</tr>
<tr>
<td>Tumbes</td>
<td>3.1%</td>
</tr>
<tr>
<td>Ucayali</td>
<td>1.1%</td>
</tr>
<tr>
<td>Nacional</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

The Constitutional Province of Callao is not included in the coverage range colour palette.

Source: Ministry of Health, 2019
This action is being implemented in 25 regions. Apurímac has the highest percentage of families with children aged 6 to 35 months that have participated in food preparation demonstration sessions.

Percentage of families with children aged 6 to 35 months that have participated in food preparation demonstration sessions

Implemented by the Ministry of Health with the support of 5 implementers in the regions

<table>
<thead>
<tr>
<th>Regions</th>
<th>Children 6-35mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amazonas</td>
<td>1.0%</td>
</tr>
<tr>
<td>Áncash</td>
<td>1.0%</td>
</tr>
<tr>
<td>Apurímac</td>
<td>3.9%</td>
</tr>
<tr>
<td>Arequipa</td>
<td>0.5%</td>
</tr>
<tr>
<td>Ayacucho</td>
<td>2.1%</td>
</tr>
<tr>
<td>Cajamarca</td>
<td>1.4%</td>
</tr>
<tr>
<td>Callao</td>
<td>0.4%</td>
</tr>
<tr>
<td>Cusco</td>
<td>0.5%</td>
</tr>
<tr>
<td>Huancavelica</td>
<td>4.3%</td>
</tr>
<tr>
<td>Huánuco</td>
<td>2.8%</td>
</tr>
<tr>
<td>Ica</td>
<td>0.5%</td>
</tr>
<tr>
<td>Junín</td>
<td>1.8%</td>
</tr>
<tr>
<td>La libertad</td>
<td>1.3%</td>
</tr>
<tr>
<td>Lambayeque</td>
<td>0.1%</td>
</tr>
<tr>
<td>Lima</td>
<td>0.4%</td>
</tr>
<tr>
<td>Loreto</td>
<td>0.1%</td>
</tr>
<tr>
<td>Madre de Dios</td>
<td>0.5%</td>
</tr>
<tr>
<td>Moquegua</td>
<td>2.4%</td>
</tr>
<tr>
<td>Pasco</td>
<td>1.9%</td>
</tr>
<tr>
<td>Piura</td>
<td>0.5%</td>
</tr>
<tr>
<td>Puno</td>
<td>1.3%</td>
</tr>
<tr>
<td>San Martín</td>
<td>1.1%</td>
</tr>
<tr>
<td>Tacna</td>
<td>1.9%</td>
</tr>
<tr>
<td>Tumbes</td>
<td>0.3%</td>
</tr>
<tr>
<td>Ucayali</td>
<td>0.3%</td>
</tr>
<tr>
<td>Nacional</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Source: Ministry of Health, 2019

The Constitutional Province of Callao is not included in the coverage range colour palette.
This action is being implemented in 25 regions. Cajamarca has highest percentage of families with children aged < 6 months that receive comprehensive guidance through home visits.

### Coverage range

- **[0 - 2.0%]**
- **<2.0% - 5.9%**
- **[5.9% - 7.5%]**
- **<5.7% - 7.5%**
- **<7.5% - 9.4%**

Source: Ministry of Health, 2019
Percentage of 4-months-old children who have received supplementation with iron drops

Implemented by the Ministry of Health with the support of 1 implementer in the regions

This action is being implemented in 25 regions. Apurímac has the highest percentage of 4-month-old children who have received supplementation with iron drops.

<table>
<thead>
<tr>
<th>Regions</th>
<th>4-month-old children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amazonas</td>
<td>76.7%</td>
</tr>
<tr>
<td>Áncash</td>
<td>78.5%</td>
</tr>
<tr>
<td>Apurímac</td>
<td>91.5%</td>
</tr>
<tr>
<td>Arequipa</td>
<td>58.3%</td>
</tr>
<tr>
<td>Ayacucho</td>
<td>82.3%</td>
</tr>
<tr>
<td>Cajamarca</td>
<td>71.1%</td>
</tr>
<tr>
<td>Callao</td>
<td>62.9%</td>
</tr>
<tr>
<td>Cusco</td>
<td>75.7%</td>
</tr>
<tr>
<td>Huancavelica</td>
<td>82.9%</td>
</tr>
<tr>
<td>Huánuco</td>
<td>79.2%</td>
</tr>
<tr>
<td>Ica</td>
<td>77.7%</td>
</tr>
<tr>
<td>Junín</td>
<td>82.7%</td>
</tr>
<tr>
<td>La libertad</td>
<td>61.4%</td>
</tr>
<tr>
<td>Lambayeque</td>
<td>68.5%</td>
</tr>
<tr>
<td>Lima</td>
<td>44.3%</td>
</tr>
<tr>
<td>Loreto</td>
<td>59.8%</td>
</tr>
<tr>
<td>Madre de Dios</td>
<td>80.3%</td>
</tr>
<tr>
<td>Moquegua</td>
<td>74.0%</td>
</tr>
<tr>
<td>Pasco</td>
<td>83.0%</td>
</tr>
<tr>
<td>Piura</td>
<td>59.2%</td>
</tr>
<tr>
<td>Puno</td>
<td>67.1%</td>
</tr>
<tr>
<td>San Martín</td>
<td>68.5%</td>
</tr>
<tr>
<td>Tacna</td>
<td>86.8%</td>
</tr>
<tr>
<td>Tumbes</td>
<td>56.8%</td>
</tr>
<tr>
<td>Ucayali</td>
<td>63.1%</td>
</tr>
<tr>
<td>Nacional</td>
<td>63.5%</td>
</tr>
</tbody>
</table>

Source: Ministry of Health, 2019

The Constitutional Province of Callao is not included in the coverage range colour palette.
This action is being implemented in 25 regions. Callao, followed by Tacna, has the highest percentage of 18-month-old children who have been diagnosed with anaemia and have recovered.

**Role in the intervention**
- **Implementer**
- **Catalyst**
- **Donor**

**Coverage range**
- [0 - 17.1%]
- <17.1% - 54.3%
- <54.3% - 51.4%
- <51.4% - 68.5%
- <68.5% - 85.7%

Source: Ministry of Health, 2019
Implemented by the Ministry of Health with the support of 1 implementer in the regions

This action is being implemented in 25 regions. Lima has the highest percentage of children under 5 years of age who have had an acute respiratory infection.

Role in the intervention
Implementer
Catalyst
Donor

Coverage range

Source: Ministry of Health, 2019

The Constitutional Province of Callao is not included in the coverage range colour palette
Percentage of cases of children under 5 years of age who have had an acute diarrhoeal disease

Implemented by the Ministry of Health with the support of 1 implementer in the regions

This action is being implemented in 25 regions. Lima has the highest percentage of children under 5 years of age who have had an acute diarrhoeal disease.

Role in the intervention
Implementer
Catalyst
Donor

Coverage range

The Constitutional Province of Callao is not included in the coverage range colour palette

Source: Ministry of Health, 2019

<table>
<thead>
<tr>
<th>Regions</th>
<th>Children &lt; 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amazonas</td>
<td>2.1%</td>
</tr>
<tr>
<td>Áncash</td>
<td>4.7%</td>
</tr>
<tr>
<td>Apurímac</td>
<td>1.6%</td>
</tr>
<tr>
<td>Arequipa</td>
<td>8.1%</td>
</tr>
<tr>
<td>Ayacucho</td>
<td>1.5%</td>
</tr>
<tr>
<td>Cajamarca</td>
<td>2.6%</td>
</tr>
<tr>
<td>Callao</td>
<td>6.2%</td>
</tr>
<tr>
<td>Cusco</td>
<td>3.4%</td>
</tr>
<tr>
<td>Huancavelca</td>
<td>2.1%</td>
</tr>
<tr>
<td>Huánuco</td>
<td>3.0%</td>
</tr>
<tr>
<td>Ica</td>
<td>2.1%</td>
</tr>
<tr>
<td>Junín</td>
<td>2.6%</td>
</tr>
<tr>
<td>La Libertad</td>
<td>5.6%</td>
</tr>
<tr>
<td>Lambayeque</td>
<td>3.5%</td>
</tr>
<tr>
<td>Lima</td>
<td>28.3%</td>
</tr>
<tr>
<td>Loreto</td>
<td>4.1%</td>
</tr>
<tr>
<td>Madre de Dios</td>
<td>0.6%</td>
</tr>
<tr>
<td>Moquegua</td>
<td>1.6%</td>
</tr>
<tr>
<td>Pasco</td>
<td>1.7%</td>
</tr>
<tr>
<td>Piura</td>
<td>5.8%</td>
</tr>
<tr>
<td>Puno</td>
<td>1.2%</td>
</tr>
<tr>
<td>San Martín</td>
<td>1.5%</td>
</tr>
<tr>
<td>Tacna</td>
<td>1.9%</td>
</tr>
<tr>
<td>Tumbes</td>
<td>0.7%</td>
</tr>
<tr>
<td>Ucayali</td>
<td>3.3%</td>
</tr>
</tbody>
</table>
Percentage of students aged 6 to 11 years who have been dewormed

Implemented by the Ministry of Health with the support of 1 implementer in the regions

This action is being implemented in 25 regions. Pasco has the highest percentage of students aged 6 to 11 years who have been dewormed.

Role in the intervention
Implementer
Catalyst
Donor

Coverage range

The Constitutional Province of Callao is not included in the coverage range colour palette

Source: Ministry of Health, 2019
Percentage of children aged <1 year whose parents receive demonstration sessions through the Communal Promotion and Monitoring Centres (CPMCs)

Implemented by the Ministry of Health with the support of 3 implementers in the regions

This action is being implemented in 25 regions. Apurímac has the highest percentage of children under 1 year of age whose parents receive demonstration sessions through the Communal Promotion and Monitoring Centres (CPMCs).

Role in the intervention
Implementer
Catalyst
Donor

Coverage range

Source: Ministry of Health, 2019
This action is being implemented in 10 regions. Cusco and Huánuco have the highest percentage of execution of programme PP0018: Non-communicable diseases.
Amount allocated in budget programme 0018: Non-communicable diseases: Projects

Amazonas
2490234: Construction of storage infrastructure at Balsas Health Centre in Balsas, district of Balsas, Province of Chachapoyas.

Arequipa
2319564: Extension and improvement of the health services at the Jerusalén and El Mirador health post, district of Mariano Melgar, Province of Arequipa.
2487445: Acquisition of disinfection, computer and disinfection printer, computer and printer, in the Communal Services Department and the Technical Cooperation and Economic Development Department, district of Mariano Melgar, Province of Arequipa.
2487507: Acquisition of vehicle and safety equipment for the control service; repair of urban ambulance; in the Public Safety Department, district of Mariano Melgar, Province of Arequipa.
2488065: Improvement of the healthcare service provided to vulnerable people in the district of Andagua, Province of Castillo.

Ayacucho, Cajamarca, Huánuco, Ica, La Libertad, Loreto, Pasco and Piura
3043988: Families in risk areas given information so that they adopt hygiene and sanitation practices to prevent non-communicable diseases (mental, oral, eye, heavy metals, high blood pressure and diabetes mellitus).

Cusco
2378953: Extension and improvement of the capacity of Colquepata Health Post, district of Colquepata, Province of Paucartambo.

Junín
2455538: Construction of a SPECIFIC laboratory in the municipality of Coviriali, in San Pedro, district of Coviriali, Province of Satipo.
2470640: Construction of a clinic at Coviriali Health Centre in Coviriali, district of Coviriali, Province of Satipo.
2493548: Acquisition of physiotherapy room, human resources and treatment equipment; Construction of administration area; and others.

Loreto
2469343: Improvement and extension of the health post in the community of San Francisco de Buen Paso, district of Mazán, Province of Maynas.

Pasco
2305333: Construction of the perimeter fence around the general cemetery in the village of Misharan, district of San Francisco de Asis de Yarusyacan, Province of Pasco.

Piura
2234666: Improvement of the visitor service at the cemetery in the village of Miramar, district of Vichayal-Paita.

Source: Ministry of Economy and Finance, 2019
This action is being implemented in 25 regions. Puno has the highest percentage of trained teachers who run sessions and/or projects to teach about healthy eating and physical exercise.
This action is being implemented in educational institutions in 153 targeted districts, involving a total of 3,695 primary and secondary teachers (levels 1 to 5).
This action is being implemented in 25 regions. Madre de Dios has the highest percentage of families of livestock producers that have created cultivated pastures.
### Percentage of Rehabilitation of drinking water systems in a substandard state

Implemented by the Ministry of Housing, Construction and Sanitation with the support of 1 implementer in the regions

<table>
<thead>
<tr>
<th>Departamento</th>
<th>Percentage of Rehabilitation</th>
<th>Province</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amazonas</td>
<td>13.4%</td>
<td></td>
</tr>
<tr>
<td>Áncash</td>
<td>11.6%</td>
<td></td>
</tr>
<tr>
<td>Apurímac</td>
<td>8.5%</td>
<td></td>
</tr>
<tr>
<td>Arequipa</td>
<td>19.5%</td>
<td></td>
</tr>
<tr>
<td>Ayacucho</td>
<td>2.5%</td>
<td></td>
</tr>
<tr>
<td>Cajamarca</td>
<td>6.2%</td>
<td></td>
</tr>
<tr>
<td>Callao</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Cusco</td>
<td>1.2%</td>
<td></td>
</tr>
<tr>
<td>Huancavelica</td>
<td>9.8%</td>
<td></td>
</tr>
<tr>
<td>Huánuco</td>
<td>25.8%</td>
<td></td>
</tr>
<tr>
<td>Ica</td>
<td>5.8%</td>
<td></td>
</tr>
<tr>
<td>Junín</td>
<td>11.0%</td>
<td></td>
</tr>
<tr>
<td>La libertad</td>
<td>2.0%</td>
<td></td>
</tr>
<tr>
<td>Lambayeque</td>
<td>7.6%</td>
<td></td>
</tr>
<tr>
<td>Lima</td>
<td>21.4%</td>
<td></td>
</tr>
<tr>
<td>Loreto</td>
<td>23.8%</td>
<td></td>
</tr>
<tr>
<td>Madre de Dios</td>
<td>25.0%</td>
<td></td>
</tr>
<tr>
<td>Moquegua</td>
<td>14.3%</td>
<td></td>
</tr>
<tr>
<td>Pasco</td>
<td>12.8%</td>
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<tr>
<td>Piura</td>
<td>1.2%</td>
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<tr>
<td>Puno</td>
<td>8.4%</td>
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</tr>
<tr>
<td>San Martin</td>
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</tr>
<tr>
<td>Tacna</td>
<td>47.1%</td>
<td></td>
</tr>
<tr>
<td>Tumbes</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Ucayali</td>
<td>2.2%</td>
<td></td>
</tr>
<tr>
<td>Nacional</td>
<td>1.6%</td>
<td></td>
</tr>
</tbody>
</table>

This action is being implemented in 25 regions. Tacna has the highest percentage of Rehabilitation of drinking water systems in a substandard state.

Source: Ministry of Housing, Construction and Sanitation, 2019
Percentage of systems that supply water with an adequate concentration of chlorine

Implemented by the Ministry of Housing, Construction and Sanitation with the support of 2 implementers in the regions

This action is being implemented in 25 regions. Tumbes has the highest percentage of water supply systems with an adequate concentration of chlorine.

### Percentage of systems that supply water with an adequate concentration of chlorine

<table>
<thead>
<tr>
<th>Regions</th>
<th>Drinking water systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amazonas</td>
<td>32.2%</td>
</tr>
<tr>
<td>Áncash</td>
<td>23.8%</td>
</tr>
<tr>
<td>Apurímac</td>
<td>21.2%</td>
</tr>
<tr>
<td>Arequipa</td>
<td>56.1%</td>
</tr>
<tr>
<td>Ayacucho</td>
<td>21.1%</td>
</tr>
<tr>
<td>Cajamarca</td>
<td>14.6%</td>
</tr>
<tr>
<td>Callao</td>
<td>0.0%</td>
</tr>
<tr>
<td>Cusco</td>
<td>9.6%</td>
</tr>
<tr>
<td>Huancavelica</td>
<td>21.0%</td>
</tr>
<tr>
<td>Huánuco</td>
<td>27.1%</td>
</tr>
<tr>
<td>Ica</td>
<td>32.8%</td>
</tr>
<tr>
<td>Junín</td>
<td>22.7%</td>
</tr>
<tr>
<td>La libertad</td>
<td>15.4%</td>
</tr>
<tr>
<td>Lambayeque</td>
<td>14.3%</td>
</tr>
<tr>
<td>Lima</td>
<td>53.9%</td>
</tr>
<tr>
<td>Loreto</td>
<td>33.7%</td>
</tr>
<tr>
<td>Madre de Dios</td>
<td>40.0%</td>
</tr>
<tr>
<td>Moquegua</td>
<td>28.1%</td>
</tr>
<tr>
<td>Pasco</td>
<td>20.4%</td>
</tr>
<tr>
<td>Piura</td>
<td>10.6%</td>
</tr>
<tr>
<td>Puno</td>
<td>22.7%</td>
</tr>
<tr>
<td>San Martín</td>
<td>33.8%</td>
</tr>
<tr>
<td>Tacna</td>
<td>29.7%</td>
</tr>
<tr>
<td>Tumbes</td>
<td>62.5%</td>
</tr>
<tr>
<td>Ucayali</td>
<td>18.6%</td>
</tr>
<tr>
<td>Nacional</td>
<td>18.7%</td>
</tr>
</tbody>
</table>

Source: Ministry of Housing, Construction and Sanitation, 2019
7. Gaps in the coverage of nutrition actions
Peru: Percentage of children < 5 years of age with chronic malnutrition, 2019 (WHO standard)

- District of Rosario - Highest level of coverage for the children’s package: 37%
- District of Marcas - Highest level of food preparation demonstration sessions: 3%
- District of Nauta - Highest level of coverage for the children’s package: 22%
- All districts - Level of food preparation demonstration sessions: 0%

Source: National Institute of Statistics and Informatics - Demographic and Family Health Survey, 2019
Peru: Percentage of children < 5 years of age with chronic malnutrition, 2019 (WHO standard)

- % children aged 0 to 11 months who have received the children’s package of care
- % of children aged 6-35 months whose parents have participated in food preparation demonstration sessions

Arequipa Region
Districts of the Province of Islay

- Districts of Punta de Bombón and Islay - Highest level of coverage for the children’s package: 33%
- District of Cocachacra - Highest level of food preparation demonstration sessions: 2%

Source: National Institute of Statistics and Informatics - Demographic and Family Health Survey, 2019
Prevalence of anaemia in children aged 6 to 35 months, 2019

Puno, Cusco and Ucayali have the highest levels of anaemia in children aged 6 to 35 months and the lowest coverage of the integrated package for children aged 0 to 11 months (<35%). These regions also have the lowest coverage of supplementation with iron drops for 4-month-old children.

Source: National Institute of Statistics and Informatics - Demographic and Family Health Survey, 2019

% of children aged 0 to 11 months who have received the package of care

Source: Ministry of Health, 2019

% of 4-month-old children who have received supplementation with iron drops

Source: Ministry of Health, 2019
Prevalence of anaemia in women between 15 and 49 years of age, 2019

Puno, Madre de Dios and Loreto have the highest levels of anaemia in pregnant women between 15 and 49 years of age and the lowest coverage of the package of care (18.7%). These regions also have the lowest coverage of pregnant women who have participated in demonstration sessions.
People aged 15 years or older with obesity, high blood pressure or diabetes

Amount allocated in budget programme 0018: Non-communicable diseases

On average, 30% of people > 15 years of age are overweight across all regions. Arequipa, has the highest percentage of budget execution in budget programme 0018.
Proportion of homes with access to drinking water with sufficient chlorine

Pasco, Cajamarca and Amazonas have the lowest proportions of homes with access to chlorinated water and the lowest coverage of Rehabilitation of drinking water systems in a substandard state. Cusco has the lowest coverage in terms of systems that supply water with an adequate concentration of chlorine.

Source: National Institute of Statistics and Informatics - Demographic and Family Health Survey, 2019

Source: Ministry of Housing, Construction and Sanitation, 2019

UN Network

Source: Ministry of Housing, Construction and Sanitation, 2019
### Nutrition actions targeting children from 0 to 11 years of age

#### Key Actions

- **Delivery of the comprehensive package of care for children aged 0 to 11 months, 12 to 23 months and 24 to 35 months.** (27.8%)
- **Food preparation demonstration sessions** (0.8%)
- **Treatment of 18-month-old children who have been diagnosed with anaemia and have recovered** (40.3%)
- **Supplementation started with iron drops at 4 months of age** (63.5%)
- **Comprehensive guidance through home visits to children under 6 months** (1.7%)
- **Treatment of acute respiratory infections** (7.5%)
- **Treatment of acute diarrhoeal diseases** (2.2%)
- **Mass deworming of school children** (38.1%)
- **Demonstration sessions at CPMCs for parents and carers of children under 1 year of age** (5.9%)
- **Rehabilitation of drinking water systems in a substandard state** (7.6%)
- **Systems that supply water with an adequate concentration of chlorine** (18.7%)

#### Coverage Rates

The coverage rates of all actions aimed at children are low. With the exception of San Martín, Madre de Dios, Lambayeque and the Constitutional Province of Callao, in the departments 13 actions for children are being carried out.
8. Key messages
Key messages

- The information in this mapping exercise corresponds to 2019. Therefore, it could be considered as a baseline for informing decision making regarding the impacts of the Covid-19 pandemic on nutrition and food security in Peru.

- There is a window of opportunity to improve and strengthen the coverage of actions through multi-sectoral partnerships and investments planned by the government.

- All the actions are carried out nationwide with the exception of cultivated pastures and training of teachers on the consumption of fishery products.

- Having inter-sectoral and inter-governmental information systems, considering the district as the unit of measurement, makes it possible to identify gaps in order to manage the actions and decision-making in a timely and proper manner.

- Local government has a central role considering its capacity for budget management and expenditure execution. In addition, it is extremely important to provide support and technical assistance to the municipalities for implementation of the actions, such as having chlorinated water systems.

- Articulating different sectors with local government makes it possible to improve the coverage of the actions.

- In the majority of the actions, the government ministries have acted as implementers, civil society as catalyst and the private sector as donor.
Key messages

- There is an emphasis on carrying out actions to improve the nutrition of children under 36 months of age.

- The nutrition actions are implemented, on a larger or smaller scale, by health personnel, community agents, teachers, agricultural extension workers and university students.

- The participation of other actors, such as volunteers, in the implementation of the nutrition actions can improve the coverage of nutrition actions.

- The strategy of implementing actions through a package of care is key for the target groups to receive a comprehensive service, ensuring the necessary coverage.

- The Communal Promotion and Monitoring Centres are a way that is validated by the community, and ensuring the promotion of healthy practices and early detection of illnesses in children under 5 years of age and pregnant women.

- The iron supplementation action for children under 4 months has the greatest coverage (63.5% - national average).

- According to the ENDES 2019 survey, 37.2% of people aged 15 years and over have obesity, high blood pressure or diabetes. This indicator could be substantially improved through a greater number of prevention and early detection actions with adequate coverage.
9. Acronyms
## Acronyms

<table>
<thead>
<tr>
<th>NAME</th>
<th>ABBREVIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Against Hunger (Action Contre La Faim)</td>
<td>ACF</td>
</tr>
<tr>
<td>Adventist Development and Relief Agency</td>
<td>ADRA</td>
</tr>
<tr>
<td>Communal Promotion and Monitoring Centres</td>
<td>CPMCs</td>
</tr>
<tr>
<td>Growth and Development Monitoring</td>
<td>GDM</td>
</tr>
<tr>
<td>Demographic and Family Health Survey</td>
<td>ENDES</td>
</tr>
<tr>
<td>United Nations International Children’s Emergency Fund</td>
<td>UNICEF</td>
</tr>
<tr>
<td>International Fund for Agricultural Development</td>
<td>IFAD</td>
</tr>
<tr>
<td>Bayóvar Comprehensive Project Social Fund</td>
<td>FOSPIBAY</td>
</tr>
<tr>
<td>National Institute of Statistics and Informatics</td>
<td>INEI</td>
</tr>
<tr>
<td>National Institute of Health - National Food and Nutrition Centre</td>
<td>CENAN – INS</td>
</tr>
<tr>
<td>Ministry of Agriculture and Irrigation</td>
<td>MINAGRI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>ABBREVIATION</th>
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</thead>
<tbody>
<tr>
<td>Ministry of Development and Social Inclusion</td>
<td>MINDSI</td>
</tr>
<tr>
<td>Ministry of Economy and Finance</td>
<td>MEF</td>
</tr>
<tr>
<td>Ministry of Education</td>
<td>MINED</td>
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<tr>
<td>Ministry of Women and Vulnerable Populations</td>
<td>MINWVP</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>MINH</td>
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<tr>
<td>Ministry of Production</td>
<td>MINPROD</td>
</tr>
<tr>
<td>Ministry of Housing, Construction and Sanitation</td>
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<tr>
<td>World Health Organization</td>
<td>WHO</td>
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<tr>
<td>Food and Agriculture Organization of the United Nations</td>
<td>FAO</td>
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<tr>
<td>World Food Programme</td>
<td>WFP</td>
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<td>Articulated National Programme</td>
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<tr>
<td>San Ignacio de Loyola University</td>
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