



Nutrition Stakeholder and Action Mapping

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WFP Peru Office



UN Network

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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

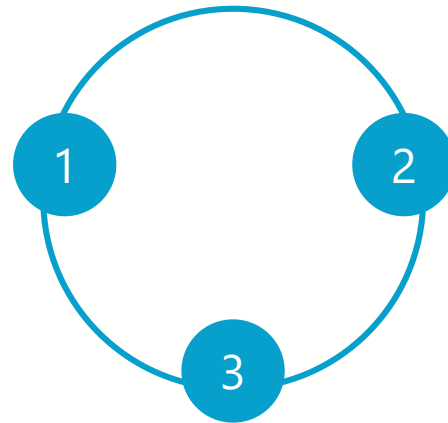
- National average 37.2%
- Urban 39.6% | Lima (1) 43% | Callao 44.3% | Rural 27.5%

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.

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



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

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?

Recap nutrition situation and nutrition actions (qualitative view)

Who does what and where?

- 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?

Coverage (quantitative view)

What percentage of the target population is covered?

- 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?

Guidance for a stakeholder dialogue

How & where to scale up nutrition?

- 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?

Continuous monitoring

Are the targets achieved over time?

- 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?

Sub-national administrations (regional and local)

See what partners are working on nutrition in your area

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

Government ministries

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

Identify potential gaps in geographic and population coverage

Help planning & scale-up of nutrition actions

Civil society, private sector and international organizations

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

Identify what provinces need further support

See what actions need to be scaled up, and where

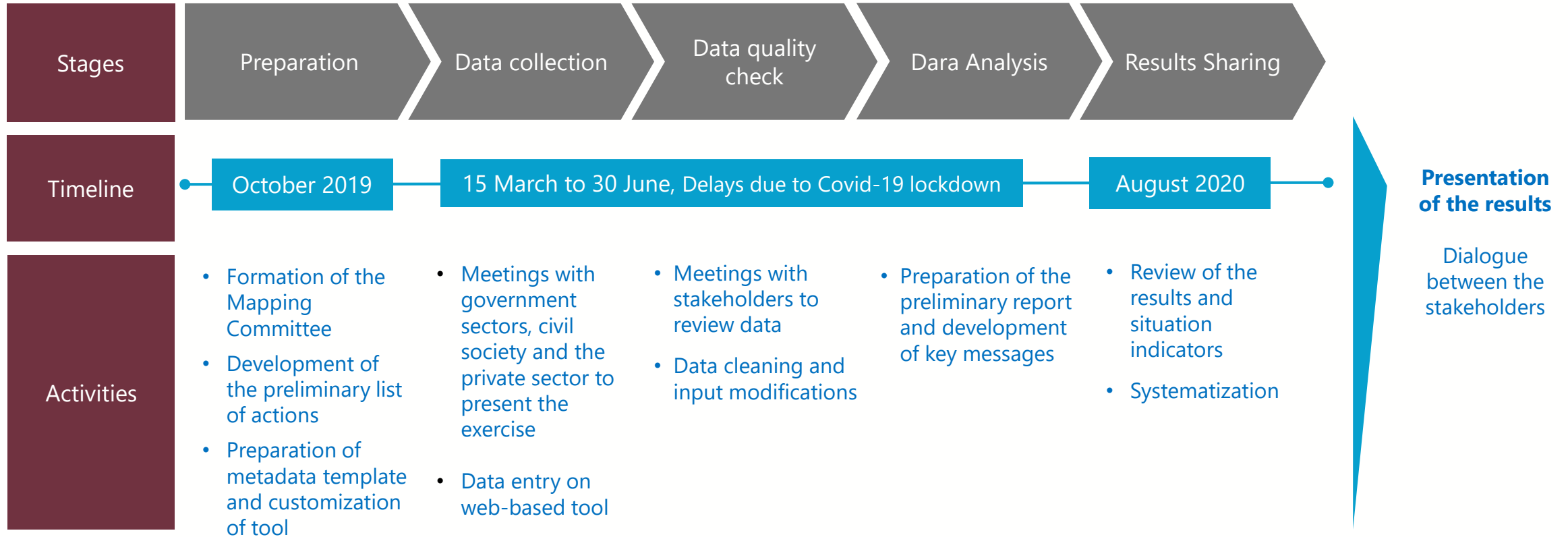
Donors

Identify what provinces need further support

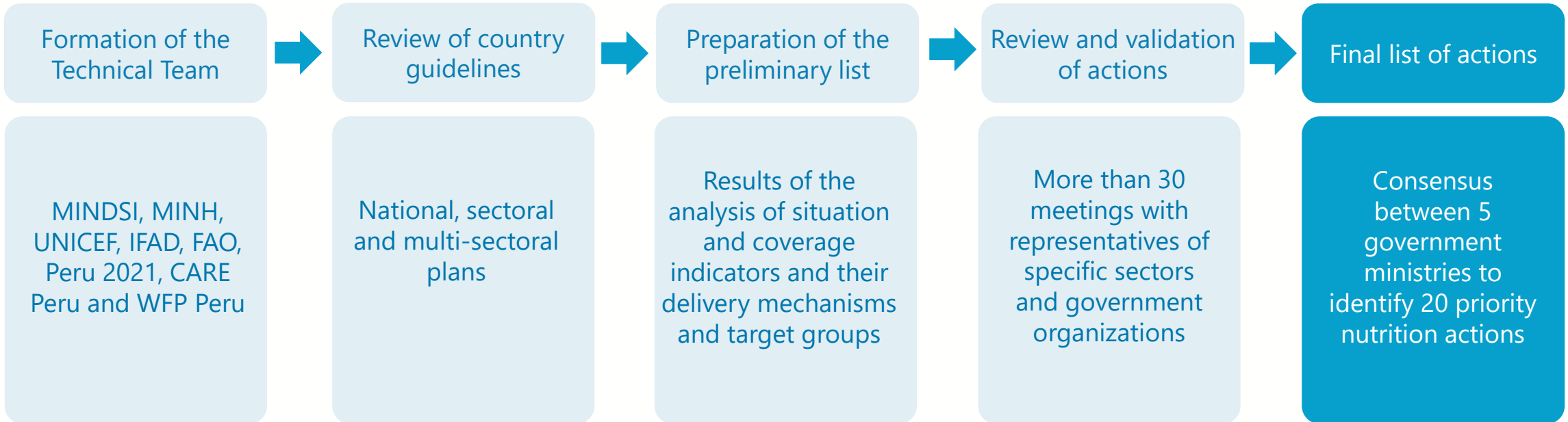
See what actions need more funds to scale up

Help identify what organizations can cover different actions and provinces

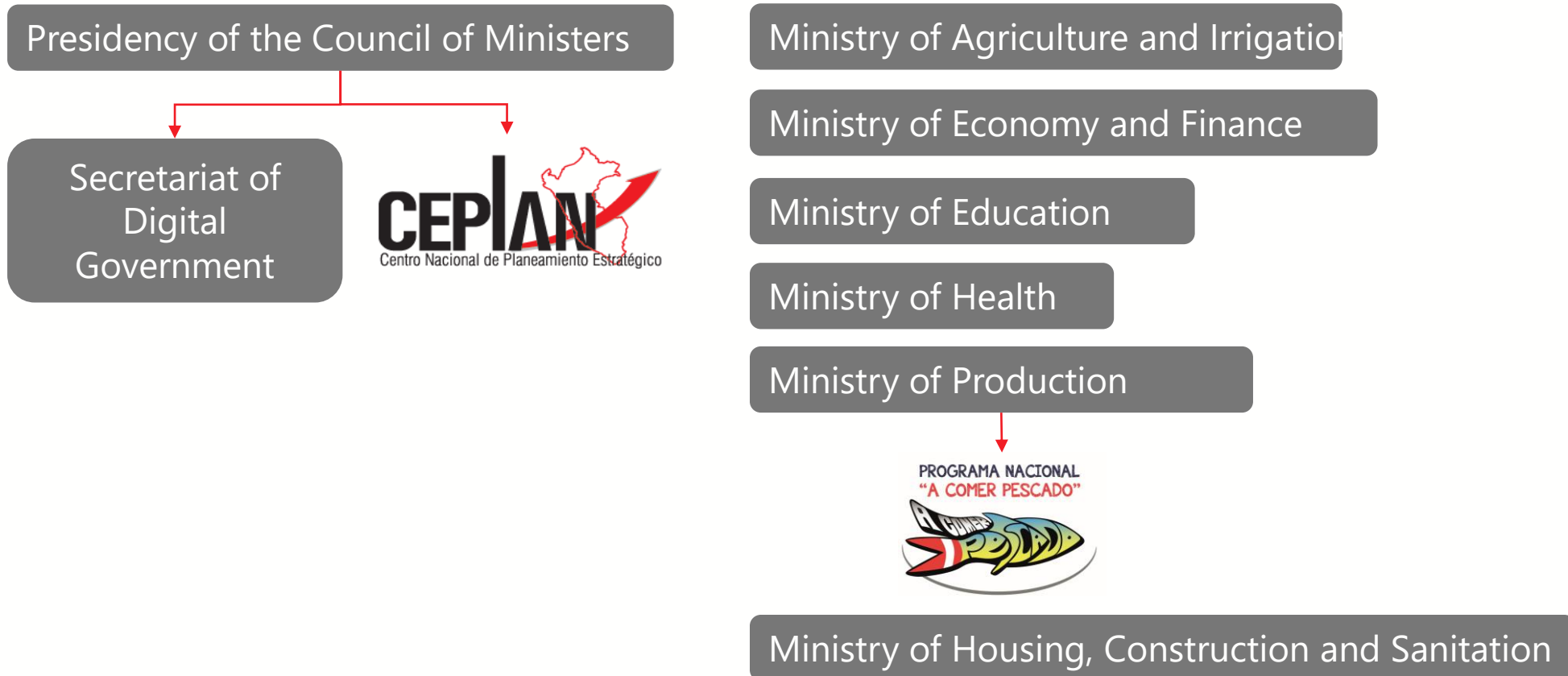
Development of the implementation process



Identification of nutrition actions



Participating public organizations



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

■ MINH
 ■ MINPROD
 ■ AGRICULTURE
 ■ MHCS

Thematic area	Nutrition actions
Health of pregnant women (4)	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
Infant and young children feeding practices (5)	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
Iron supplementation (1)	Supplementation with iron drops starting at 4 months of age

Thematic area	Nutrition actions
Disease prevention and control (4)	Treatment of 18-month-old children who have been diagnosed with anaemia and recovered
	Treatment of acute respiratory infections
	Treatment of acute diarrhoeal diseases
	Mass deworming of school children
Prevention of overweight and obesity (2)	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
Healthy eating at school (1)	Assessment of school snack bars, canteens and dining halls
Nutrition education for families (1)	Demonstration sessions at Communal Promotion and Monitoring Centres (CPMCs) for parents and caregivers of children under 1 year of age
Food consumption (1)	Training on the consumption of fishery products
Agriculture (1)	Creation of cultivated pastures
Water, sanitation and hygiene (2)	Rehabilitation of drinking water systems in a substandard state
	Systems that supply water with an adequate concentration of chlorine

Target population (1/2)

 MINH

 MINPROD

 AGRICULTURE

 MHCS

Component	Actions	Target population
Health of pregnant women	1. Delivery of the package of care for pregnant women	Pregnant women
	2. Delivery of the anaemia treatment after diagnosis	Pregnant women with anaemia
	3. Comprehensive guidance through home visits	Pregnant women
	4. Food preparation demonstration sessions	Pregnant women
Infant and Young Children Feeding practices	5a. Delivery of the comprehensive package of care for children aged 0 to 11 months	Children aged 0 to 11 months
	5b. Delivery of the comprehensive package of care for children aged 12 to 23 months	Children aged 12 to 23 months
	5c. Delivery of the comprehensive package of care for children aged 24 to 35 months	Children aged 24 to 35 months
	6. Food preparation demonstration sessions	Children aged 6 to 35 months
	7. Comprehensive guidance - home visits to children under 6 months	Children aged 0 to 5 months
Iron supplement	8. Supplementation with iron drops starting at 4 months of age	Children aged 4 months
Disease prevention and control	9. Treatment of 18-month-old children who have been diagnosed with anaemia and recovered	Children aged 18 months

Target population (2/2)

 MINH

 MINPROD

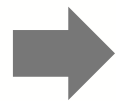
 AGRICULTURE

 MHCS

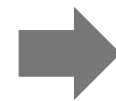
Component	Actions	Target population
Disease prevention and control	10. Treatment of acute respiratory infections	Children under 5 years of age
	11. Treatment of acute diarrhoeal diseases	Children under 5 years of age
	12. Mass deworming of school children	Children aged 6-11 years, scheduled
Overweight and obesity prevention	13. Promotion of healthy eating and physical exercise in public spaces by local governments	Amount allocated
	14. Sessions and/or projects held by trained teachers about healthy eating and physical exercise	Primary teachers
Healthy eating at school	15. Assessment of school snack bars, canteens and dining halls	School snack bars, canteens and dining halls
Nutrition education for families	16. Demonstration sessions at Communal Promotion and Monitoring Centres for parents and carers	Children under 1 year of age
Food consumption	17. Training on the consumption of fishery products	Primary and secondary teachers
Agriculture	18. Creation of cultivated pastures	Families of livestock producers
Water, sanitation and hygiene	19. Rehabilitation of drinking water systems in a substandard state	Drinking water systems in a substandard state
	20. Systems that supply water with an adequate concentration of chlorine	Drinking water systems

Operational mapping definitions

Ministry responsible	Ministries that participate in the monitoring and evaluation of the action	Action	Nutrition activities or interventions chosen to be mapped and identified in consensus with the multi-sector actors
Implementer	Partners that carry out nutrition actions directly with the target population	Delivery mechanism	Specific mechanisms that define how an action was implemented
Catalyst	Partners that provide coordination, M&E and/or technical assistance for the nutrition actions being mapped	Geographical coverage	Percentage of regions where an action has been carried out (at least one partner has reached the target population)
Donor	Partners that provide funds for the nutrition actions identified	Population coverage	Percentage of the target population that received an action, compared with the total of that target population



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?

Catalyst, Implementer and Donor

Thematic area	Action	Ministry	Catalyst	Implementer	Donor
Health of pregnant women	Delivery of the package of care for pregnant women	Ministry of Health	Action Against Hunger	Ministry of Health	Basque Country
	Delivery of the anaemia treatment after diagnosis	Ministry of Health	NGO Action Against Hunger	Ministry of Health	Basque Country
	Comprehensive guidance through home visits	Ministry of Health	Action Against Hunger, ADRA Peru, CARE Peru	Ministry of Health Peruvian Union University - Juliaca Campus	Basque Country, Nestlé, ADRA Norway, PepsiCo Foundation
	Food preparation demonstration sessions	Ministry of Health	Action Against Hunger, WFP Peru, CARE Peru	Ministry of Health Gloria S.A., Repsol Foundation, Save the Children International	Basque Country, Repsol Foundation, PepsiCo Foundation, OFDA
Infant and Young Children Feeding practices	Delivery of the comprehensive package of care for children aged 0 to 11 months	Ministry of Health	ADRA Peru	Ministry of Health Peruvian Union University - Juliaca Campus	Red Eléctrica Andina S.A. (REA)
	Delivery of the comprehensive package of care for children aged 12 to 23 months	Ministry of Health	ADRA Peru	Ministry of Health Peruvian Union University - Juliaca Campus	Red Eléctrica Andina S.A. (REA)
	Delivery of the comprehensive package of care for children aged 24 to 35 months	Ministry of Health	ADRA Peru	Ministry of Health Peruvian Union University - Juliaca Campus	Red Eléctrica Andina S.A. (REA)

Catalyst, Implementer and Donor

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



Catalyst, Implementer and Donor

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

4. Geographical coverage

What nutrition actions are being carried out in each region?

Nutrition actions / Regions

	Amazonas	Áncash	Apurímac	Arequipa	Ayacucho	Cajamarca	Callao	Cusco	Huancavelica	Huánuco	Ica	Junín	La Libertad	Lambayeque	Lima	Loreto	Madre de Dios	Moquegua	Pasco	Piura	Puno	San Martín	Tacna	Tumbes	Ucayali
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																									
Demonstration session on preparing food for children aged 6-35 months																									

What nutrition actions are being carried out in each region?

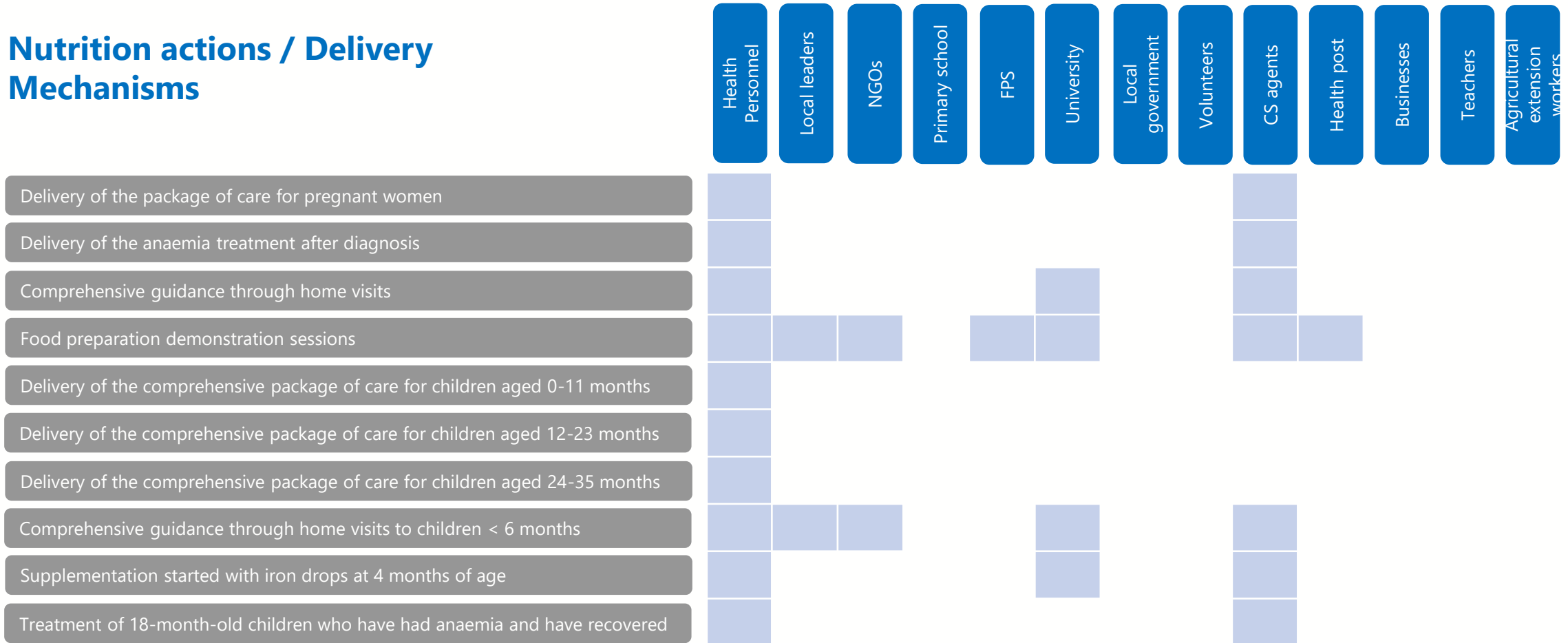
Nutrition actions / Regions

	Amazonas	Áncash	Apurímac	Arequipa	Ayacucho	Cajamarca	Callao	Cusco	Huancavelica	Huánuco	Ica	Junín	La Libertad	Lambayeque	Lima	Loreto	Madre de Dios	Moquegua	Pasco	Piura	Puno	San Martín	Tacna	Tumbes	Ucayali
Treatment of acute respiratory infections																									
Treatment of acute diarrhoeal diseases																									
Mass deworming of school children																									
Local govts. promote healthy eating and physical exercise in public spaces																									
Sessions/projects by trained teachers about healthy eating and physical exercise																									
Assessment of school snack bars, canteens and dining halls																									
Demonstration sessions at CPMCs for parents and carers of children aged < 3 years																									
Training on 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																									

5. Use of the delivery mechanisms

How are the actions implemented?

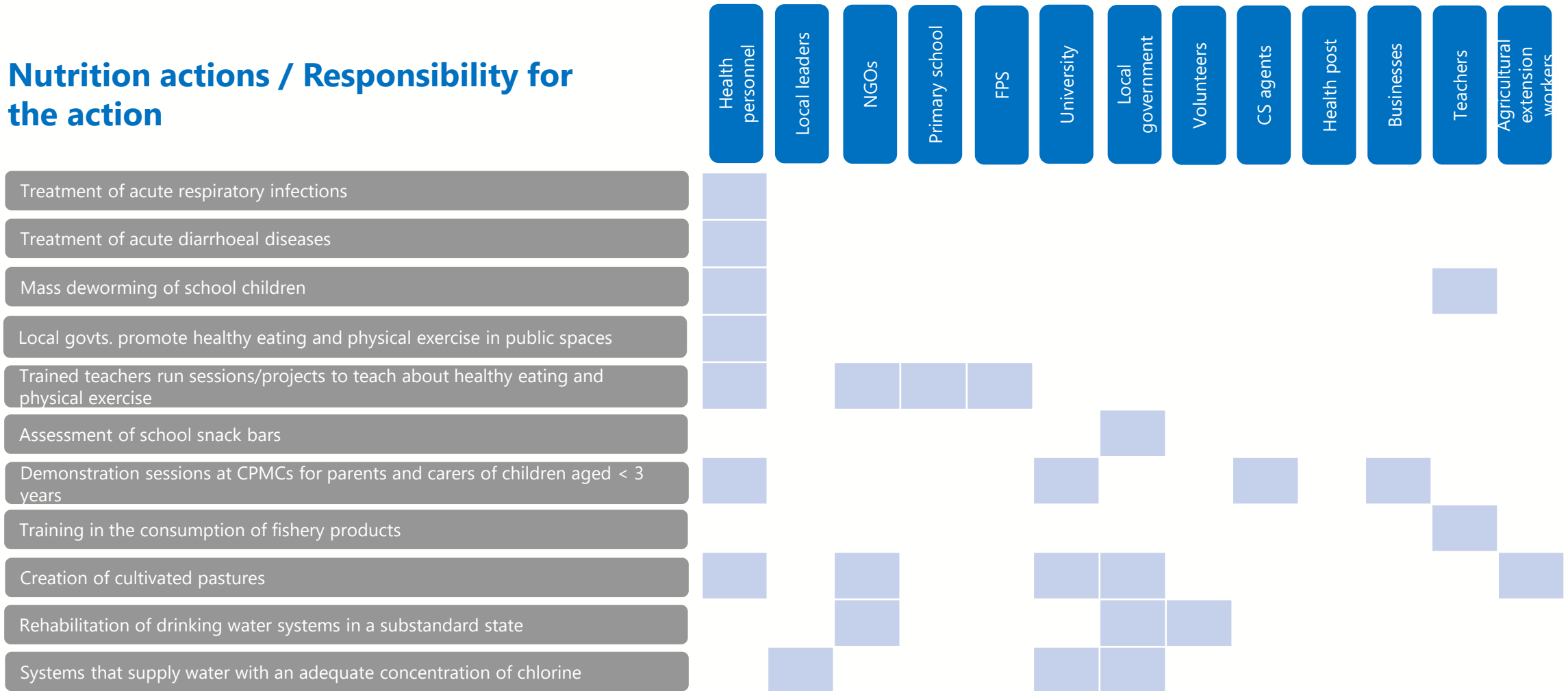
Nutrition actions / Delivery Mechanisms



■ Responsibility for the action

How are the actions implemented?

Nutrition actions / Responsibility for the action



6. Results of the mapping of nutrition actors and actions

Percentage of pregnant women who have received the package of care: 4 supporting tests and folic acid in the first trimester, 6 or more antenatal check-ups and 6 or more deliveries of iron and folic acid tablets

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

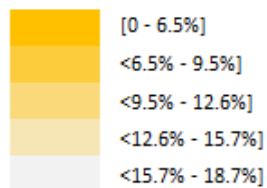


This action is being implemented in 25 regions. Tacna has the highest percentage of pregnant women who have received the package of care.

Role in the intervention

- Implementer
- Catalyst
- Donor

Coverage range



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

Regions	Pregnant women
Amazonas	13.1%
Áncash	10.7%
Apurímac	15.9%
Arequipa	6.8%
Ayacucho	17.5%
Cajamarca	13.9%
Callao	7.4%
Cusco	17.3%
Huancavelica	18.4%
Huánuco	7.8%
Ica	6.0%
Junín	12.0%
La libertad	5.9%
Lambayeque	6.4%
Lima	3.4%
Loreto	7.1%
Madre de Dios	6.8%
Moquegua	9.8%
Pasco	7.3%
Piura	6.1%
Puno	8.1%
San Martín	15.0%
Tacna	18.7%
Tumbes	7.0%
Ucayali	4.5%
Nacional	8.0%

Source: Ministry of Health, 2019



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World Food Programme

Percentage of pregnant women diagnosed with anaemia who have received treatment for anaemia

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

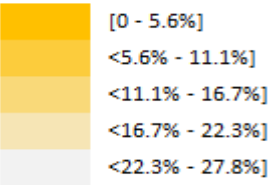


This action is being implemented in 25 regions. Apurímac has the highest percentage of pregnant women diagnosed with anaemia who have received treatment.

Role in the intervention

- Implementer
- Catalyst
- Donor

Coverage range



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

Regions	Pregnant women with anaemia
Amazonas	4.2%
Áncash	2.4%
Apurímac	27.8%
Arequipa	0.0%
Ayacucho	3.3%
Cajamarca	4.5%
Callao	0.0%
Cusco	1.3%
Huancavelica	10.9%
Huánuco	2.2%
Ica	0.0%
Junín	3.0%
La libertad	0.0%
Lambayeque	0.0%
Lima	0.6%
Loreto	2.4%
Madre de Dios	2.6%
Moquegua	12.5%
Pasco	10.9%
Piura	0.7%
Puno	0.0%
San Martín	1.7%
Tacna	20.9%
Tumbes	0.0%
Ucayali	2.0%
Nacional	3.6%

Source: Ministry of Health, 2019



Percentage of pregnant women who have received comprehensive guidance through home visits

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



This action is being implemented in 25 regions. Cajamarca has the highest percentage of pregnant women who have received comprehensive guidance through home visits.

Regions	Pregnant women
Amazonas	6.6%
Áncash	3.7%
Apurímac	5.1%
Arequipa	0.1%
Ayacucho	2.5%
Cajamarca	10.5%
Callao	0.0%
Cusco	6.7%
Huancavelica	3.0%
Huánuco	5.5%
Ica	3.1%
Junín	2.4%
La libertad	7.3%
Lambayeque	0.1%
Lima	0.7%
Loreto	0.0%
Madre de Dios	0.8%
Moquegua	3.2%
Pasco	3.1%
Piura	0.1%
Puno	6.7%
San Martín	2.8%
Tacna	6.6%
Tumbes	2.2%
Ucayali	0.1%
Nacional	2.6%

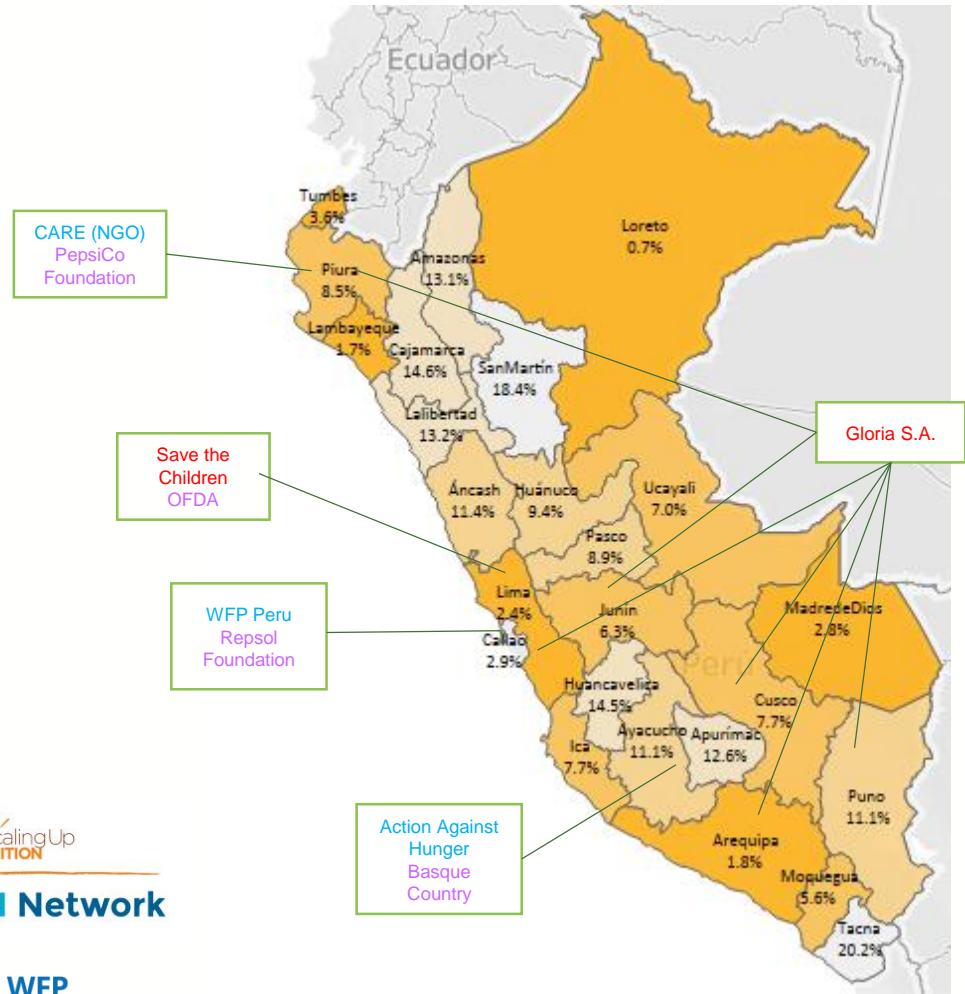
The Constitutional Province of Callao is not included in the coverage range colour palette

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

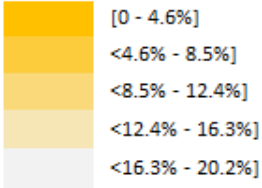


This action is being implemented in 25 regions. Tacna has the highest percentage of pregnant women who have participated in food preparation demonstration sessions.

Role in the intervention

- Implementer
- Catalyst
- Donor

Coverage range



Regions	Pregnant women
Amazonas	13.1%
Áncash	11.4%
Apurímac	12.6%
Arequipa	1.8%
Ayacucho	11.1%
Cajamarca	14.6%
Callao	2.9%
Cusco	7.7%
Huancavelica	14.5%
Huánuco	9.4%
Ica	7.7%
Junín	6.3%
La libertad	13.2%
Lambayeque	1.7%
Lima	2.4%
Loreto	0.7%
Madre de Dios	2.8%
Moquegua	5.6%
Pasco	8.9%
Piura	8.5%
Puno	11.1%
San Martín	18.4%
Tacna	20.2%
Tumbes	3.6%
Ucayali	7.0%
Nacional	6.8%

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

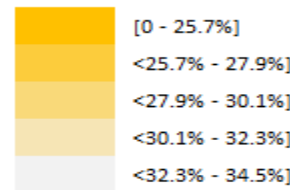


This action is being implemented in 25 regions. Apurímac has the highest percentage of children aged 0 to 11 months who have received the package of care for children.

Role in the intervention

Implementer
Catalyst
Donor

Coverage range



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

Regions	Children 0-11mo
Amazonas	29.8%
Áncash	30.5%
Apurímac	34.5%
Arequipa	28.6%
Ayacucho	34.0%
Cajamarca	30.0%
Callao	25.5%
Cusco	31.5%
Huancavelica	33.3%
Huánuco	31.7%
Ica	29.7%
Junín	31.4%
La libertad	27.2%
Lambayeque	27.5%
Lima	24.3%
Loreto	23.5%
Madre de Dios	30.2%
Moquegua	33.1%
Pasco	32.5%
Piura	26.7%
Puno	29.6%
San Martín	29.3%
Tacna	32.2%
Tumbes	25.8%
Ucayali	24.6%
Nacional	27.8%

Source: Ministry of Health, 2019



UN Network



World Food Programme

Percentage of children aged 12 to 23 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

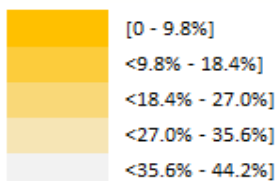


This action is being implemented in 25 regions. Ayacucho has the highest percentage of children aged 12 to 23 months who have received the package of care for children.

Role in the intervention

- Implementer
- Catalyst
- Donor

Coverage range



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

Regions	Children 12-23mo
Amazonas	13.9%
Áncash	8.8%
Apurímac	38.7%
Arequipa	3.6%
Ayacucho	44.2%
Cajamarca	18.4%
Callao	1.4%
Cusco	21.3%
Huancavelica	30.2%
Huánuco	22.6%
Ica	3.0%
Junín	15.9%
La libertad	1.9%
Lambayeque	4.6%
Lima	1.2%
Loreto	7.2%
Madre de Dios	12.0%
Moquegua	16.3%
Pasco	14.4%
Piura	4.0%
Puno	8.6%
San Martín	6.4%
Tacna	24.7%
Tumbes	6.8%
Ucayali	5.7%
Nacional	9.3%

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

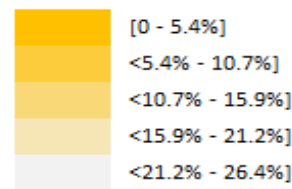


This action is being implemented in 25 regions. Apurímac has the highest percentage of children aged 24 to 36 months who have received the package of care for children.

Role in the intervention

- Implementer
- Catalyst
- Donor

Coverage range



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

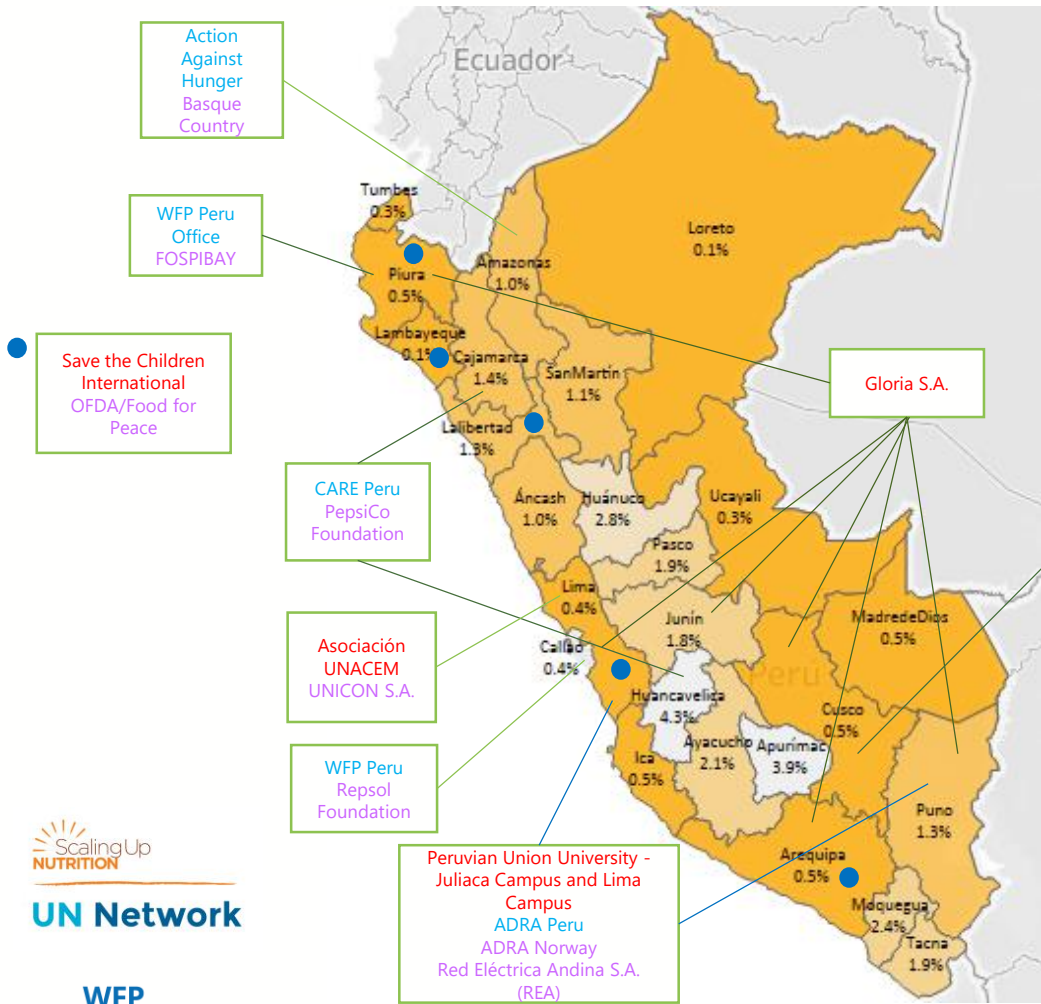
Regions	Children 24-35mo
Amazonas	4.1%
Áncash	4.0%
Apurímac	26.4%
Arequipa	1.4%
Ayacucho	26.1%
Cajamarca	4.7%
Callao	0.3%
Cusco	10.3%
Huancavelica	25.2%
Huánuco	8.9%
Ica	0.5%
Junín	5.6%
La libertad	0.3%
Lambayeque	0.8%
Lima	0.2%
Loreto	1.9%
Madre de Dios	3.8%
Moquegua	5.9%
Pasco	5.9%
Piura	1.0%
Puno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

Source: Ministry of Health, 2019



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

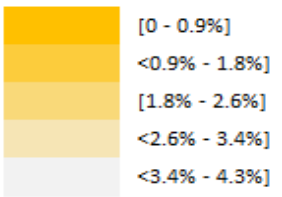
Implemented by the Ministry of Health with the support of 5 implementers in the regions



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.

Plan International German Government

Role in the intervention
 Implementer
 Catalyst
 Donor
Coverage range



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

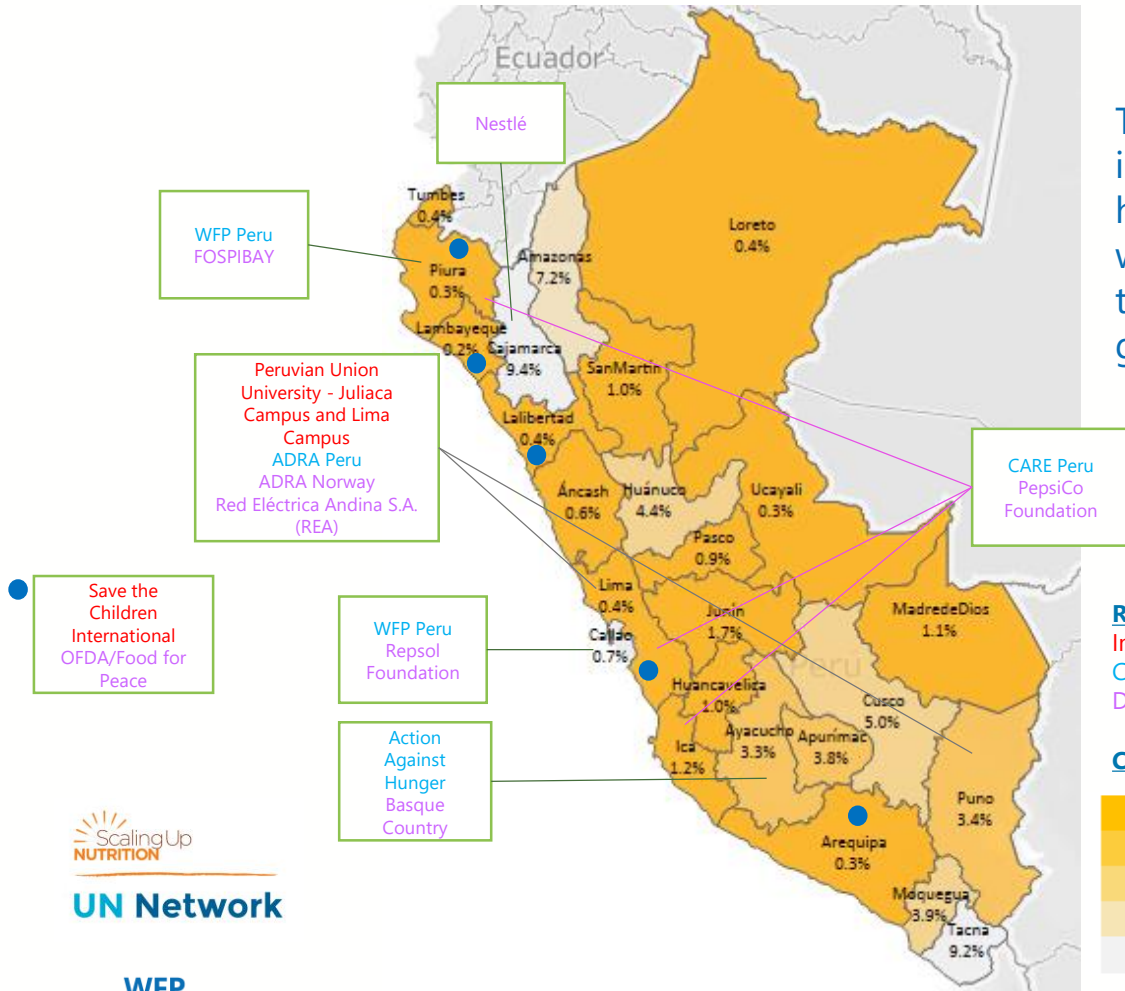
Regions	Children 6-35mo
Amazonas	1.0%
Áncash	1.0%
Apurímac	3.9%
Arequipa	0.5%
Ayacucho	2.1%
Cajamarca	1.4%
Callao	0.4%
Cusco	0.5%
Huancavelica	4.3%
Huánuco	2.8%
Ica	0.5%
Junín	1.8%
La libertad	1.3%
Lambayeque	0.1%
Lima	0.4%
Loreto	0.1%
Madre de Dios	0.5%
Moquegua	2.4%
Pasco	1.9%
Piura	0.5%
Puno	1.3%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

Source: Ministry of Health, 2019



Percentage of families with children aged < 6 months that receive comprehensive guidance through home visits

Implemented by the Ministry of Health with the support of 2 implementers in the regions



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.

Regions	Children <6mo
Amazonas	7.2%
Áncash	0.6%
Apurímac	3.8%
Arequipa	0.3%
Ayacucho	3.3%
Cajamarca	9.4%
Callao	0.7%
Cusco	5.0%
Huancavelica	1.0%
Huánuco	4.4%
Ica	1.2%
Junín	1.7%
La libertad	0.4%
Lambayeque	0.2%
Lima	0.4%
Loreto	0.4%
Madre de Dios	1.1%
Moquegua	3.9%
Pasco	0.9%
Piura	0.3%
Puno	3.4%
San Martín	1.0%
Tacna	9.2%
Tumbes	0.4%
Ucayali	0.3%
Nacional	1.7%

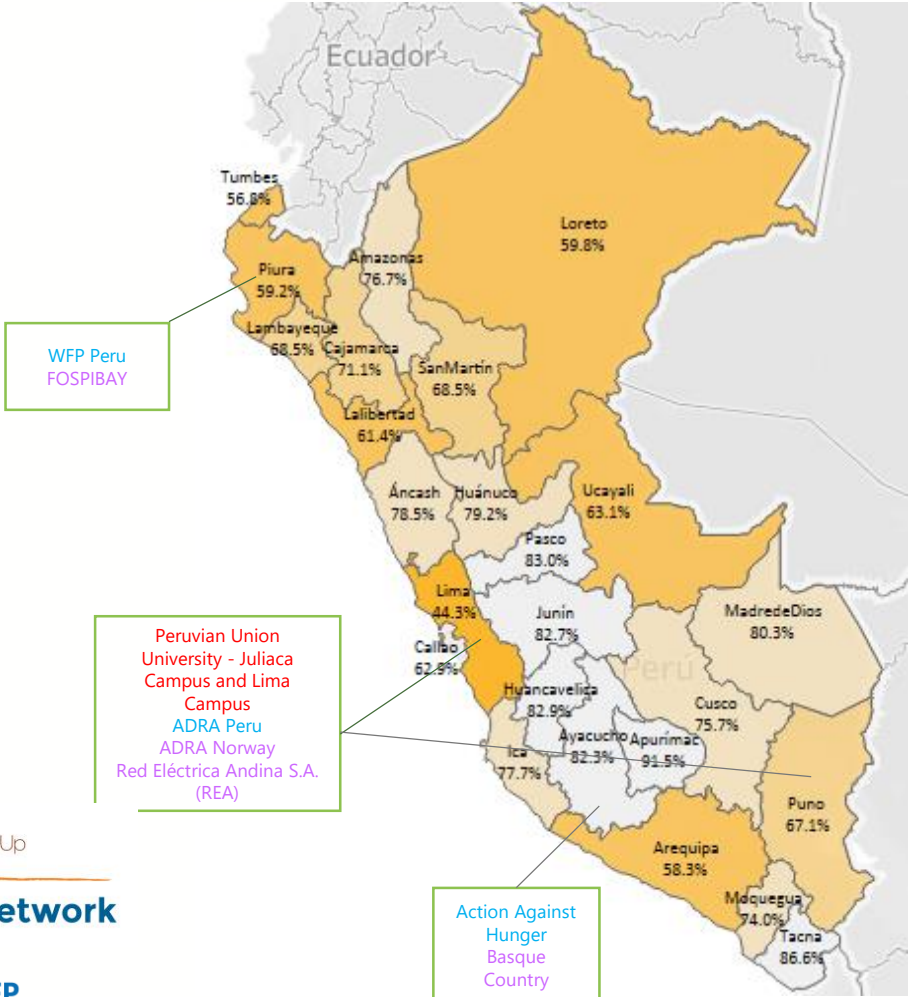
The Constitutional Province of Callao is not included in the coverage range colour palette

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

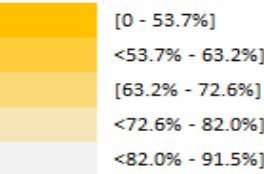


This action is being implemented in 25 regions. Apurímac has the highest percentage of 4-month-old children who have received supplementation with iron drops.

Role in the intervention

- Implementer
- Catalyst
- Donor

Coverage range



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

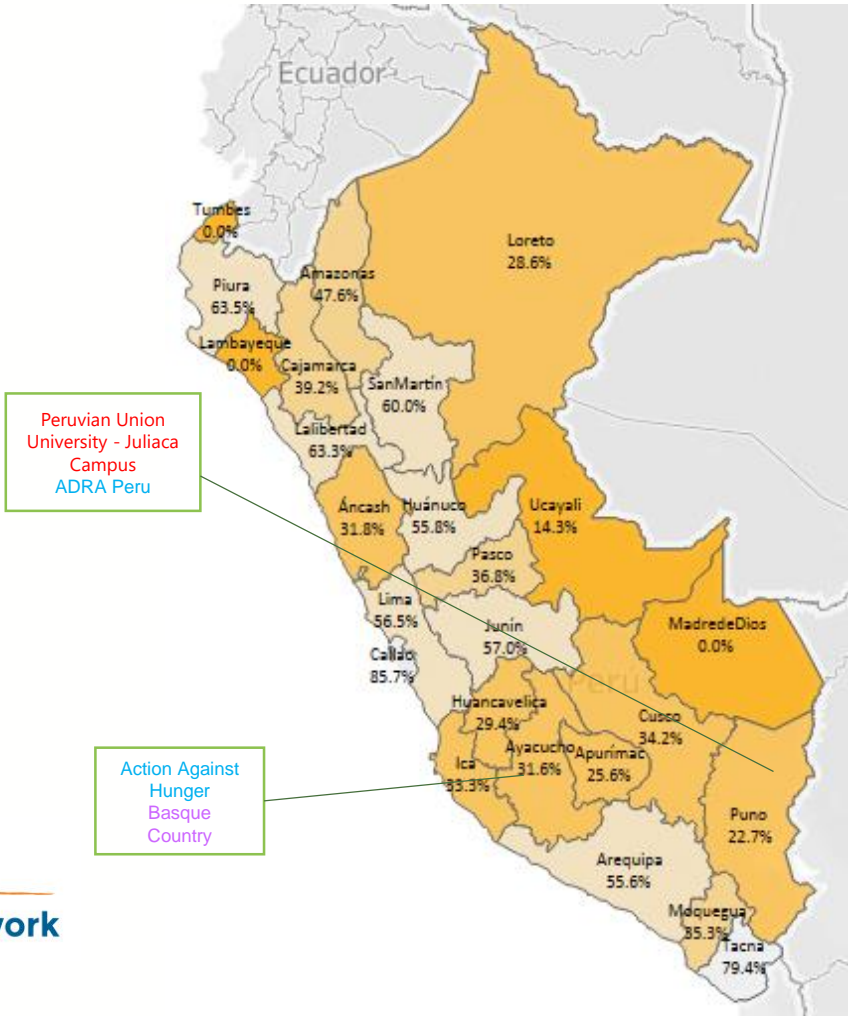
Regions	4-month-old children
Amazonas	76.7%
Áncash	78.5%
Apurímac	91.5%
Arequipa	58.3%
Ayacucho	82.3%
Cajamarca	71.1%
Callao	62.9%
Cusco	75.7%
Huancavelica	82.9%
Huánuco	79.2%
Ica	77.7%
Junín	82.7%
La libertad	61.4%
Lambayeque	68.5%
Lima	44.3%
Loreto	59.8%
Madre de Dios	80.3%
Moquegua	74.0%
Pasco	83.0%
Piura	59.2%
Puno	67.1%
San Martín	68.5%
Tacna	86.6%
Tumbes	56.8%
Ucayali	63.1%
Nacional	63.5%

Source: Ministry of Health, 2019



Percentage of 18-months-old children who have been diagnosed with anaemia and have recovered

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

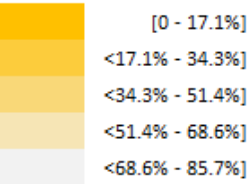


This action is being implemented in 25 regions. Callao, followed by Tacna, has the highest percentage of 18-month-old children who have been diagnosed with anaemia and have recovered.

Role in the intervention

- Implementer
- Catalyst
- Donor

Coverage range



Regions	18-month-old children
Amazonas	47.6%
Áncash	31.8%
Apurímac	25.6%
Arequipa	55.6%
Ayacucho	31.6%
Cajamarca	39.2%
Callao	85.7%
Cusco	34.2%
Huancavelica	29.4%
Huánuco	55.8%
Ica	33.3%
Junín	57.0%
La libertad	63.3%
Lambayeque	0.0%
Lima	56.5%
Loreto	28.6%
Madre de Dios	0.0%
Moquegua	35.3%
Pasco	36.8%
Piura	63.5%
Puno	22.7%
San Martín	60.0%
Tacna	79.4%
Tumbes	0.0%
Ucayali	14.3%
Nacional	40.3%

Source: Ministry of Health, 2019



Percentage of cases of children under 5 years of age who have had an acute respiratory infection

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



WFP Peru
FOSPIBAY

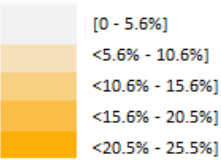
Peruvian Union
University - Juliaca
Campus.
ADRA Peru
Red Eléctrica
Andina S.A. (REA)

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



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

Regions	Children < 5 years
Amazonas	2.0%
Áncash	3.8%
Apurímac	2.1%
Arequipa	7.4%
Ayacucho	2.1%
Cajamarca	4.0%
Callao	4.5%
Cusco	4.0%
Huancavelica	2.1%
Huánuco	2.9%
Ica	3.1%
Junín	3.6%
La libertad	5.1%
Lambayeque	3.9%
Lima	25.5%
Loreto	4.1%
Madre de Dios	0.7%
Moquegua	0.9%
Pasco	1.6%
Piura	6.2%
Puno	3.1%
San Martín	2.0%
Tacna	1.5%
Tumbes	0.7%
Ucayali	3.2%

Source: Ministry of Health, 2019



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

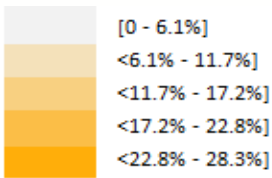


This action is being implemented in 25 regions. Lima has the highest percentage of children under 5 years of age who have had an acute diarrhoeal disease.

Role in the intervention

- Implementer
- Catalyst
- Donor

Coverage range



Regions	Children < 5 years
Amazonas	2.1%
Áncash	4.7%
Apurímac	1.6%
Arequipa	8.1%
Ayacucho	1.5%
Cajamarca	2.6%
Callao	6.2%
Cusco	3.4%
Huancavelica	2.1%
Huánuco	3.0%
Ica	2.1%
Junín	2.6%
La libertad	5.6%
Lambayeque	3.5%
Lima	28.3%
Loreto	4.1%
Madre de Dios	0.6%
Moquegua	1.6%
Pasco	1.7%
Piura	5.8%
Puno	1.2%
San Martín	1.5%
Tacna	1.9%
Tumbes	0.7%
Ucayali	3.3%



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

Source: Ministry of Health, 2019

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.

Regions	Students aged 6-11 years
Amazonas	53.1%
Áncash	24.2%
Apurímac	27.2%
Arequipa	7.1%
Ayacucho	75.0%
Cajamarca	59.2%
Callao	55.4%
Cusco	20.3%
Huancavelica	13.6%
Huánuco	76.2%
Ica	17.1%
Junín	44.3%
La libertad	47.9%
Lambayeque	12.7%
Lima	35.8%
Loreto	23.0%
Madre de Dios	50.8%
Moquegua	41.5%
Pasco	91.5%
Piura	31.1%
Puno	46.0%
San Martín	64.1%
Tacna	20.3%
Tumbes	14.8%
Ucayali	48.0%
Nacional	38.1%

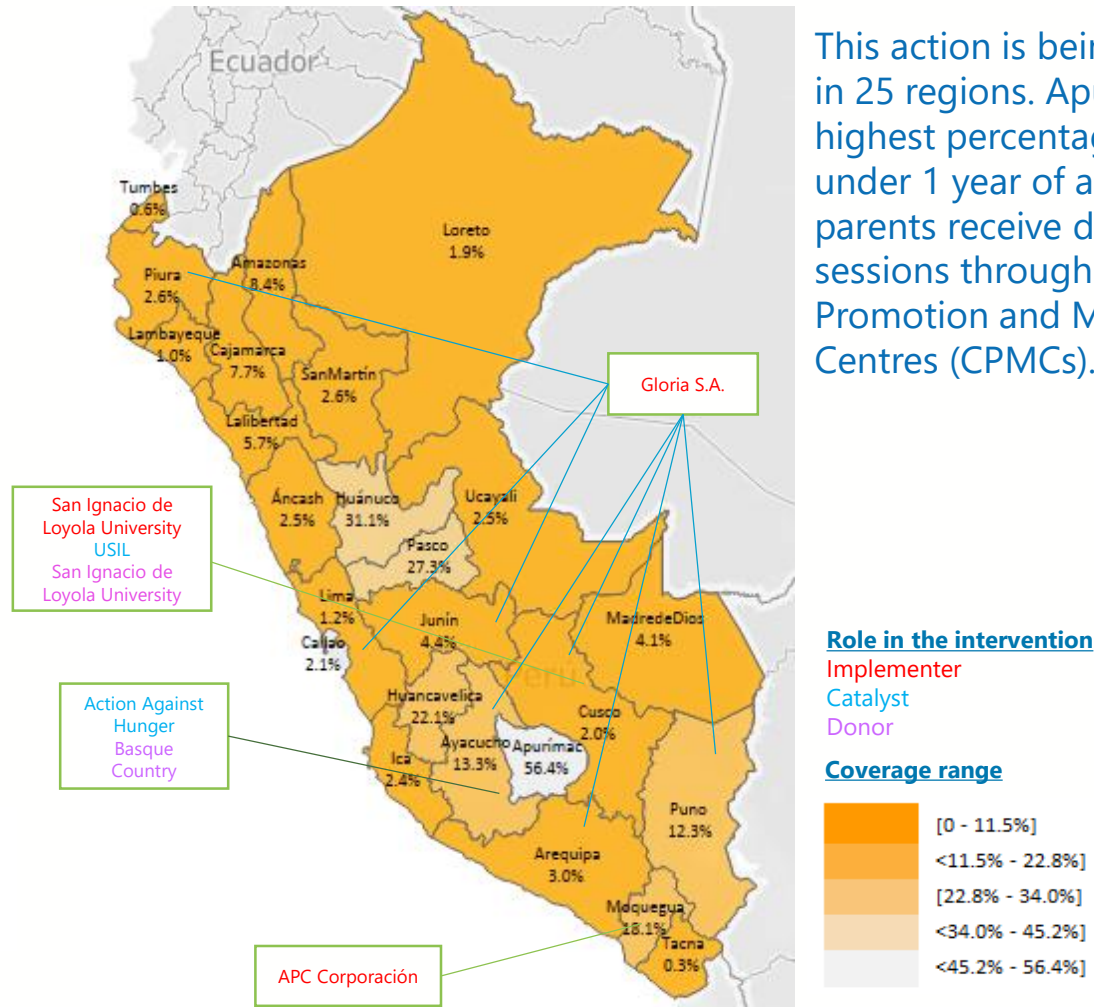
The Constitutional Province of Callao is not included in the coverage range colour palette

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



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

Regions	Children < 1 year
Amazonas	8.4%
Áncash	2.5%
Apurímac	56.4%
Arequipa	3.0%
Ayacucho	13.3%
Cajamarca	7.7%
Callao	2.1%
Cusco	2.0%
Huancavelica	22.1%
Huánuco	31.1%
Ica	2.4%
Junín	4.4%
La libertad	5.7%
Lambayeque	1.0%
Lima	1.2%
Loreto	1.9%
Madre de Dios	4.1%
Moquegua	18.1%
Pasco	27.3%
Piura	2.6%
Puno	12.3%
San Martín	2.6%
Tacna	0.3%
Tumbes	0.6%
Ucayali	2.5%
Nacional	5.9%

Source: Ministry of Health, 2019



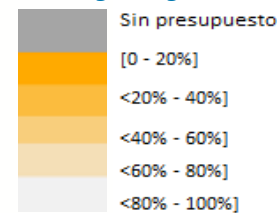
Amount allocated in budget programme 0018: Non-communicable diseases

Implemented by the Ministry of Health and coordinated with the municipality (which is responsible for execution of the expenditure)



This action is being implemented in 10 regions. Cusco and Huánuco have the highest percentage of execution of programme PP0018: Non-communicable diseases.

Coverage range



Regions	Amount allocated
Amazonas	-
Áncash	-
Apurímac	-
Arequipa	70%
Ayacucho	37%
Cajamarca	-
Callao	-
Cusco	100%
Huancavelica	-
Huánuco	100%
Ica	67%
Junín	0%
La Libertad	75%
Lambayeque	-
Lima	-
Loreto	0%
Madre De Dios	-
Moquegua	-
Pasco	0%
Piura	26%
Puno	-
San Martín	-
Tacna	-
Tumbes	-
Ucayali	-

Source: Ministry of Economy and Finance, 2019

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



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

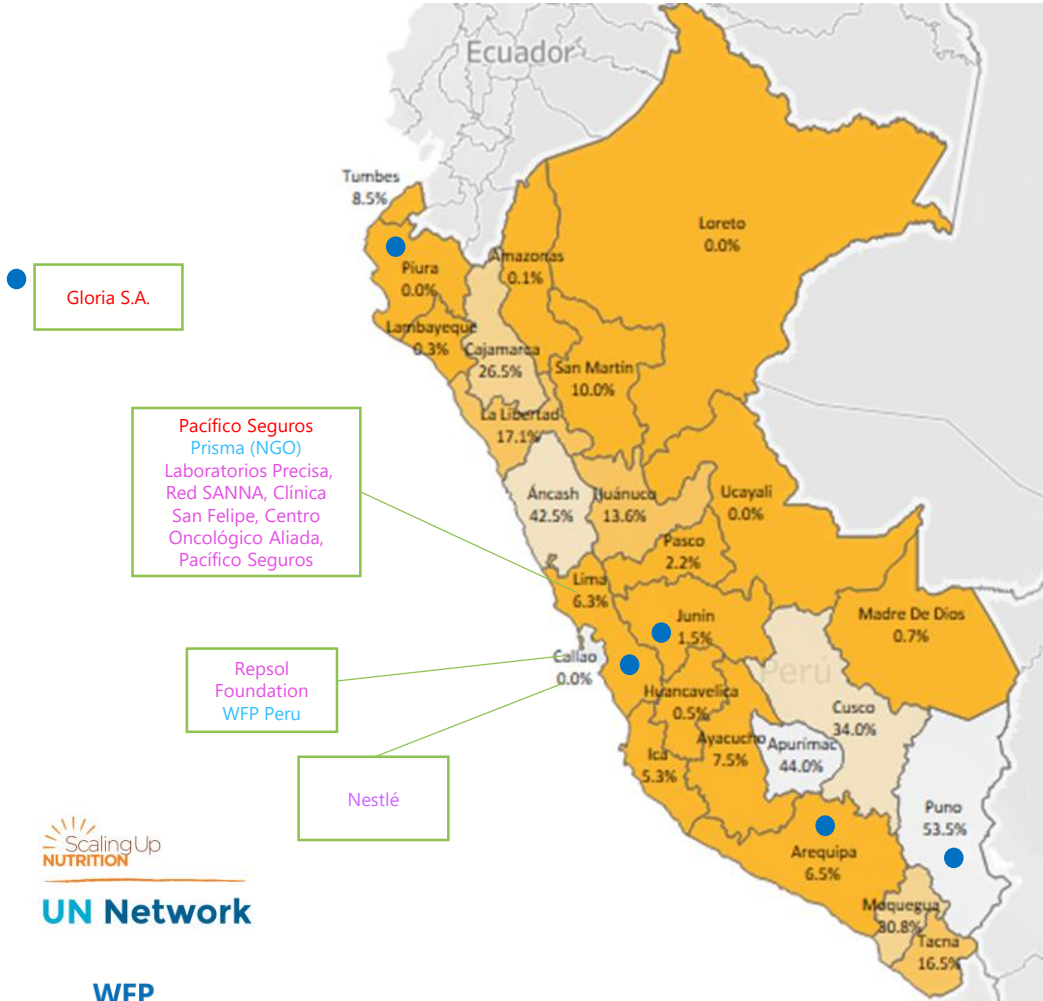
2305333: Construction of the perimeter fence around the general cemetery in the village of Misharan, district of San Francisco de Asis de Yarusyacan, Province of Pasco.

Piura

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

Percentage of trained teachers who run sessions and/or projects to teach about healthy eating and physical exercise

Implemented by the Ministry of Health with the support of 2 implementers in the regions



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.

Regions	Teachers
Amazonas	0.1%
Áncash	42.5%
Apurímac	44.0%
Arequipa	6.5%
Ayacucho	7.5%
Cajamarca	26.5%
Callao	0.0%
Cusco	34.0%
Huancavelica	0.5%
Huánuco	13.6%
Ica	5.3%
Junín	1.5%
La libertad	17.1%
Lambayeque	0.3%
Lima	6.3%
Loreto	0.0%
Madre de Dios	0.7%
Moquegua	30.8%
Pasco	2.2%
Piura	0.0%
Puno	53.5%
San Martín	10.0%
Tacna	16.5%
Tumbes	8.5%
Ucayali	0.0%
Nacional	14.1%

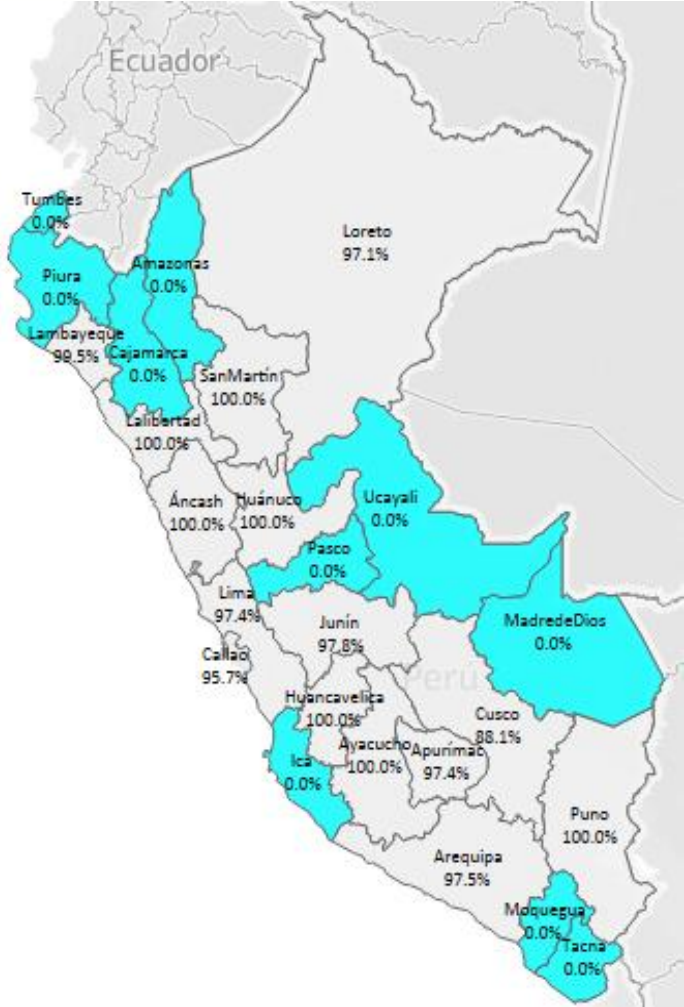
The Constitutional Province of Callao is not included in the coverage range colour palette

Source: Ministry of Health, 2019

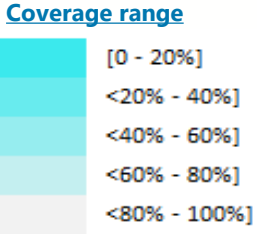


Percentage of teachers trained in the consumption of fishery products

Implemented by the Ministry of Production without the support of any implementers in the regions



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).



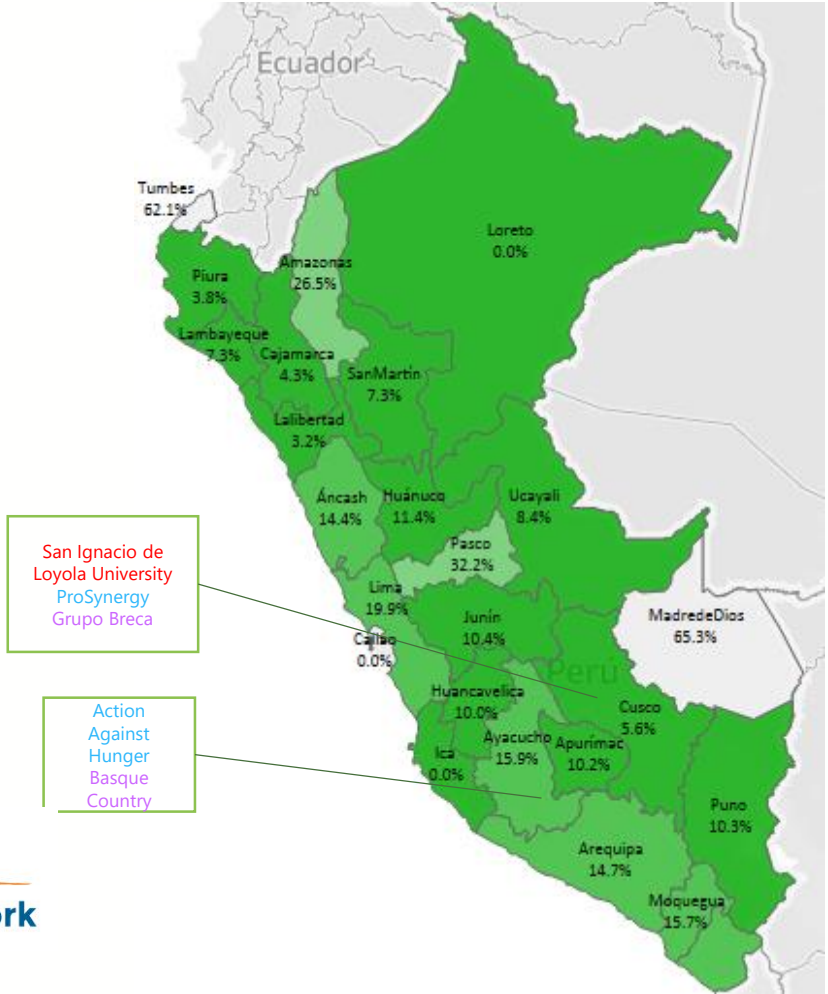
Regions	Teachers levels I to V
Amazonas	0.0%
Áncash	100.0%
Apurímac	97.4%
Arequipa	97.5%
Ayacucho	100.0%
Cajamarca	0.0%
Callao	95.7%
Cusco	88.1%
Huancavelica	100.0%
Huánuco	100.0%
Ica	0.0%
Junín	97.8%
La libertad	100.0%
Lambayeque	99.5%
Lima	97.4%
Loreto	97.1%
Madre de Dios	0.0%
Moquegua	0.0%
Pasco	0.0%
Piura	0.0%
Puno	100.0%
San Martín	100.0%
Tacna	0.0%
Tumbes	0.0%
Ucayali	0.0%
Nacional	93.4%



Source: Ministry of Production through the "Comer Pescado" ("Eat Fish") programme, 2019

Percentage of families of livestock producers that have created cultivated pastures

Implemented by the Ministry of Agriculture and Irrigation with the support of 1 implementer in the regions

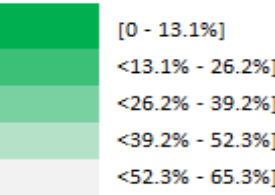


This action is being implemented in 25 regions. Madre de Dios has the highest percentage of families of livestock producers that have created cultivated pastures.

Role in the intervention

- Implementer
- Catalyst
- Donor

Coverage range



Regions	Families of livestock producers
Amazonas	26.5%
Áncash	14.4%
Apurímac	10.2%
Arequipa	14.7%
Ayacucho	15.9%
Cajamarca	4.3%
Callao	0.0%
Cusco	5.6%
Huancavelica	10.0%
Huánuco	11.4%
Ica	0.0%
Junín	10.4%
La libertad	3.2%
Lambayeque	7.3%
Lima	19.9%
Loreto	0.0%
Madre de Dios	65.3%
Moquegua	15.7%
Pasco	32.2%
Piura	3.8%
Puno	10.3%
San Martín	7.3%
Tacna	15.8%
Tumbes	62.1%
Ucayali	8.4%
Nacional	9.2%

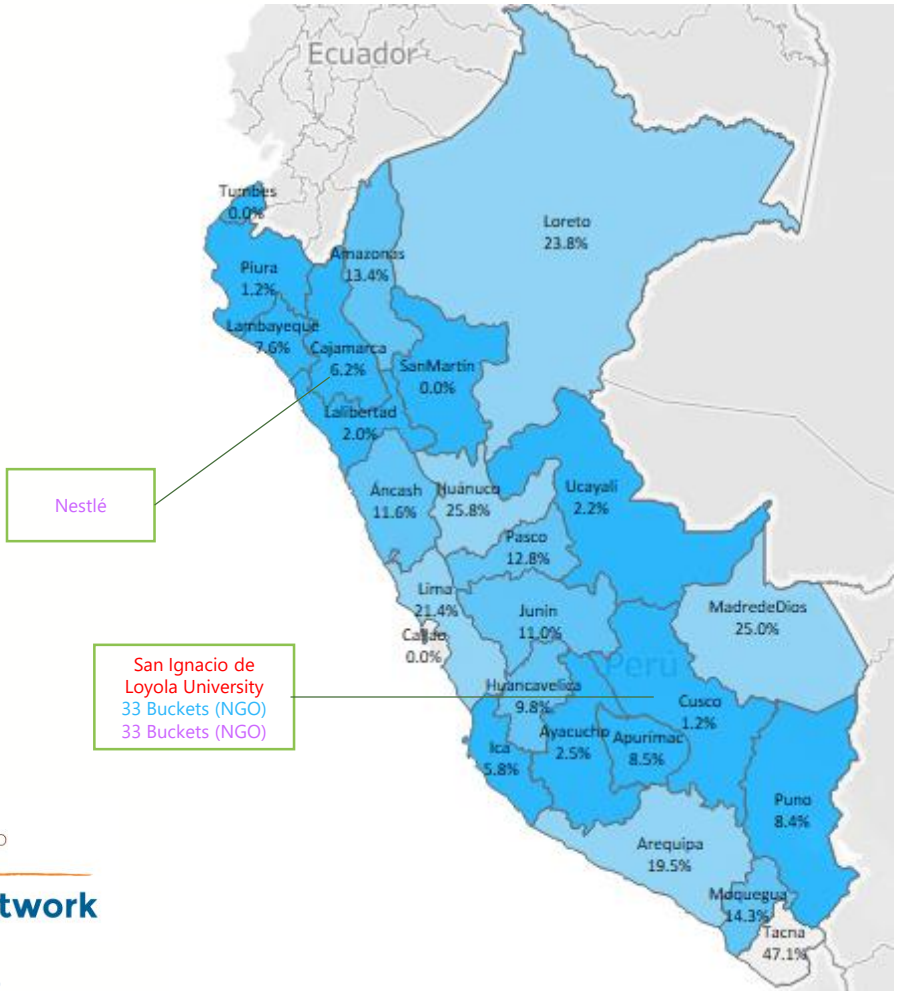
The Constitutional Province of Callao is not included in the coverage range colour palette

Source: Ministry of Agriculture and Irrigation, 2019



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



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

Regions	Drinking water systems in substandard state
Amazonas	13.4%
Áncash	11.6%
Apurímac	8.5%
Arequipa	19.5%
Ayacucho	2.5%
Cajamarca	6.2%
Callao	0.0%
Cusco	1.2%
Huancavelica	9.8%
Huánuco	25.8%
Ica	5.8%
Junín	11.0%
La libertad	2.0%
Lambayeque	7.6%
Lima	21.4%
Loreto	23.8%
Madre de Dios	25.0%
Moquegua	14.3%
Pasco	12.8%
Piura	1.2%
Puno	8.4%
San Martín	0.0%
Tacna	47.1%
Tumbes	0.0%
Ucayali	2.2%
Nacional	7.6%



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

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



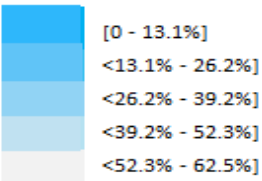
This action is being implemented in 25 regions. Tumbes has the highest percentage of water supply systems with an adequate concentration of chlorine.

Peruvian Union University - Lima Campus
ADRA
ADRA Peru

Plan
International German Government

WFP Peru
Repsol Foundation

Role in the intervention
Implementer
Catalyst
Donor
Coverage range



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

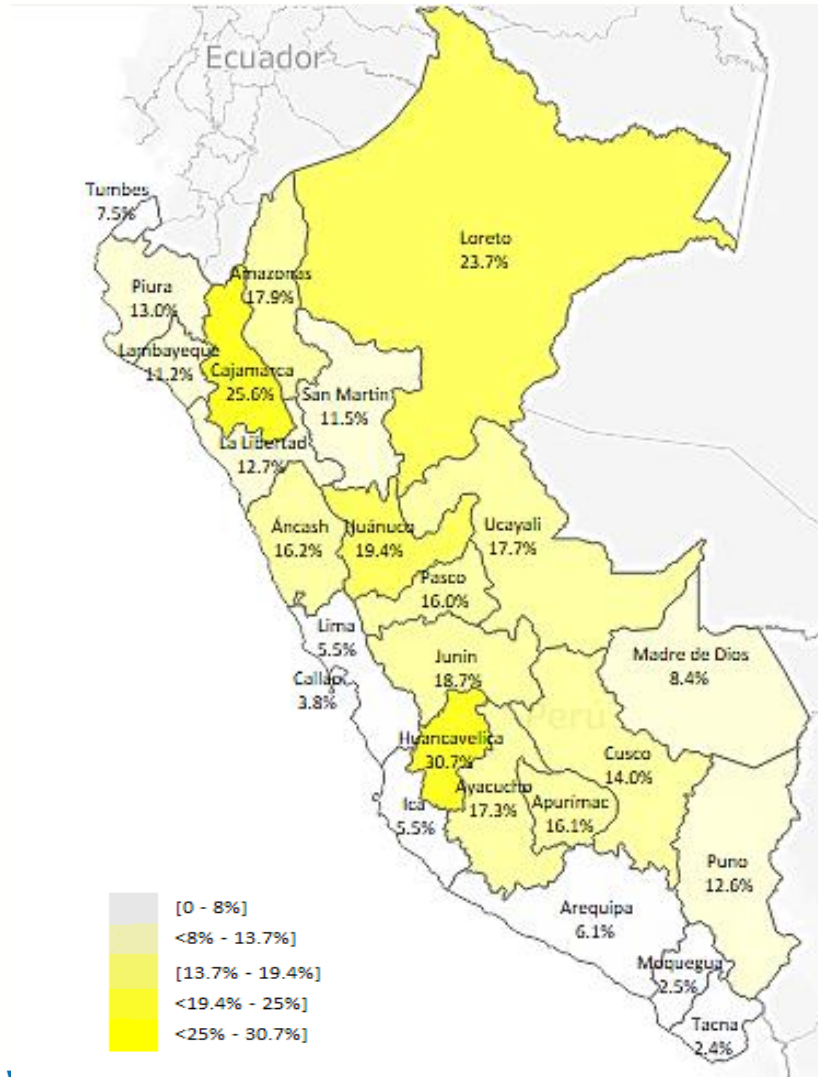
The Constitutional Province of Callao is not included in the coverage range colour palette

Source: Ministry of Housing, Construction and Sanitation, 2,019

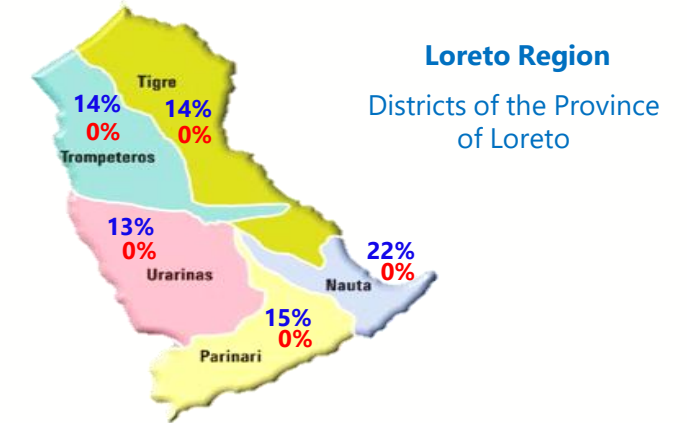
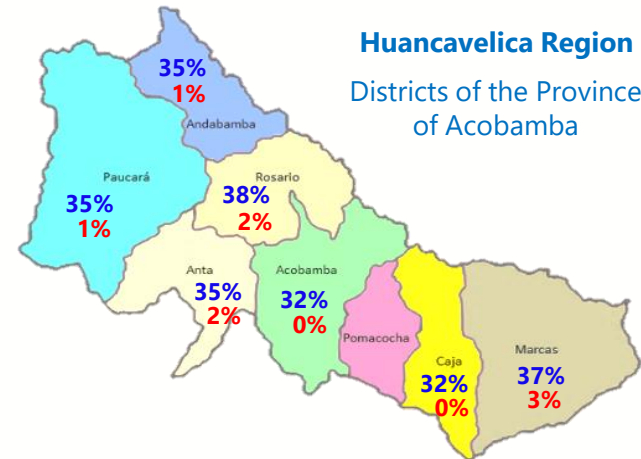


7. Gaps in the coverage of nutrition actions

Peru: Percentage of children < 5 years of age with chronic malnutrition, 2019 (WHO standard)



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



- 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%

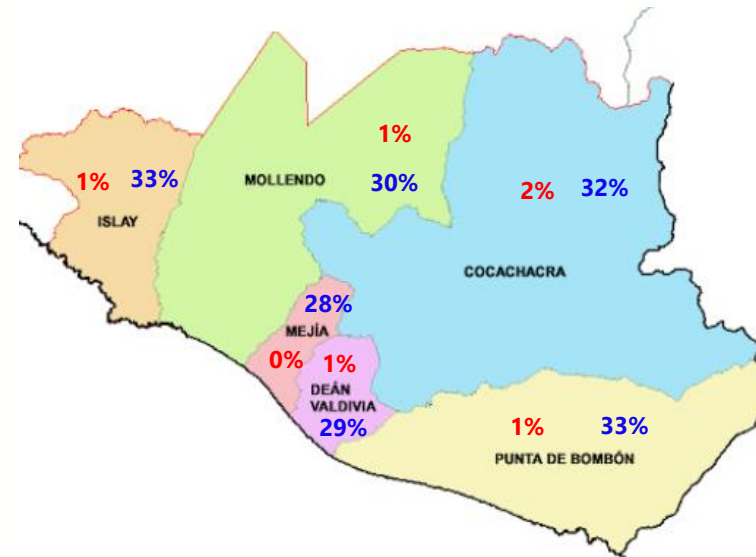
Peru: Percentage of children < 5 years of age with chronic malnutrition, 2019 (WHO standard)



- % 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

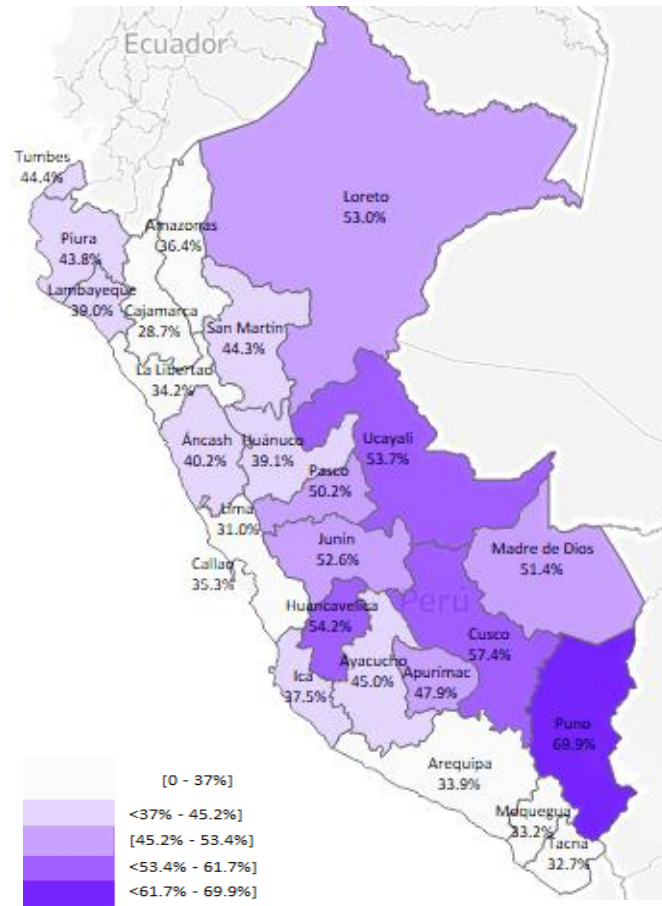
Arequipa Region

Districts of the Province of Islay



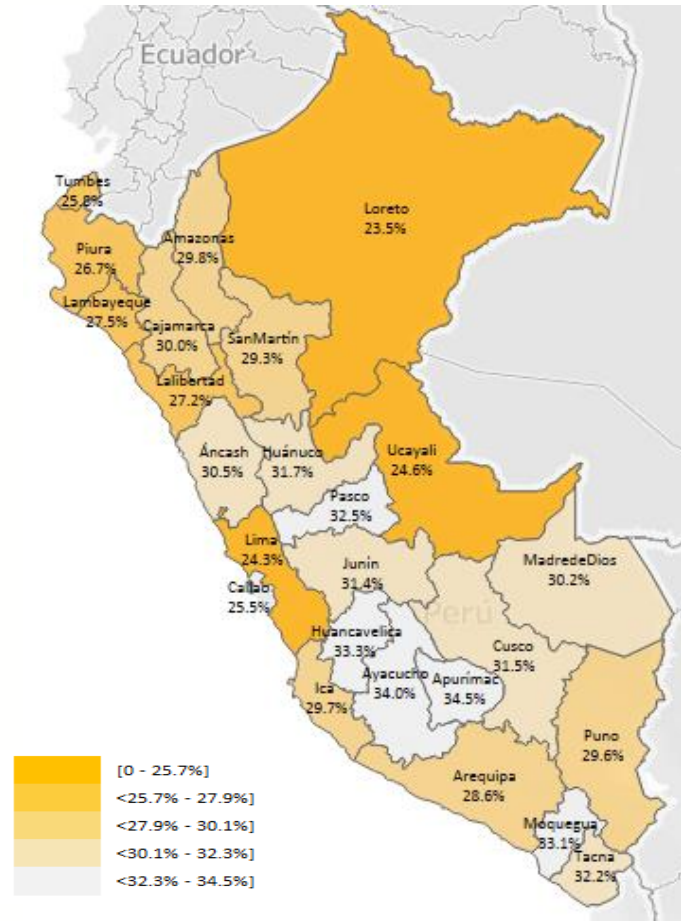
- Districts of Punta de Bombón and Islay - Highest level of coverage for the children’s package: 33%
- District of Cocachacra - Highest level of food preparation demonstration sessions: 2%

Prevalence of anaemia in children aged 6 to 35 months, 2019



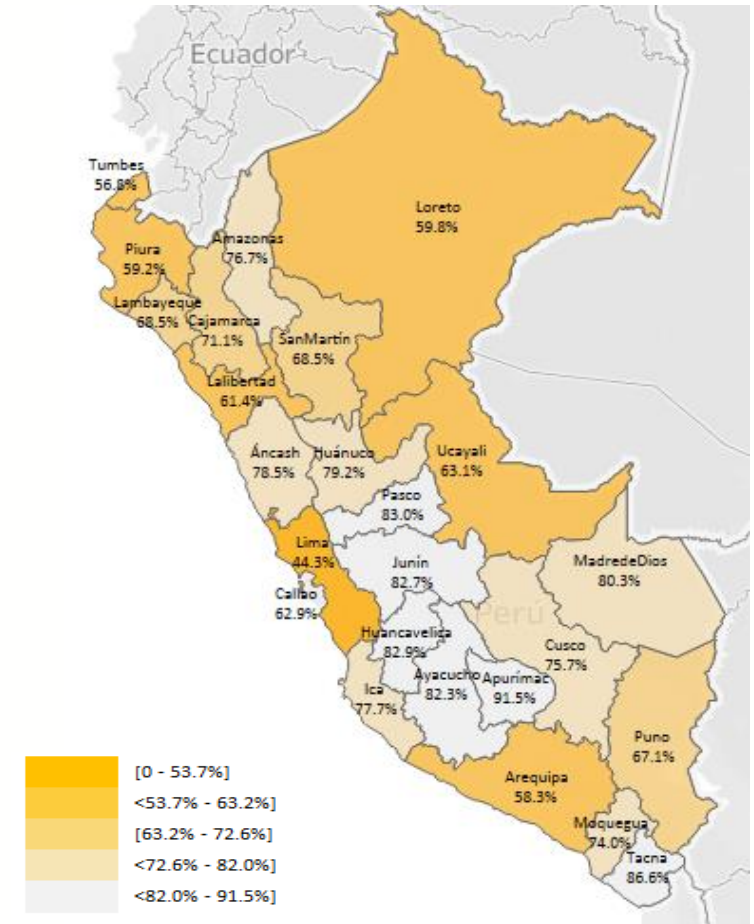
Source: National Institute of Statistics and Informatics - Demographic and Family Health Survey, 2019

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



Source: Ministry of Health, 2019

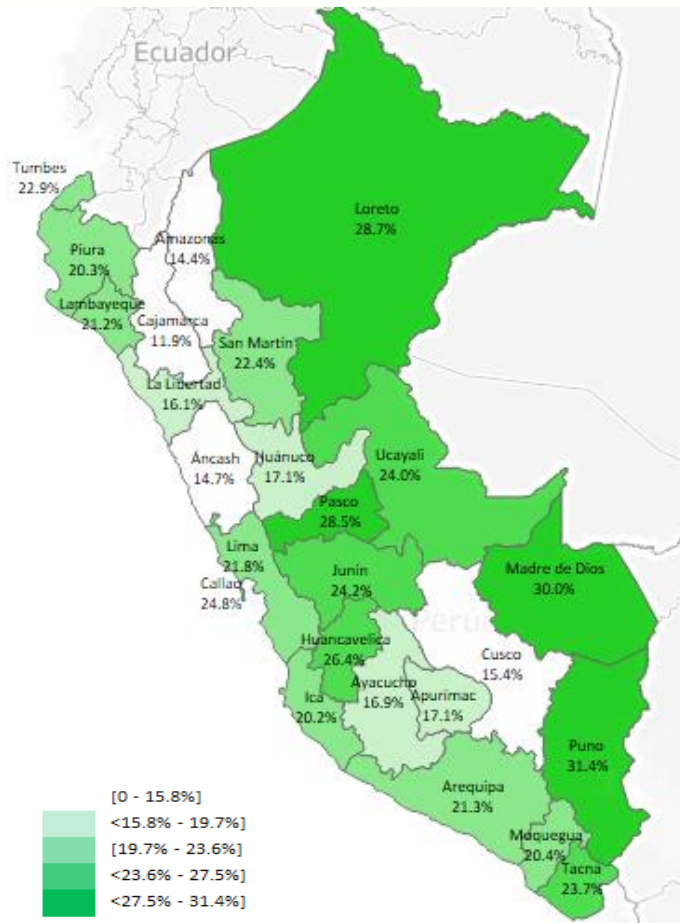
% of 4-month-old children who have received supplementation with iron drops



Source: Ministry of Health, 2019

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.

Prevalence of anaemia in women between 15 and 49 years of age, 2019



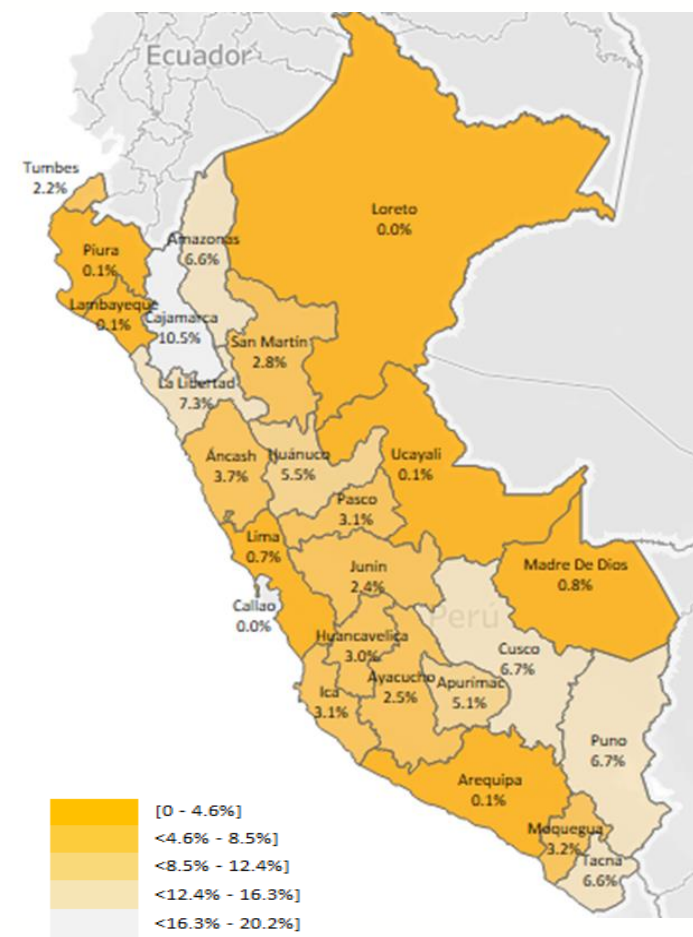
Source: National Institute of Statistics and Informatics - Demographic and Family Health Survey, 2019

% of pregnant women who have received the package of care



Source: Ministry of Health, 2019

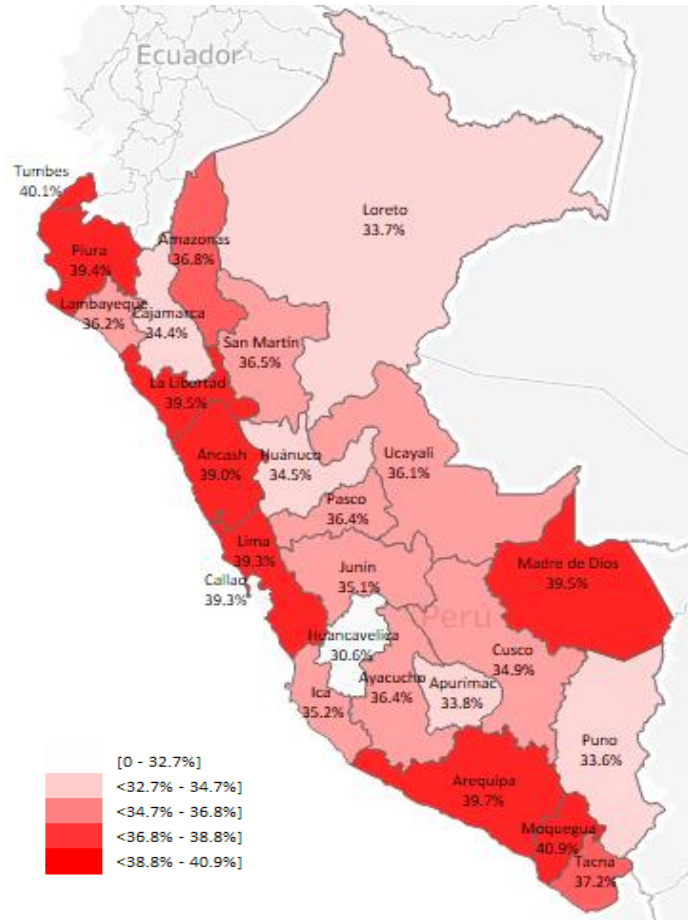
% pregnant women who have participated in food preparation demonstration sessions



Source: Ministry of Health, 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



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

Amount allocated in budget programme 0018: Non-communicable diseases

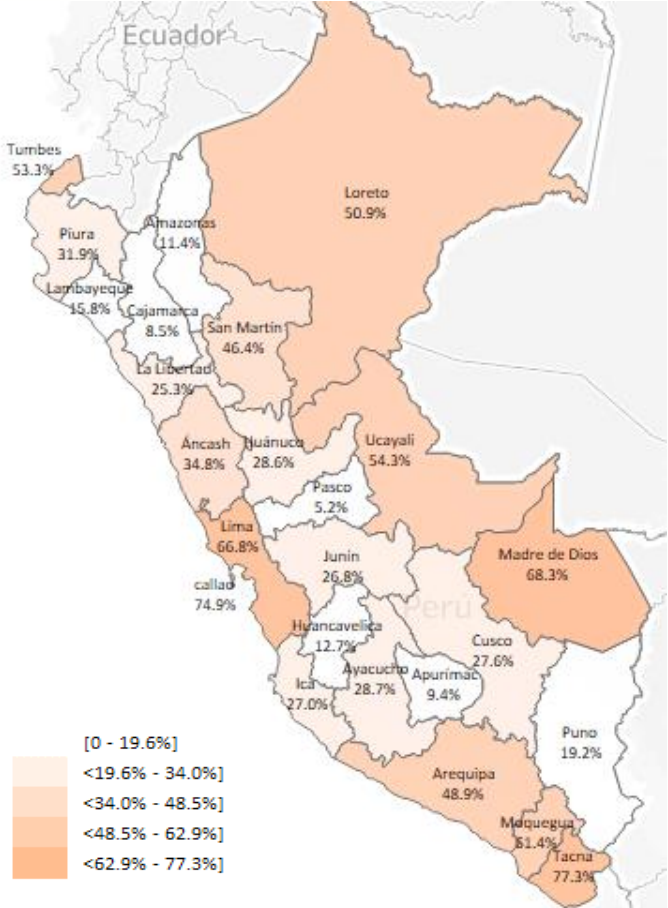


Source: Ministry of Economy and Finance, 2019

On average, 30% of people > 15 years of age are overweight across all regions.

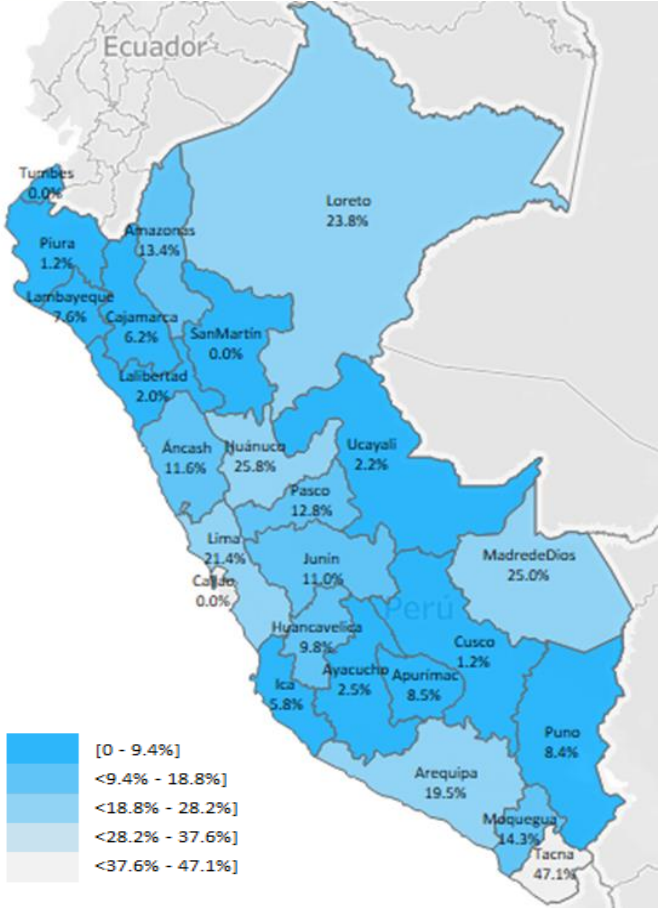
Arequipa, has the highest percentage of budget execution in budget programme 0018.

Proportion of homes with access to drinking water with sufficient chlorine



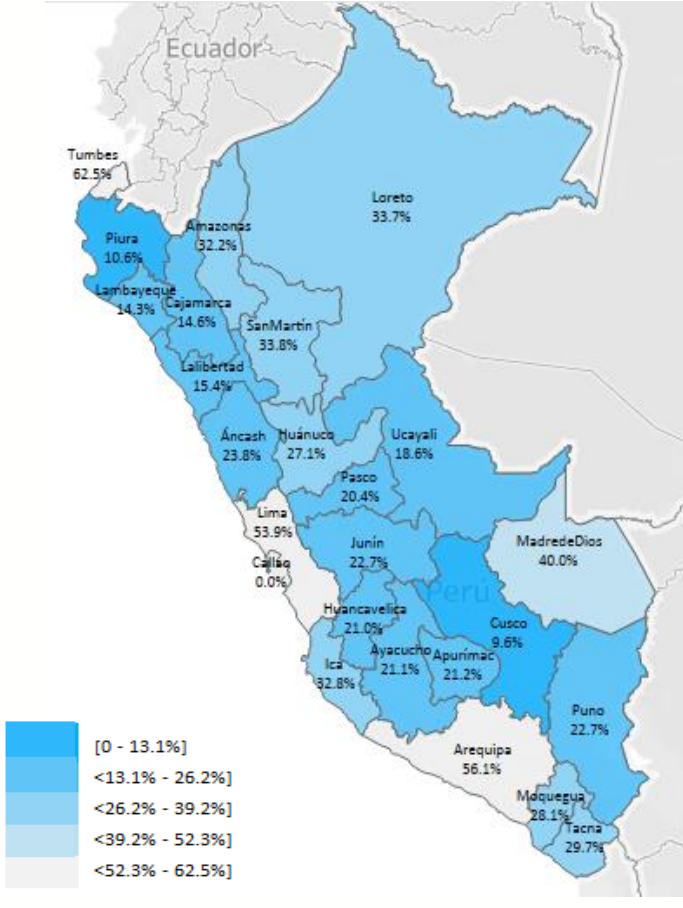
Source: National Institute of Statistics and Informatics - Demographic and Family Health Survey, 2019

% of Rehabilitation of drinking water systems in a substandard state



Source: Ministry of Housing, Construction and Sanitation, 2019

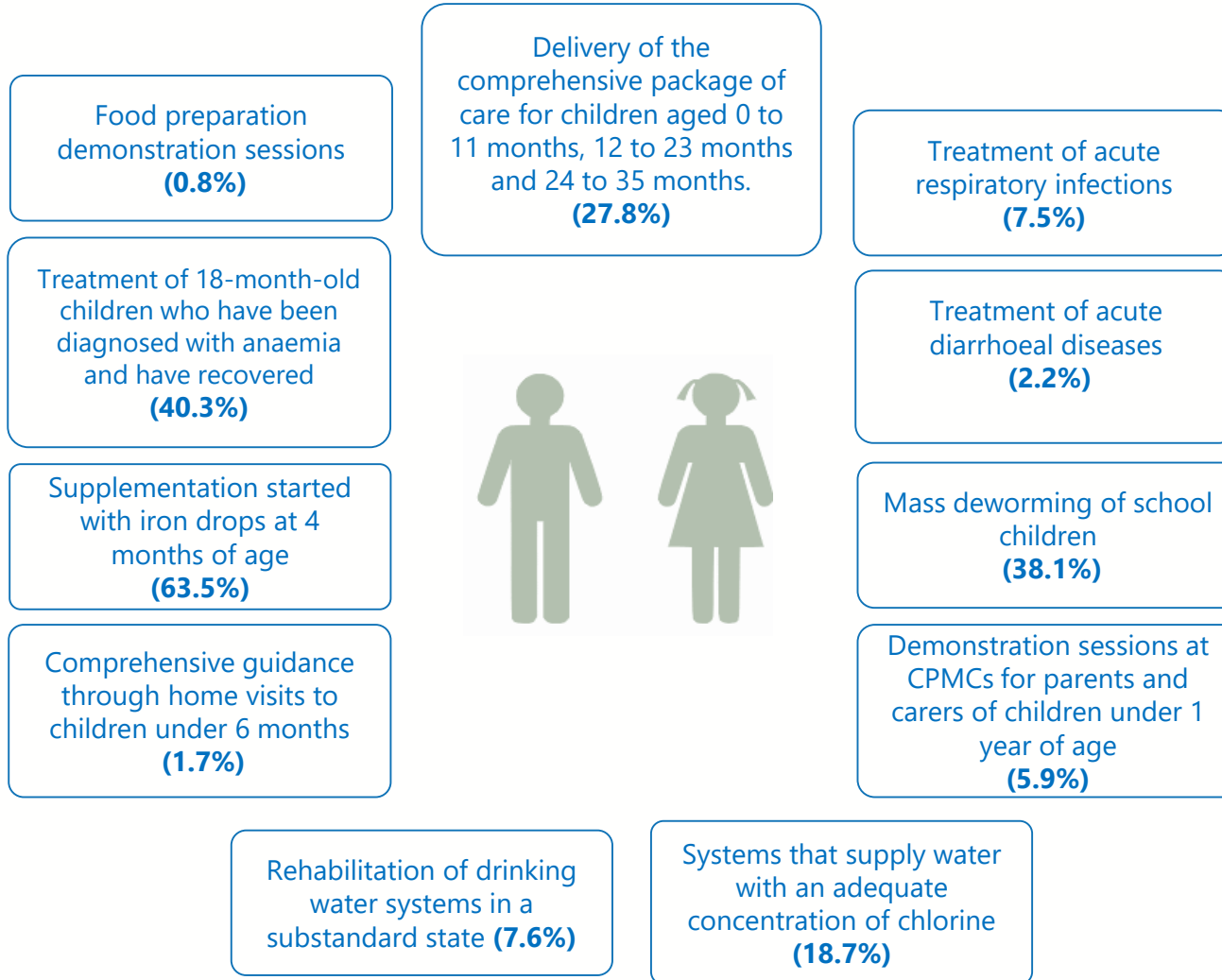
% of systems that supply water with an adequate concentration of chlorine



Source: Ministry of Housing, Construction and Sanitation, 2019

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.

Nutrition actions targeting children from 0 to 11 years of age



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

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

NAME	ABBREVIATION
Ministry of Development and Social Inclusion	MINDSI
Ministry of Economy and Finance	MEF
Ministry of Education	MINED
Ministry of Women and Vulnerable Populations	MINWVP
Ministry of Health	MINH
Ministry of Production	MINPROD
Ministry of Housing, Construction and Sanitation	MHCS
World Health Organization	WHO
Food and Agriculture Organization of the United Nations	FAO
World Food Programme	WFP
Articulated National Programme	ANP
San Ignacio de Loyola University	USIL