

**REDUCING STUNTING IN
CHILDREN UNDER 5 YEARS
OF AGE:
A COMPREHENSIVE
EVALUATION OF UNICEF'S
STRATEGIES AND
PROGRAMME PERFORMANCE**

GLOBAL SYNTHESIS REPORT

**REDUCING STUNTING IN
CHILDREN UNDER 5 YEARS
OF AGE:
A COMPREHENSIVE
EVALUATION OF UNICEF'S
STRATEGIES AND
PROGRAMME PERFORMANCE**

GLOBAL SYNTHESIS REPORT

Reducing Stunting in Children Under 5 Years of Age: A comprehensive evaluation of UNICEF's strategies and programme performance – Global synthesis report

© United Nations Children's Fund, New York, 2017

United Nations Children's Fund

Three United Nations Plaza

New York, New York 10017

May 2017

The purpose of publishing evaluation reports produced by the UNICEF Evaluation Office is to fulfil a corporate commitment to transparency through the publication of all completed evaluations. The reports are designed to stimulate a free exchange of ideas among those interested in the topic and to assure those supporting the work of UNICEF that it rigorously examines its strategies, results and overall effectiveness.

This report, entitled 'Reducing Stunting in Children under 5 Years of Age: A comprehensive evaluation of UNICEF's strategies and programme performance', was prepared by a team of independent consultants, namely, Helen Connolly and Anna Krivelyova from ICF. Krishna Belbase, Senior Evaluation Officer, led and managed the overall evaluation process with the assistance of Abdoulaye Seye, Evaluation Specialist, in the Evaluation Office, UNICEF. The evaluation was supported by an interdivisional advisory group which included regional nutrition advisers.

The contents of the report do not necessarily reflect the policies or views of UNICEF. The views expressed in this report are those of the evaluators. The text has not been edited to official publication standards and UNICEF accepts no responsibility for error. The designations in this publication do not imply an opinion on the legal status of any country or territory, or of its authorities, or the delimitation of frontiers.

The copyright for this report is held by the United Nations Children's Fund. Permission is required to reprint/reproduce/photocopy or in any other way cite or quote from this report in written form. UNICEF has a formal permission policy that requires a written request to be submitted. For non-commercial uses, the permission will normally be granted free of charge. Please write to the Evaluation Office at the address below to initiate a permission request.

For further information, please contact:

Evaluation Office

United Nations Children's Fund

Three United Nations Plaza

New York, New York 10017

[<evalhelp@unicef.org>](mailto:evalhelp@unicef.org)

PREFACE

The Evaluation Office is pleased to present this first comprehensive evaluation of UNICEF's strategies and programme performance to reduce stunting in young children. Stunting in early childhood – known also as growth faltering – is a major concern given its link to child mortality and morbidity, irreversible loss of cognitive development (especially when stunting is severe), and loss of productivity, wages and national income. Despite the progress made in recent decades, estimates suggest that about 155 million children under 5 years of age (about one in four) have stunted growth. Experience in reducing the prevalence of stunting varies widely. Some countries have achieved success in reducing the prevalence of stunting significantly while others have seen only a marginal decrease in the past decade.

The evaluation comes at a time when there is considerable momentum for accelerating progress to reduce stunting in young children. Five years ago, in May 2012, the World Health Assembly committed to reducing by 40 per cent the global number of stunted children aged 0 to 59 months by 2025. Another key development is the global Scale Up Nutrition (SUN) movement, a multistakeholder partnership initiative launched in April 2010 and which currently includes membership of 59 countries. More importantly, the 2030 Agenda for Sustainable Development (Target 2.2) calls for ending all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age.

For many decades, UNICEF has been a lead organization in advocacy, policy and programme response for improving maternal and child nutrition both in emergency and development contexts. UNICEF's overall budget and nutrition programme budget have increased significantly over the past decades. This evaluation was commissioned in response to UNICEF's growing involvement, budget allocations and programme response to address stunting in early childhood, to determine appropriateness and adequacy of UNICEF's strategies and programme interventions to prevent stunting and to generate ideas to further advance UNICEF's role and contributions.

The evaluation was conducted by a team of international consultants recruited by ICF Inc. with close guidance by the Evaluation Office. The evaluation used an ambitious approach which included extensive desk review and data analysis from 24 countries, of which 6 countries – namely, Cambodia, Haiti, India, Mozambique, the Niger and Rwanda involved field visits by the evaluation team. The evaluation is formative and documents progress and gaps in various contexts, including low- and middle-income countries as well as countries in fragile situations. We trust that the findings and the way forward identified by the evaluation will be used well by UNICEF internally as well as to influence partnership initiatives for improving on its work to reduce stunting in young children.

Colin Kirk
Director
Evaluation Office

ACKNOWLEDGEMENTS

This case-study report is the result of the commitment, efforts and contribution of a large number of individuals and institutions. The Evaluation Office and the evaluation team wish to extend sincere thanks to all individuals who gave freely of their time for this evaluation, including staff from UNICEF, United Nations agencies, and the many international and national non-governmental organizations. The evaluation team acknowledges the guidance, feedback and support of UNICEF Evaluation Office staff involved in the evaluation: Krishna Belbase and Abdoulaye Seye. An interdivisional Evaluation Advisory Group which had representation of several regional offices provided guidance and oversight throughout the evaluation process, particularly during the inception phase and review of the synthesis report. We thank all members of the EAG, namely, Victor Aguayo, Werner Schultink France Begin, Yarlini Balarajan, George Laryea-Adjei, Lizette Burgers, Saba Mebrahtu, SM Moazzem Hossain, Julia Krasevec, Joan Matji, Alexandra Yuster, Noel Marie Zagre and Krishna Belbase (Chair).

We would like to thank the following UNICEF country office staff for their support in work planning and arranging the country case-study visit meetings and field assessments: Saba Mebrahtu, Gayatri Singh, Trang Ho Morton, Lakshmana Thiyaga Rajan, Richa Singh Pandey, Mansi Shekhar, Rajeshwari Chandrasekar, Rajlakshmi Nair (India); Johanne Desormeaux, Jean Ernst Saint-Fleur, Emmanuela Durandisse Blain (Haiti); Erica Mattellone, Arnaud Laillou, Sreymach Than, Samoeurn Un, Annie Nut (Cambodia); Youssouf Koita, Fortune Mukamusangwa, Beatrice Kampirwa, Odette Uwera Kamanzi (CRS), Oliver Petrovic, Youssouf Koita Pascal Karemera (Rwanda); Fitsum Asefam, Mediatrice Kiburente, Moctar Amy Tiemogo, Viviane Van Steirteghem (Niger); and Mathieu Joyeux, Marianne Kjaertinge Faarbaek, Carlos Mafigo, James McQueen Patterson, Andrea Rossi, Michel Le Pechoux, Sonia Khan, Neusa Pinto (Mozambique).

Most importantly, we thank the national and subnational stakeholders, all the children, women, members of various committees and community groups and local leaders who shared their experiences and contributed important insights to this evaluation. Thanks to Celeste Lebowitz, Evaluation Office, for formatting and to Natalie Leston for professional editing of the final report.

CONTENTS

PREFACE	ii
ACKNOWLEDGEMENTS.....	iii
CONTENTS.....	iv
ACRONYMS	vi
EXECUTIVE SUMMARY	1
Background.....	1
Evaluation.....	1
Key Conclusions.....	2
Recommendations	4
I. Introduction	6
1.1 About This Report.....	6
1.2 Background	6
1.3 Evolution of UNICEF's Stunting Reduction Strategies and Plans	7
1.4 Evaluation Scope and Approach	11
II. Relevance, Appropriateness, Adequacy and Coherence of Strategies and Plans	24
2.1 Global Strategies.....	24
2.2 Regional Level	29
2.3 Country Level	31
2.4 Summary	35
III. Leadership and Leveraging Partnerships for Addressing Stunting.....	37
3.1 Leadership and Advocacy.....	37
3.2 Partnerships	41
3.3 Summary	45
IV. Effectiveness of Country Programmes in Addressing Stunting.....	46
4.1 Evidence of Change in Stunting Prevalence 2010–2015.....	46
4.2 Evidence of Effectiveness with Respect to Strategic Plan Outputs	47
4.3 Summary	55
V. Equity and Reach of Disadvantaged Children	56
5.1 Trends on Equity and Gender Issues in Relation to Child Stunting	56
5.2 UNICEF's Approach to Addressing Equity.....	56
5.3 Evidence at the Country-Level Programme on Effectiveness to Address Equity.....	57
5.4 Summary	62
VI. Sustainability and Scale-Up.....	63
6.1 Sustainability	63
6.2 Scale-Up	64
6.3 Risks, Challenges and Barriers to Sustainability and Scale-Up	65
6.4 Summary	66
VII. Knowledge/Data Generation, Management and Use.....	67
7.1 Knowledge and Evidence Generation.....	67
7.2 Data Generation	70

7.3	Gaps and Challenges.....	71
7.4	Summary	72
VIII.	Efficiency of Management and Operations	74
8.1	Human Resources.....	74
8.2	Financing	75
8.3	Internal Coordination (at Country Office Level).....	77
8.4	Coordination at Headquarters and Regional Offices	79
8.5	Summary	80
IX.	Conclusions and Recommendations.....	81
9.1	Conclusions.....	81
9.2	Recommendations	83
ANNEXES		
Annex 1.	Evaluation Terms of Reference	85
Annex 2.	Country Characteristics	102
Annex 3.	Evaluation Methodology	104
Annex 4.	UNICEF Conceptual Framework on Malnutrition.....	107
Annex 5.	<i>Lancet</i> Framework for Action	108
Annex 6.	References.....	109

ANNEXES (Volume II)

Annex 1.	Evaluation Matrix	Error! Bookmark not defined.
Annex 2.	Documents and Data Reviewed.....	Error! Bookmark not defined.
Annex 3.	Survey Instruments.....	Error! Bookmark not defined.

ACRONYMS

AFD	Agence Française du Développement
ANC	antenatal care
ASEAN	Association of Southeast Asian Nations
CDC	United States Centers for the Disease Control and Prevention
CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States
CMAM	Community Management of Acute Malnutrition
CO	Country Office
DHS	Demographic and Health Survey
EAG	Evaluation Advisory Group
EAP(RO)	East Asia and the Pacific (Regional Office)
ECD	early childhood development
EMMUS	Enquête Mortalité, Morbidité et Utilisation des Services
EQ	evaluation question
ESA(RO)	Eastern and Southern Africa (Regional Office)
FAO	Food and Agriculture Organization of the United Nations
FFI	Food Fortification Initiative
HNS	Health and Nutrition Strategy
HQ	headquarters
IMAM	Integrated Management of Acute Malnutrition
IYCF	infant and young child feeding
KII	key informant interview
LAC(RO)	Latin America and Caribbean (Regional Office)
MDG	Millennium Development Goal
M&E	monitoring and evaluation
MENA(RO)	Middle East and Northern Africa (Regional Office)
MI	Micronutrient Initiative
MICS	Multiple Indicator Cluster Surveys
MOH	Ministry of Health
MTSP	Medium-Term Strategic Plan
NGO	non-governmental organization

NS	Nutrition Strategy
OECD-DAC	Organisation for Economic Cooperation and Development, Development Assistance Committee
REACH	Renewed Efforts Against Child Hunger and Undernutrition
RO	Regional Office
ROMP	Regional Office Management Plan
(RO)SA	(Regional Office for) South Asia
SAARC	South Asian Association for Regional Cooperation
SAM	severe acute malnutrition
SDG	Sustainable Development Goal
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SP	Strategic Plan
SUN	Scaling Up Nutrition
TOC	theory of change
TOR	terms of reference
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WCA(RO)	West and Central Africa (Regional Office)
WFP	World Food Programme
WHA	World Health Assembly

EXECUTIVE SUMMARY

Background

Approximately 156 million of the world's children under the age of 5 years are stunted, with an estimated 80 per cent of these children concentrated in only 14 countries. Stunting jeopardizes child survival and development by contributing to child mortality, morbidity and disability, including impaired or suboptimal physical growth and cognitive development. In recent years, the global nutrition community has increased its focus on stunting. Scientific developments support the causal relationship between stunting and short-term childhood development, as well as long-term intergenerational effects on individuals and families. These relationships highlight the vital importance of nutrition during the first 1,000 days between a woman's pregnancy and her child's second birthday, a period associated with risks of irreversible effects. In addition, research provides evidence identifying effective, cost-efficient and scalable interventions to address stunting. Concurrently, the international community recognizes lessons learned and models to support multi-sectoral approaches to reduce stunting.

Evaluation

Given global commitments and UNICEF's growing investments, UNICEF contracted with ICF to conduct an evaluation of UNICEF's stunting-reduction strategies and efforts. The evaluation is the first formal, global attempt to assess UNICEF's global strategies and country programme performance in reducing stunting among children under 5 years old. The evaluation consists of three related studies: a desk review of documents from a sample of 24 countries, which also included data from a questionnaire survey; in-depth case studies of UNICEF's stunting-reduction strategies and activities in six countries; and a global synthesis of UNICEF efforts (the focus of this report).

The evaluation addresses three UNICEF objectives:

1. Assess the **relevance, appropriateness** and **coherence** of UNICEF's country strategies and plans to address stunting in young children.
2. Assess the **effectiveness, efficiency** and **sustainability** of UNICEF's country programmes to address stunting in young children, with particular attention to less-reached, disadvantaged and vulnerable groups, and draw lessons on **equitable** progress in reducing stunting in various programme contexts.
3. Assess UNICEF's **leadership, guidance** and **technical support**, as well as the adequacy of UNICEF staffing and institutional **capacity** to respond to the lead role the organization is expected to play in the field in contributing to the sustainable and equitable reduction of stunting.

The evaluation period (2010–2015) represents a transition period when the global community was gradually shifting focus from reducing the number of underweight children to reducing the number of stunted children. In most countries, UNICEF has prioritized stunting only relatively

recently. Therefore, the evaluation is formative, considers plans and progress in light of the transition, and presents findings and recommendations in a forward-looking manner.

Key Conclusions

Relevance, Appropriateness, Coherence

UNICEF global strategies to reduce stunting are coherent and largely aligned with global goals and priorities and global initiatives, such as Scaling Up Nutrition (SUN) and the 2014 Rome Declaration and Framework for Action. This demonstrates an understanding of the important role an enabling environment plays in improved and equitable use of nutritional support and services, improved nutrition and care practices, and the use of defined outputs and output indicators. UNICEF's Approach to Scaling Up Nutrition provides a framework and approaches for stunting-reduction activities. However, UNICEF Strategic Plan 2014–2017 does not reflect these approaches in a manner that clearly promotes coordination across sectors for the reduction of stunting.

At the regional level, the reduction of stunting is included as a regional priority or programmatic focus area, although stunting-specific plans or commitments are not clearly defined in regional documents (with the exception of the Regional Office for South Asia (ROSA)). At the country level, country programmes are aligned to country contexts as laid out in situational analyses and with the UNICEF Strategic Plan 2014–2017 outputs relevant to stunting. However, deliberate planning to address stunting as an outcome is lacking across global, regional and country levels, although improvements were introduced during the evaluation period. This is primarily due to the fact that country programmes are programmes of cooperation with national governments, and from 2010 to 2015, national government priorities were aligned with Millennium Development Goals (MDGs), which focused on reducing child underweight. This explains the lack of deliberate focus and relates to the transition that took place during the evaluation period.

Leadership and Partnerships

The evaluation finds clear evidence of relevant leadership activities undertaken by UNICEF and of the significance that UNICEF places on strengthening strategic partnerships and alliances at the global, regional and country levels. Key recognized success factors include technical expertise and recognized credibility in areas of children and nutrition. Generally, stakeholders are likely to view UNICEF as a leader in bringing nutrition issues to the forefront and often mention SUN as a valuable mechanism to address stunting. However, leadership and advocacy vary considerably across regions and countries, and there are indications that a lack of cohesion and coordination exists within the United Nations system and within UNICEF. In addition, UNICEF is sometimes viewed as reluctant to engage with non-United Nations stakeholders and to share the child and nutrition fields.

Effectiveness

During the evaluation period, 21 of the 24 countries included in the evaluation reported progress in stunting reduction, while 3 reported deterioration. UNICEF country programmes provide multiple examples of successful advocacy and progress towards achieving relevant outputs, such as improving policy frameworks; increasing government commitment to address stunting;

building capacities at national, subnational and front-line worker levels, and addressing the needs of children and women affected by humanitarian situations. The evaluation documents growing focus on multi-sectoral approaches and support of nutrition-sensitive interventions, although clear examples of implementing these multi-sectoral approaches as part of the country programme approaches to stunting reduction are found in only half the countries. Gaps and challenges remain. Inadequate political commitment and capacities represent a challenge in most countries and are most evident in the fragile countries included in the evaluation, where UNICEF may need to concentrate on more downstream approaches to meet immediate needs.

Equity and Reach of Disadvantaged Children

Most UNICEF country offices identify specific vulnerable populations in their country programme and planning documents. Children living in poverty are the most commonly specified category. Of the 24 sample countries, only 7 country offices included nutrition indicators disaggregated for the identified vulnerable population(s). The most commonly documented successes in this are related to data generation and community-based interventions. However, a majority of country offices report challenges in addressing the needs of disadvantaged and vulnerable children. The main challenges mentioned are inadequacy of systems and coordination; lack of government commitment; and lack of infrastructure resulting in difficulties reaching specific vulnerable populations. In addition, there is a need to disaggregate data analysis to identify vulnerable populations, measure results and progress, and ensure equitable approaches to stunting reduction.

Sustainability and Scale-Up

The evaluation finds that the global initiatives that UNICEF leads and supports are likely to be sustained due to partner commitment and a strong global focus on nutrition. At the country level, sustainability of technical and institutional considerations is integrated in UNICEF country programme designs. The findings indicate that dialogue with national governments related to funding allocations for scale-up has begun.

However, risks to sustainability and scale-up of efforts to address stunting exist across all countries. Key risks include general resource constraints, funding unpredictability, suboptimal government commitment and instability, and limited infrastructure and capacity.

Knowledge and Data Generation, Management and Use

UNICEF demonstrates a commitment to knowledge, evidence and data generation (and their use) at the global, regional and country levels. The evaluation documented multiple examples of significant contributions UNICEF made in supporting data generation activities that often provided the most updated information on key nutrition indicators. UNICEF also made significant progress in knowledge generation, which included mapping exercises to obtain a clear picture of the existing methods, roles and responsibilities, strengths gaps and bottlenecks; studies aimed at understanding country-specific causes of malnutrition and documenting inequities; and economic and financial analyses. Nonetheless, knowledge generation remains a barrier to the reduction of stunting. Fewer than half the countries reported that data related to stunting outcomes and outputs are sufficient to meet the country's needs. Currently, there is a need for evidence proving which interventions are most effective at reducing stunting, in different contexts. Nonetheless, knowledge generation remains a barrier to the reduction of

stunting. Fewer than half the countries reported that data related to stunting outcomes and outputs are sufficient to meet the country's needs. Currently, there is a need for evidence proving which interventions are most effective at reducing stunting, in different contexts.

Efficiency of Management and Operations

Evidence suggests that UNICEF nutrition programmes are efficient through targeted use of funds, especially considering low overall global funding for nutrition. Nutrition programme allocations and use of funds is generally consistent with activities relevant to address stunting. Stunting-specific budget/financial information will be important to document the cost-effectiveness of interventions and for country planning purposes.

Regional offices play an increasing role in supporting country office efforts to address stunting. All but three countries have made some progress integrating staff from sections other than nutrition in their efforts to address stunting across a range of activities and embraced the notion of such collaborations, given the necessity of multi-sectoral approaches to reduce stunting. However, these efforts are hindered by the lack of internal processes and incentives to operationalize and successfully implement such coordination. Closer collaboration with other United Nations agencies at both global and regional levels may be necessary to avoid overlap and address gaps.

Recommendations

The summary and conclusions presented in various chapters include many examples of good work from which to learn, as well as challenges and concerns that need to be addressed for further strengthening effort to address stunting by UNICEF and its allies. The following recommendations constitute key actions that need to be undertaken by UNICEF for moving the stunting agenda forward, especially in light of the World Health Assembly/Sustainable Development Goal (SDG) targets to reduce stunting.

1. Building on the document, 'UNICEF's Approach to Scaling up Nutrition', formulate a more concrete UNICEF Strategy for Maternal and Child Nutrition (2030) that aligns closely with the narrative, goals and targets of the Sustainable Development Agenda to eliminate stunting and all forms of malnutrition (New York headquarters (HQ)).
2. Define and articulate approaches in the next Strategic Plan (2018–2021) that enable the UNICEF Nutrition Section/Programme to convene cross-sectoral coordination for the reduction of stunting with agreed-upon roles and contributions (New York HQ).
3. Promote and support concrete processes that help clarify the roles and responsibilities of strategic partners within and outside the United Nations, especially in the areas of nutrition-sensitive programming and multi-sectoral approaches to reduce stunting (New York HQ, regional and country levels).
4. Develop and promote theory of change and guidance that informs stunting-reduction strategies in regions and countries where the prevalence of stunting is high. Strategies should operationalize context-specific, multi-sectoral approaches with strategic sectors and partners (New York HQ, regional and country levels).
5. Include a deliberate focus on stunting reduction in global, regional and country plans for nutrition through the inclusion of nutrition-specific interventions, nutrition-sensitive

approaches, stunting-specific indicators and strategic multi-sectoral approaches (New York HQ, regional and country levels).

6. Assess capacity gaps and needs in countries where stunting prevalence is high. Mobilize partners and leverage UNICEF's niche in the area of upstream work to further expand/diversify capacity-building activities (country level).
7. Include concrete and detailed equity-focused approaches in the context of policy, strategy and programme actions for the reduction of stunting, with reference to specific approaches, targets and indicators for the reduction of stunting among the most vulnerable children (regional and country levels).
8. Invest more systematically in improving knowledge generation about the determinants of stunting and the interventions that are more effective in reducing stunting in different contexts. Use this knowledge as the evidence base for advocacy, resource mobilization and programme planning (New York HQ, regional and country levels).
9. Improve documentation and sharing of evidence, data, information, tools, good practices, and lessons for advocacy, policy development, strategy design, programme scale-up and knowledge generation, across countries in a region and across different regions (New York HQ and regional levels).
10. Incorporate accountability across sections to improve collaboration and cooperation towards better results orientation to reducing stunting and use them as the basis in assessing the achievement of country programme targets (country level).
11. Leverage resources and expertise in tracking country financial resources for nutrition to improve availability of reliable country budget data and facilitate dialogue with national governments related to funding allocations for stunting reduction (country level).

I. Introduction

1.1 About This Report

This synthesis report presents the findings from the first-ever comprehensive evaluation of UNICEF's leadership, strategies and programme performance addressing child stunting. Evidence is generated from the global, regional and country-level review of documents and interviews, particularly from a sample of 24 countries, 6 of which involved field visits. As this is a formative and forward-looking evaluation, the report draws evidence and recommendations for each of the issues covered, including operational aspects, to strengthen advocacy, policies, guidance and programme response to further reduce stunting in young children.

The report is organized as follows: The first chapter provides an overview of the problem of child stunting, UNICEF's approach to the problem in the context of global efforts in child nutrition, and the scope and approach of the evaluation. The second chapter summarizes evaluation findings related to the relevance, appropriateness, adequacy and coherence of UNICEF's strategies and plans to reduce child stunting. Chapter III assesses UNICEF's leadership and collaboration with partners as it relates to stunting reduction. Chapter IV presents the effectiveness of country programmes in addressing stunting with respect to upstream work, capacity development, nutrition-specific and nutrition-sensitive interventions and, if relevant, to emergency/preparedness. Chapter V assesses equity issues related to child stunting and UNICEF's work. Sustainability and the scale-up of promising strategies are presented in Chapter VI, while Chapter VII summarizes the evaluation findings related to programme use, data generation and knowledge dissemination. The efficiency of management and programme operations is presented in Chapter VIII. The final chapter summarizes the major findings from this evaluation and presents recommendations for future work in child stunting reduction.

1.2 Background

Approximately 156 million of the world's children under the age of 5 are stunted, with an estimated 80 per cent concentrated in just 14 countries.¹ Child stunting results from chronic undernutrition, frequent infection and/or other conditions that reduce absorption of required nutrients. Stunting is most likely to occur within the first 1,000 days, from conception through the child's first two years of life,² and results in irreversible loss of height, a weakened immune system and a significant increase in the risk of

Stunting Defined

Stunting reflects chronic undernutrition during the most critical periods of growth and development in early life. It is defined as the percentage of children aged 0 to 59 months whose height for age is below minus two standard deviations (moderate and severe stunting) and minus three standard deviations (severe stunting) from the median of the World Health Organization Child Growth Standards.

¹ United Nations Children's Fund, World Health Organization and the World Bank, '2015 Joint Child Malnutrition Estimates'; World Health Organization, 'Moderate Malnutrition: 2015', <www.who.int/nutrition/topics/moderate_malnutrition/en/>.

² World Health Organization, 'World Health Assembly Global Nutrition Targets 2025: Stunting policy brief', 2013.

illness and death.³ Stunting is also associated with suboptimal psychosocial development, having long-term impact on intellectual functioning, school performance, future earnings, risk of obesity and chronic diseases.⁴ Inadequate maternal nutrition results in an intergenerational cycle of growth failure: undernourished mothers – often poor and underage – give birth to small-for-gestational-age and low birthweight babies who are at risk of stunting and suboptimal development. These circumstances create a poverty trap for children, communities and nations,⁵ compounded by equity issues affecting women and children who are biologically more vulnerable to undernutrition.⁶

1.3 Evolution of UNICEF's Stunting Reduction Strategies and Plans

Stunting jeopardizes child survival and development by contributing to child mortality, morbidity and disability, including impaired or nonoptimal physical growth and cognitive development.⁷ As recognized by the Convention on the Rights of the Child, child rights to survival, growth and development are vital to UNICEF's mission.⁸ Therefore, the reduction of stunting among young children aligns with UNICEF's core mission.

1.3.1 Increasing Global Commitment to Reduce Stunting among Young Children

In recent years, the global nutrition community has increased its focus on stunting. Scientific developments support a causal relationship between stunting, short-term childhood development and long-term intergenerational effects on families, highlighting the importance of nutrition during the first 1,000 days of life, a period associated with risks of irreversible effects.⁹ In addition, research provides evidence of effective, cost-efficient and scalable interventions to address stunting.¹⁰ Concurrently, the international community working to reduce stunting recognizes lessons learned and models¹¹ to support multi-sectoral approaches to improving nutrition.

The increased focus on stunting reduction has occurred alongside major developments in global nutrition, creating opportunities for improved targeting and integration with other development sectors. The Scaling Up Nutrition (SUN) movement encourages countries to develop context-specific national nutrition plans, implement evidence-based nutrition interventions, and

³ Olofin, I., et al., 'Associations of Suboptimal Growth with All Cause and Cause Specific Mortality in Children Under Age 5: A pooled analysis of 10 prospective studies', *PLoS One*, vol. 8, no. 5), e64636, 2013.

⁴ The Global Nutrition Report: Actions and accountability to advance nutrition and sustainable development, 2014.

⁵ Prendergast, A. J., and J. H. Humphrey, 'The Stunting Syndrome in Developing Countries', *Paediatric and International Child Health*, vol. 34, no. 4, 2014, pp. 250–265.

⁶ United Nations Children's Fund, 'Improving Child Nutrition: The achievable imperative for global progress', 2013.

⁷ Olofin, I., et al., 'Associations of Suboptimal Growth', e64636.

⁸ UNICEF's Approach to Scaling Up Nutrition for Mothers and Children, 2015.

⁹ Olofin, I., et al., 'Associations of Suboptimal Growth', e64636.

¹⁰ Bhutta, Z., et al., 'Evidence-Based Interventions for Improvement of Maternal and Child Nutrition: What can be done and at what cost?', *The Lancet*, vol. 382, no. 9890, 2013, pp. 452–477.

¹¹ Olofin, I., et al., 'Associations of Suboptimal Growth', e64636; Prendergast, A. J., and J. H. Humphrey, 'The Stunting Syndrome in Developing Countries', *Paediatric and International Child Health*, vol. 34, no. 4, 2014, pp. 250–265; Bhutta, Z., et al., 'Evidence-Based Interventions', pp. 452–477; Black, R., et al., 'Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries', *The Lancet*, vol. 382, no. 9890, 2013, pp. 427–451; Adair, L. S., et al., 'Associations of Linear Growth and Relative Weight Gain during Early Life With Adult Health and Human Capital in Countries of Low and Middle Income: Findings from five birth cohort studies', *The Lancet*, vol. 382, no. 9891, 2013, pp. 525–534.

work with multiple stakeholders to integrate nutrition goals and scale up multi-sectoral programmes.¹² In the Millennium Development Goals (MDGs), underweight was a key indicator. Sustainable Development Goals (SDGs) focus on stunting. Other United Nations and partner initiatives, such as the Renewed Efforts Against Child Hunger and Undernutrition (REACH), help coordinate multiple agencies and governments to implement national nutrition policies. UNICEF's efforts to reduce stunting thus occur in a global context of programmes united to improve this important aspect of child growth.

Stunting Targeted

With a greater understanding of the short- and long-term consequences of undernutrition, UNICEF and other international partners have shifted emphasis from efforts to reduce underweight prevalence to prevention of stunting among children. The World Health Assembly Global Nutrition Target 2025 calls for a 40 per cent reduction in the number of children under 5 years of age who are stunted.

1.3.2 Moving towards an Integrated Development Model to Reduce Stunting

Evaluation was conducted during the transitional phase as the focus on stunting was evolving. UNICEF's key strategy and plan documents reflected a move towards adopting an integrated approach to reduce stunting. Figure 1 highlights the key features and components of the integrated development model from the 1990 Nutrition Strategy (NS);¹³ the 2006–2015 Health and Nutrition Strategy (HNS);¹⁴ and the Medium-Term Strategic Plan (MTSP) 2006–2013.¹⁵ The Strategic Plan (SP) 2014–2017 and the Approach to Scaling Up Nutrition are described in following sections.

Figure 1. UNICEF's Strategy and Plan Documents: Key Features and Components

1990 Nutrition Strategy
- Proposed a methodology to identify appropriate actions in a given context through situation assessment and analysis - Proposed a framework reflecting the multi-sectoral nature of malnutrition
2006–2015 Health and Nutrition Strategy
- Included joint health and nutrition actions to facilitate increased impact on children's health and promoted the convergence of programmes, approaches and interventions in recognition of shared maternal, newborn and child health goals - Recognized integration of nutrition and health and aligned with the Water, Sanitation, and Hygiene (WASH) Strategy 2006–2015 (UNICEF, 2006), but did not specify a stunting reduction indicator to assess the effectiveness of the strategy's implementation or achievement of its strategic results

¹² UNICEF Approach to Scaling Up Nutrition for Mothers and Children, 2015.

¹³ UNICEF Nutrition Strategy, 1990.

¹⁴ UNICEF 2006–2015 Health and Nutrition Strategy, 2006.

¹⁵ UNICEF Medium-Term Strategic Plan (MTSP) 2006–2013 (2006).

Figure 1. UNICEF's Strategy and Plan Documents: Key Features and Components (continued)

Medium Term Strategic Plan 2006–2013	
• Aligned with the 2006–2015 HNS with a shared focus on achieving the MDGs (United Nations, 2000) • Focus Area 1 of the MTSP prioritized young child survival and development to achieve MDG 1, which seeks to eradicate extreme poverty and hunger. Focus Area 1 relates to stunting, but does not specify stunting or include a stunting indicator • Focused on key result areas now known to reduce stunting, including scaling up high-impact health and nutrition interventions; improving family and community care practices that impact young child survival, growth and development; increasing access to safe drinking water and use of basic sanitation; and providing educational, social protection, gender sensitivity and equity interventions • Framework outlined strategies for achieving the key results identified by focus area, key indicators for measuring the results, and information about coverage and partnerships	

1.3.3 Evolution of Targeting a Specific Strategic Outcome for Nutrition: Reduction of Stunting

In 2013, the UNICEF Executive Board approved SP 2014–2017, informed by the 2012 end-of-cycle review of MTSP 2006–2013. The review recommended including nutrition-specific Outcome 4: 'improved and equitable use of nutrition support and improved nutrition and care priorities' with the corresponding six output indicators (Figure 2). Impact Indicator 4a measures the 'number of children under 5 years who are moderately and severely stunted' and aligns with the World Health Assembly (WHA) Global Nutrition Target 2025 for stunting, which calls for a 40 per cent reduction in the number of children younger than 5 years old who are stunted.

Figure 2. Nutrition Outputs in the UNICEF Strategic Plan 2014–2017

Outcome Area 4: Nutrition					
(a) Enhanced support for children, caregivers and communities for improved nutrition and care practices	(b) Increased national capacity to provide access to nutrition interventions	(c) Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling up nutrition interventions	(d) Increased country capacity and delivery of services to ensure protection of the nutritional status of girls, boys and women from the effects of humanitarian situations	(e) Increased capacity of governments and partners, as duty bearers, to identify and respond to key human rights and gender equality dimensions of nutrition	(f) Enhanced global and regional capacity to accelerate progress in child nutrition

Following review, many of the strategies outlined in MTSP 2006–2013 were adapted to develop the theory of change (TOC) for the UNICEF SP 2014–2017. The TOC for the UNICEF SP¹⁶ elaborates on the causal pathways for achieving the outputs outlined in the SP in each of seven outcome areas (health, HIV/AIDS, WASH, nutrition, education, child protection and social inclusion) and summarizes how each outcome will be achieved by strategic interventions at the country, regional and global levels. The TOC addresses the risks and assumptions associated with achieving the desired impact of ‘realizing the rights of every child, especially the most disadvantaged’.

SP 2014–2017 encourages integration of multi-sectoral approaches to achieve synergy to improve nutrition and development outcomes. Although SP 2014–2017 documents UNICEF’s prioritization of stunting reduction and increases stunting’s visibility as a multi-sectoral issue, SP 2014–2017 serves as an overarching framework, not as an actionable plan. Impact Indicator 4a, measuring stunting prevalence, is included only in the TOC for the nutrition outcome; stunting prevalence is not specifically mapped to the TOC for any other outcome areas.

1.3.4 UNICEF’s Approach to Scaling Up Nutrition to Reduce Stunting

More recently, UNICEF developed its Approach to Scaling Up Nutrition,¹⁷ which more clearly articulates ‘malnutrition’s multifactorial aetiology’ and the importance of coordination across sectors to achieve optimal and sustainable impact towards the reduction of stunting. This document serves as an important resource for UNICEF HQ, regional offices (ROs) and country offices (COs). Published in June 2015, Approach to Scaling Up Nutrition applies only to the last six months of the evaluation period. However, the actions in the document are based on growing global evidence and changes that occurred throughout the evaluation period.

Based on the reports of exploratory interview respondents at the global, regional and country levels, UNICEF’s Approach to Scaling Up Nutrition has been rapidly adopted in the field and serves as a key guiding document to inform country programmes. In consideration of these rapid adoptions and alignment of UNICEF’s Approach to Scaling Up Nutrition with SP 2014–2017, the specific actions described to address malnutrition through integrated programmes represent UNICEF’s approaches to stunting reduction.

Figure 3 illustrates the six operational approaches and seven programme actions to improve nutrition for mothers and their children, as outlined in Approach to Scaling Up Nutrition. Six of the seven programme actions contribute to stunting reduction¹⁸ and are included in the evaluation framework. According to the document, nutrition-specific interventions (such as infant and child feeding, prevention and treatment of severe acute malnutrition (SAM), micronutrient fortification and supplementation, and nutrition support for those with infectious diseases), if scaled and utilized, can significantly reduce stunting, micronutrient deficiencies and wasting. Nutrition-sensitive approaches (in the areas of health, WASH, social protection, early childhood development (ECD) and improved food security) address the underlying determinants of undernutrition and may serve as platforms for nutrition-specific interventions. The document further details how UNICEF’s nutrition, WASH, social protection, health, HIV/AIDS, ECD and

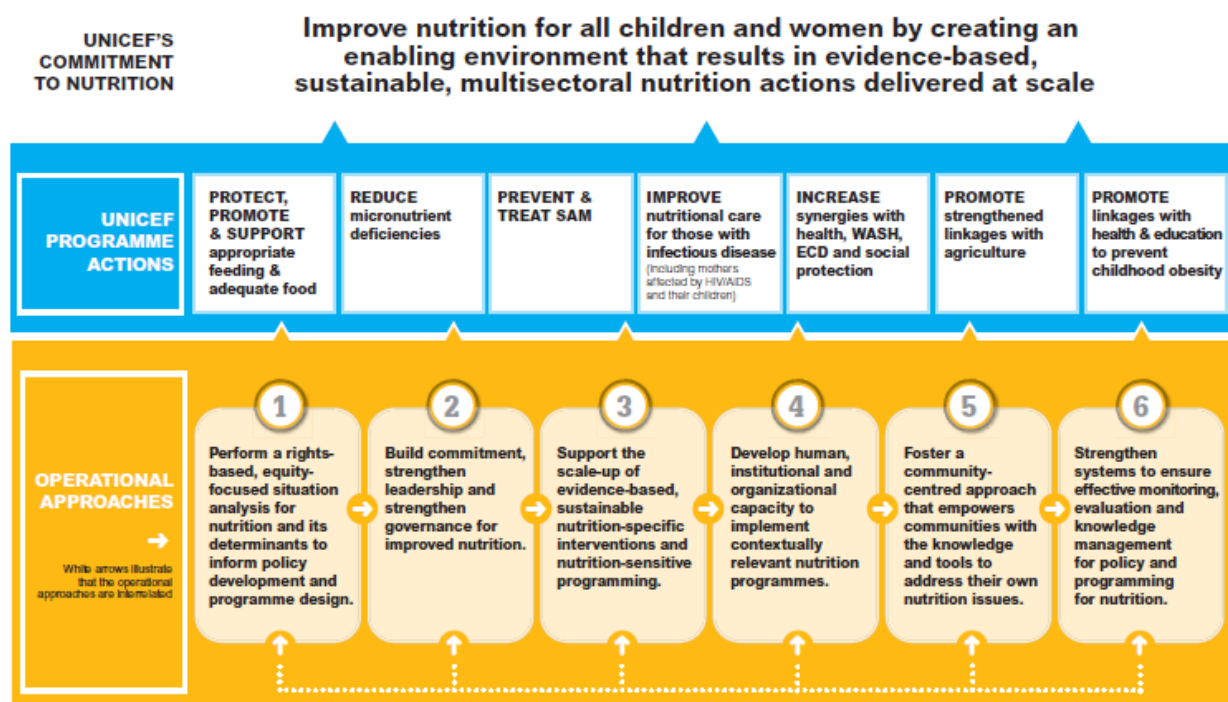
¹⁶ Revised Supplementary Programme Note on the Theory of Change for the UNICEF Strategic Plan, 2014–2017, report to Executive Board annual session 2014, 3–6 June 2014.

¹⁷ Ibid.

¹⁸ The seventh programme action targets childhood obesity.

child protection sections contribute to the six operational approaches and describes nutrition-specific and nutrition-sensitive interventions throughout the life cycle.¹⁹

Figure 3. UNICEF's Operational Approaches to Programme Actions to Improve Nutrition



1.3.5 The Need for the Evaluation

Given global commitments, UNICEF's Evaluation Office commissioned a corporate-level external evaluation of UNICEF's efforts to reduce stunting (see *Terms of Reference in Annex 1*). The aim of the evaluation is to produce concrete policy and programmatic evidence to inform future global strategies and country programmes. The evaluation is the first formal attempt to assess UNICEF's global strategies and country programme performance in contributing to the reduction of stunting in children younger than 5 years old. The evaluation's broad purpose is to contribute to meeting UNICEF's needs for accountability, to learn about UNICEF's contributions to the global stunting reduction targets, and especially to provide sound evaluation evidence and conclusions that can be used to strengthen program performance. The evaluation conclusions and recommendations will inform future global strategies, regional priority setting, and country-level programme development and response.

1.4 Evaluation Scope and Approach

1.4.1 Evaluation Planning and Management

In February 2016, UNICEF's Executive Office in New York contracted ICF to conduct an evaluation of UNICEF stunting-reduction efforts. The broad scope of this evaluation is twofold:

¹⁹ SAM treatment, though included as an approach to reducing stunting, is normally used in emergencies and in situations where wasting is prevalent. SAM and Management of Acute Malnutrition interventions will be considered in the evaluation to the extent that they contribute to stunting-reduction efforts.

to examine the extent to which UNICEF strategies and plans contribute to UNICEF goals and global stunting-reduction efforts; and to understand how global strategies and plans are translated into country programme actions and results.

The evaluation relies on a regionally and globally selected sample of countries and includes an in-depth look at select countries to assess UNICEF's country programme performance and regional and global support. The in-depth evaluation emphasizes sub-Saharan Africa and South Asia, regions having a particularly high stunting prevalence in children younger than 5 years old, and also identifies middle-income countries where stunting levels remain high despite gains in other socio-economic indicators. The selected countries represent diverse programme contexts and experiences. Country selection is described in detail below in Section 1.2.4.

The evaluation also examines UNICEF's efforts on the regional and global levels in the context of support given country programmes, as well as contributions to global knowledge and prevention of stunting. The evaluation focuses on programmes in effect between the years 2010 and 2015. It also incorporates programmes and strategic documents from 2014 to 2015 that reflect recent acceleration in advocacy and programmatic efforts to reduce stunting. The evaluation considered all areas of the SP and how each area currently contributes to reducing stunting. However, analysis of the results (effectiveness) focuses on the nutrition programme and the programme's linkages to and from the relevant sectors.

UNICEF's Executive Office planned and managed the evaluation, including making administrative and quality assurance arrangements. The Executive Office established an Evaluation Advisory Group (EAG) within UNICEF to serve as an advisory voice for the evaluation. The EAG, comprised of UNICEF staff from several HQ divisions and ROs, contributed to conceptualisation and design of the evaluation through development of the terms of reference (TOR), review of the inception report and drafts of the synthesis report, and sharing of knowledge gained through the evaluation.

1.4.2 Evaluation Objectives and Questions

The purpose of this global evaluation is to produce evidence to enhance UNICEF's accountability, effectiveness and organizational learning to advance its mission to reduce stunting among young children. The evaluation addresses the following three objectives:

1. Assess the **relevance, appropriateness** and **coherence** of UNICEF's global, regional and country strategies and plans to address stunting in young children.
2. Assess the **effectiveness, efficiency** and **sustainability** of UNICEF's country programmes in addressing stunting in young children, with particular attention to less-reached, disadvantaged and vulnerable groups; draw lessons on **equitable** progress in reducing stunting in various programme contexts.
3. Assess UNICEF's **leadership, guidance** and **technical support** at all levels, as well as the adequacy of UNICEF staffing and its institutional **capacity** to respond to the lead role the organization is expected to play in contributing to the sustainable and equitable reduction of stunting.

Country programme assessments take into account the range of country contexts where stunting is widely prevalent, giving attention to development settings and to contexts affected by fragility

and humanitarian emergencies. The evaluation investigated the extent to which UNICEF adheres to the intent of SP through country-focused, targeted programming and assessed the relevance and coherence of regional strategies and plans to address stunting. Regional and global assessments consider the degree to which country needs and programmes are supported through the global strategies and SP to progress towards the reduction of stunting. Specific reference to cross-cutting issues (leadership, equity, efficiency, and data and knowledge generation and dissemination) are considered and reported in subsequent sections of this report.

Figure 4 presents the evaluation questions (EQs), organized by the three evaluation objectives and the four relevant evaluation criteria promulgated by the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC). Each EQ applies to both country- and global-level analyses. Specific sub-questions for each type of analysis are included. The OECD-DAC criteria are also specifically applied to the evaluation objectives. These questions are addressed in the report chapters that follow.

Figure 4. Evaluation Questions

Chapter II: Relevance, appropriateness, adequacy, and coherence of strategies and plans
• How relevant, appropriate, adequate and coherent are UNICEF's programmes, strategies and plans to reduce stunting at the global, regional and country levels? • How appropriate are strategies for multi-sectoral efforts to reduce stunting globally and in country contexts?
Chapter III: Leadership and leveraging partnerships
• Is UNICEF effective in leading and leveraging partnerships to reduce stunting? • What is UNICEF's role related to global leadership and leveraging of partnerships to reduce stunting, including through the SUN and REACH initiatives? • How effective is UNICEF's partnership role globally and in regions with high rates of stunting? • How effective is UNICEF in leveraging national government and country-level partnerships to effectively promote strategies and implement country plans?
Chapter IV: Effectiveness of country programmes in addressing stunting
• How effective are UNICEF country programmes in addressing stunting and its immediate and underlying causes? • Which strategies and interventions (nutrition-specific as well as broad-based upstream policy work, multi-sectoral work and partnerships) have been used effectively by UNICEF to reduce stunting in various contexts?
Chapter V: Equity and reach of disadvantaged children
• Are UNICEF's strategies and programmes to reduce stunting equitable and effective in reaching disadvantaged children, including children with disabilities? • How effective is UNICEF's approach to achieving equitable results in reducing stunting? • What types of approaches and interventions are being implemented to yield results in reducing stunting in disadvantaged, marginalized and less-reached areas/groups? • Has attention been given to the needs of children affected by disability?

Figure 4. Evaluation Questions (continued)

Chapter VI: Sustainability and scale-up	
• Is there evidence that UNICEF's strategies and programmes to reduce stunting are likely to be sustained or scaled up? • To what extent have sustainability considerations (technical, financial, institutional) been integrated in programme design and implementation phases by UNICEF and its counterparts? • How adequate is UNICEF's approach and contribution with respect to direct support, upstream work and creation of enabling environments (including system/capacity strengthening, building national ownership and national budget allocations) that is necessary for sustainability and scale-up of activities?	
Chapter VII: Knowledge/data generation, management and use	
• Does UNICEF promote the generation and utilization of knowledge and data sufficiently and appropriately to realize its stunting-reduction strategies and programmes? • How has UNICEF contributed to relevant knowledge, to the establishment or strengthening of effective nutrition information systems, data collection and analysis, and to monitoring and evaluation of outcomes and impact in relation to stunting, including a focus on equity? • What areas of data use or dissemination of the results of research and evaluation require strengthening at the global, regional and country levels, and how can UNICEF contribute to the strengthening efforts?	
Chapter VIII: Efficiency of management and operations	
• Are UNICEF's management and operations approaches and resources adequate and efficiently utilized for its stunting-reduction strategies and programmes? • Do country programmes support the efficient implementation of programme actions, build commitment, and strengthen leadership and governance for improved nutrition? • How adequate and efficient is UNICEF's internal coordination, including integration and convergence of various programme components/sectors? • Are financial and staff resource allocations for addressing stunting at the global and country levels adequate and well managed?	

1.4.3 Evaluation Framework and Components

Evaluation Framework

UNICEF's Approach to Scaling Up Nutrition identifies operational approaches that create an enabling environment and evidence-based programme actions to achieve the results (outputs) defined in the SP. The country programme, in cooperation with the government, identifies the country context and needs, and the action plan identifies the relevant programme actions to address these needs. The evaluation framework depicted in Figure 5 builds on UNICEF's programme actions and operational approaches to improve nutrition as presented in UNICEF's Approach to Scaling Up Nutrition, but is refined based on exploratory interviews with UNICEF staff (HQ, regional and country) and a piloted case-study country visit to India conducted during the inception phase (January–May 2016). The evaluation focuses on country progress towards achieving the six outputs in SP 2014–2017, Outcome Area 4: Nutrition:

- Enhanced support for children, caregivers and communities for improved nutrition and care practices;

- Increased national capacity to provide access to nutrition interventions;
- Strengthened political commitment, accountability and national capacity to legislate, plan, and budget for scaling up nutrition interventions;
- Increased country capacity and delivery of services to ensure protection of the nutritional status of girls, boys and women from the effects of humanitarian situations;
- Increased capacity of governments and partners, as duty bearers, to identify and respond to key human rights and gender equality dimensions of nutrition; and
- Enhanced global and regional capacity to accelerate progress in child nutrition.

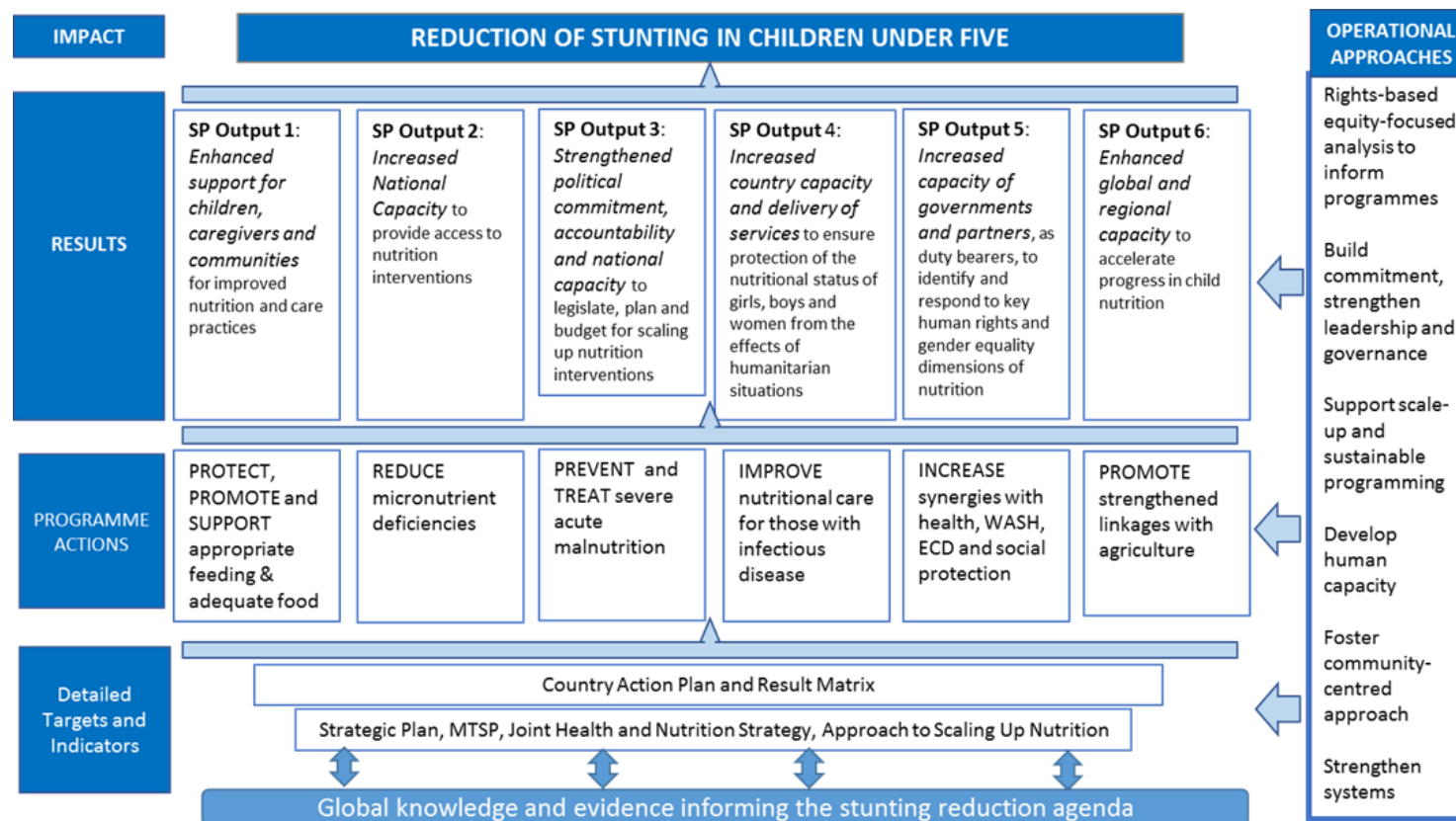
As illustrated in the strategy, the evaluation examines progress towards achieving SP outputs through the translation of UNICEF global strategies to appropriate programme actions as identified in the country plans and presented in UNICEF's Approach to Scaling Up Nutrition:

- Protect, promote and support appropriate feeding and adequate food;
- Reduce micronutrient deficiencies;
- Prevent and treat severe acute malnutrition;
- Improve nutrition care for those with infectious disease;
- Increase synergies with health, WASH, ECD and social protection; and
- Promote strengthened linkages with agriculture.

Core criteria of relevance, effectiveness, efficiency and sustainability are applied as appropriate to all levels of planning and implementation. As the figure shows, the work is grounded in and based on global knowledge about stunting and its many causes. Strategic plans, interventions and targets are determined, based on global knowledge. These plans call for specific actions or strategies that are expected to lead to the intended results and expected six outputs. The ultimate goal of these outputs is a reduction in child stunting.

The evaluation also examines the extent to which the global strategies are appropriate and translatable to the various country contexts. The evaluation looks specifically at UNICEF's leadership role and its ability to leverage partnerships, develop equity-based strategies and programme actions, and develop and use knowledge and data.

Figure 5. Evaluation Framework



Evaluation Components

The evaluation's broad focus assesses UNICEF's global and country-level investments and, if possible, examines the performance at regional levels where stunting is a concern. The major focus is on country-level strategies and programme results, including sustainability and equity issues. Geographic areas are targeted where stunting prevalence rates in children younger than 5 years old are among the highest and where the majority of children affected by stunting are located. Middle-income countries where stunting rates remain at high levels despite gains recorded in other key socio-economic indicators are also included.

The evaluation was conducted in three phases:

1. an inception phase that culminated in an inception report;
2. a data collection (including field visits to six countries) and analysis phase; and
3. a data analysis and reporting phase.

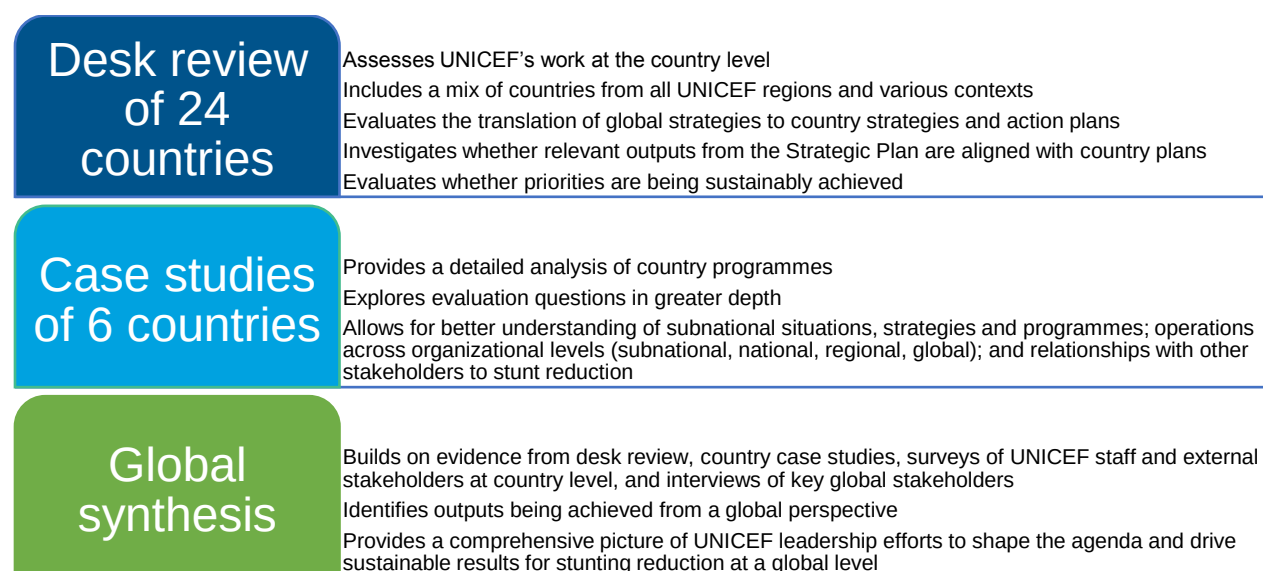
During the inception phase, February through July 2016, the evaluation team completed (a) a detailed review of UNICEF documents and reports provided by HQ staff; (b) development of an evaluation plan; (c) development of draft data abstraction and case-study data-collection protocols; (d) a pilot case-study site visit to India in April 2016, including interviews with key informants and observations of stunting reduction-related activities; and (e) interviews with UNICEF HQ and RO staff. UNICEF also convened a reference group of representatives from UNICEF HQ, ROs and COs to review the evaluation plans and products. The reference group provided feedback to the evaluation, directly and through the evaluation officer.

The evaluation scope and methodology for phase two was informed by the review of UNICEF plans, interviews of HQ and RO staff, and the initial country case-study visit to India. Phase two includes an additional five country case-study visits (May through September 2016), a web survey of the 24 UNICEF COs in the study countries (14 November through 2 December 2016), a web survey of 51 external stakeholders in the 24 countries (13 December 2016 through 15 January 2017), and interviews with 10 global stakeholders (December 2016). The absence of a specific stunting-reduction strategy and the multi-sectorality of the contributors reinforced the need to explore strategies and activities beyond those addressed by UNICEF's nutrition programme. The evaluation period (2010–2015) represented a transition period when the global community was gradually changing its focus from underweight prevalence to stunting prevalence. In most countries, UNICEF has prioritized stunting only relatively recently. The evaluation is formative, considers the plans and progress in light of the transition, and presents the findings and recommendations in a forward-looking manner.

The pilot country visit to India, where stunting is identified as one of five priority areas, showed not only possible synergies across UNICEF sections and external partners, but also challenges among them. This informed the types of external partners and UNICEF staff to interview in other case-study countries and at the global level. During phase 3, data were triangulated and both country-level and global reports were developed.

The evaluation consists of three related components described in Figure 6. The first component is a desk review of documents from the 24 selected countries. The second component is an in-depth case study of UNICEF's stunting-reduction efforts and activities taking place in six countries. The third component is a global synthesis of UNICEF efforts at the HQ, ROs and COs, including cross-country comparisons for the 24 selected countries.

Figure 6. Three Components of the Comprehensive Evaluation of UNICEF Strategies and Programme Performance to Reduce Stunting in Children under 5 Years of Age



1.4.4 Evaluation Methods

Mixed-Methods Approach

The evaluation uses a mix of qualitative and quantitative data and analytical methods. Qualitative data allow for an in-depth understanding of key issues related to UNICEF's efforts to address stunting. Quantitative data collection and analysis allows inclusion of information not consistently available in the existing documents and helps systematically capture the relevant indicators across countries. The evaluation employs a formative approach to assess progress in implementation of strategies and approaches to reach the SP outputs.

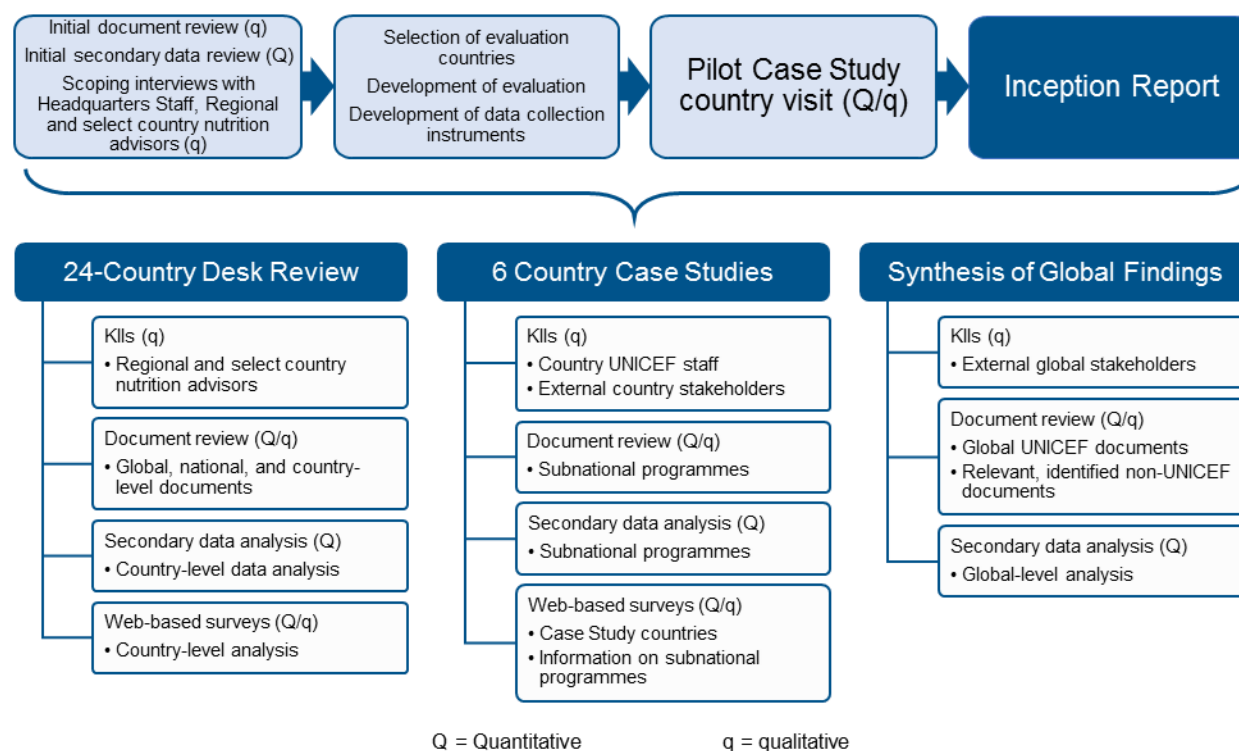
Data Sources and Data Collection

This evaluation uses data at the global, regional and country levels from seven sources:

1. In-depth fieldwork in six case-study countries, including site visits and key informant interviews (KIIs) with a variety of UNICEF staff and national partners;
2. Detailed review of documentation and secondary data from 24 programme countries;
3. An online survey of the 24 UNICEF COs;
4. An online survey of 51 external stakeholders in the 24 programme countries;
5. Broad-based consultations and KIIs at UNICEF HQ;
6. KIIs with regional nutrition officers in six regions; and
7. KIIs with 10 external partners at the global level.

Figure 7 shows the approach to data collection and data sources used for each level of analysis. Initial document review, secondary data analysis and scoping interviews were used to select the country sample and develop the evaluation design and data-collection instruments, which were revised after the pilot country visit. Details on data sources, sample and analytic approaches are presented in the following sections.

Figure 7. Evaluation Approach and Data Sources



Document Review. The evaluation was informed by documents gathered through UNICEF and included policy, strategy and evaluation reports from country, regional, and global levels. The evaluators reviewed general and country-specific documents, including country programme documents, annual reports, country action plans, and others documents particular to the countries involved.

Secondary Data. Secondary data, including the State of the World’s Children indicators, Multiple Indicator Cluster Surveys (MICS) and other available sources (see *Annex 2 for list of sources*), were used to identify changes in outcomes over time, comorbidities, and key geographic and demographic characteristics.

Web-Based Surveys. Two internet surveys were conducted for this evaluation: a UNICEF Country Office Survey and External Stakeholder Survey. The UNICEF Country Office Survey was used to provide a quantitative source of information that could be used to compare the 24 countries on indicators not available from the document review and to provide a picture of the achievements, facilitators and barriers to country stunting-reduction efforts. Each section consists of several questions in which respondents were required to select responses from a list, express the extent of agreement or disagreement with certain statements, or fill in responses to open-ended questions. The Internet-based survey instrument is included in Annex 3. The survey instrument was developed by ICF in collaboration with the UNICEF Executive Office. It was administered by ICF using the Survey Monkey online survey tool.

After conducting pilot survey questions with several COs, all UNICEF COs were invited via e-mail on 14 November 2016 to participate in an online survey (a link to the survey was provided). During the survey period, follow-up reminders were sent to the COs. The survey concluded on

2 December 2016. All 24 of the COs recruited responded to the survey (100 per cent response rate). Analyses include assessing the quality of the data and addressing issues of missing data, coding the open-ended responses and creating response categories, creating analysis variables (by combining response categories or questions as needed), and tabulating descriptive statistics (means, percentage, and sample sizes) by country income levels and UNICEF region.

The External Stakeholder Survey was administered to external stakeholders identified by the CO staff. Respondents included government counterparts, representatives from other multilateral organizations, non-governmental organization (NGO) staff, and other entities involved in stunting-reduction interventions or support in the country. As of 1 February 2017, 41 of the 146 respondents invited to participate had responded fully, and 10 responded partially, for a response rate of 35 per cent. The survey closed 15 January 2017.

Key Informant Interviews. Informal background interviews and discussions with HQ staff members and members of the evaluation reference group occurred from February through March 2016 to inform the evaluation plan and country selection. Key UNICEF HQ staff involved in stunting-reduction efforts and RO and CO nutrition staff were interviewed. The HQ staff included section chiefs, coordinators and specialists. The RO and CO staff included the nutrition officer or specialist.

As part of the synthesis evaluation, the team lead interviewed global external stakeholders. Twelve individuals were contacted for interviews. One did not respond and one declined to participate. The remaining 10 individuals were each interviewed for between 40 and 60 minutes from 8 through 16 December 2016. These stakeholders included nutrition leaders in other United Nations agencies and donor organizations.

The set of interview questions was specific to each of the three types of interviewees (HQ staff, RO and CO nutrition leads, and key external stakeholders).

Sample Country Selection

Below we describe the selection criteria and samples for the 24 countries included in the desk review and the 6 countries included in the in-depth case studies. Sample sizes (24 countries and 6 countries) were determined by the UNICEF Executive Office prior to the start of the evaluation.

Selection of 24 Sample Countries. The selection of the 24 countries was based on many criteria to ensure a diverse representation of countries with a stunting prevalence greater than 20 per cent or within the top 10 of UNICEF nutrition expenditure. Every region was represented by a minimum of two and a maximum of five countries.²⁰ Country selection ensured variation in the following:

- Secondary school participation;
- Urbanized population (percentage);
- Fragile states and recent humanitarian situations;
- World Bank income categorization;

²⁰ With input from the Executive Office, specific countries were excluded from selection due to recent participation in multiple Executive Office-commissioned evaluations that might increase the risk of respondent fatigue and because a wealth of information has already been extracted from these countries. Input from ROs helped to identify programmes of particular interest or concern for study.

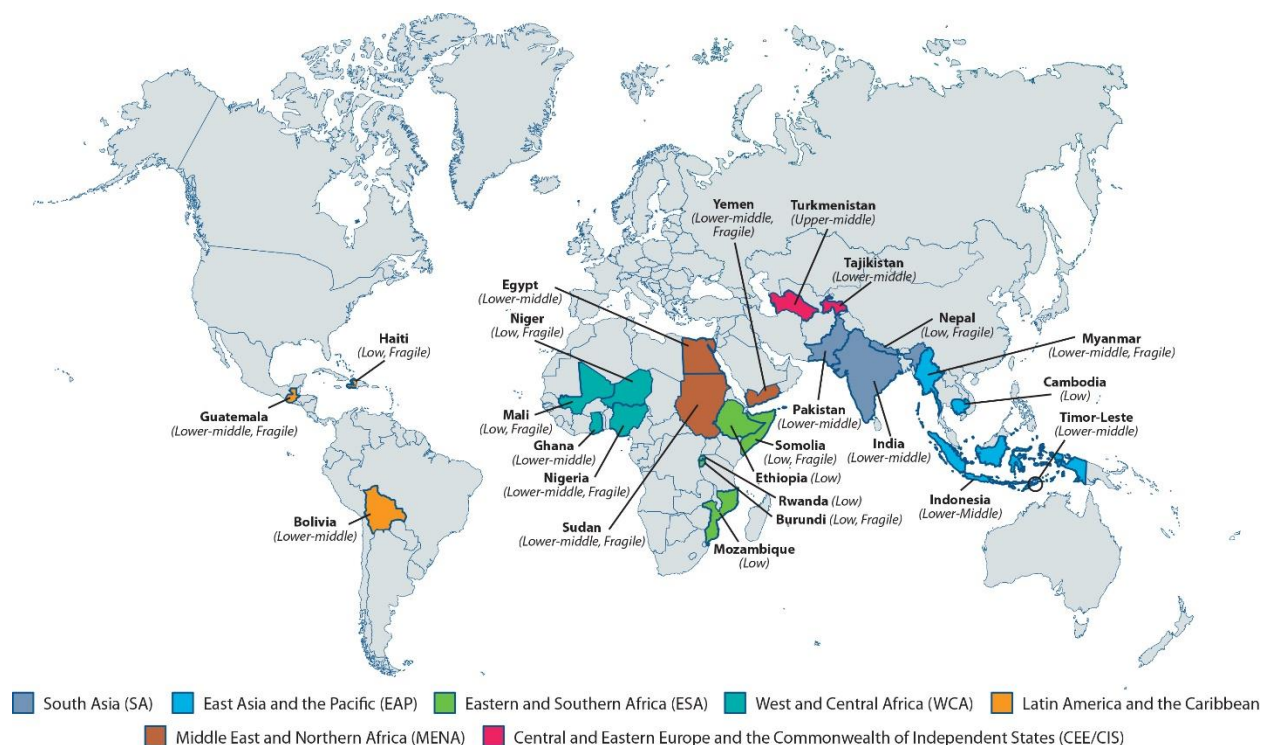
- Participation and date of entry in the SUN movement;
- Open defecation rate; and
- Corruption Perception Index rank.

Countries were ranked by stunting prevalence and UNICEF nutrition expenditure within each region, and the initial list of countries was created based on the top-ranking countries in each region. The initial distribution of countries was based on the proportion of stunted children in each region.

The countries identified as particular interest by the ROs were added to the list of 24 countries. If the RO-specified countries were not sufficient to fill the country distribution across region, the next ranked country in terms of prevalence was considered for inclusion if not already excluded from selection by the RO. If inclusion of the next-ranked country significantly reduced the variation in the identified indicators, the subsequent next-ranked country was considered for inclusion.

The 24 countries selected reflect all seven UNICEF regions, including 3 from South Asia, four from West and Central Africa, 5 from Eastern and Southern Africa, four from East Asia and the Pacific, three from the Middle East and North Africa, three from Latin America and Caribbean, and two from Central and Eastern Europe and the Commonwealth of Independent States. The 24 countries selected are both low-income and middle-income countries. Ten (42 per cent) of the 24 evaluation countries are low-income and the remaining 14 (58 per cent) countries are middle-income. Additionally, 11 (46 per cent) of the 24 countries selected are fragile countries. Selected countries are presented in Figure 8. Indicators for the 24 selected countries are presented in Annex 4.

Figure 8. Selected Countries and Corresponding Regions



Selection of Six Case-Study Countries. The case-study countries were selected as a subset of the 24 countries, to provide contrast and to capture multiple contexts. Although intended to represent diverse programme implementation circumstances and outcomes, the selected case-study countries are not intended to represent all UNICEF stunting-reduction programmes globally.

UNICEF COs and partner availability to receive a visit during the study period were additional factors considered in the final selection of case-study countries. To ensure productive country visits and programme evaluability, countries with significant security concerns were excluded from case-study selection.

The six countries selected for the case studies were India (South Asia (SA)), Cambodia (East Asia and the Pacific (EAP)), the Niger (West and Central Africa (WCA)), Mozambique and Rwanda (Eastern and Southern Africa (ESA)), and Haiti (Latin America and the Caribbean (LAC)).

Initial site visit protocols (semi-structured discussion guides) and procedures were developed and tested during the inception phase pilot site visit to India. The protocols aimed at investigating UNICEF's role and comparative advantage in stunting-reduction efforts and examining alignment of the country programme and the country programme action plan in addressing this role. The protocols for external stakeholders were refined for subsequent site visits based on the evaluation team's experience in India to better align the lines of inquiry to the role of the informant being interviewed.

The visits were conducted from April through September 2016 and lasted five to seven days, during which data were collected from a range of stakeholders. Data collection primarily involved interviews with key UNICEF CO staff, national and local government representatives, other United Nations agencies, NGOs and donors. Further data collection activities involved observations of health and nutrition activities through field visits to local sites. Site visitors also reviewed documents provided by UNICEF COs and HQ, including policies, strategic plans, reports, data from surveys and management information systems, and the results of internal and external monitoring and evaluation activities.

Data Analysis

Evaluation combined the document review, survey data and detailed findings from the six case country studies to develop synthesized findings to address evaluation questions and objections. The evaluation used five main analytic methods:

Thematic analysis: The evaluation team systematically reviewed and sorted data according to a framework informed by the programme logic and research questions. Interpretation of the data proceeded along with development of the thematic framework and included the identification of associations among, and explanations for, observed phenomena.

Triangulation: Triangulation provides confirmation of patterns or findings and the identification of important discrepancies across multiple methods of analysis. Triangulation focused on identifying

similarities and differences in the patterns of findings across data sources and was used to reconcile findings across the six sources of data. For the interviews and surveys, triangulation was used to identify agreement and discrepancies in responses within and across individual roles (e.g., country-level external stakeholders, global donors, UNICEF HQ staff). Qualitative and quantitative data collected for each of the case-study countries were triangulated to form a comprehensive snapshot of activities, achievements, and difficulties of each country programme.

Rubric scoring: The evaluation team developed indicators linked to key approaches, actions and outcomes to score achievements and to identify gaps in the 24 country programmes. These scores provided a simple way to quantify document findings from the desk review and case-study countries. The report presents the findings from the rubric scores in the context of other information gathered and analysed for the evaluation.

Most significant change: Especially at the country level, information obtained from KIIs and web surveys helped to identify any significant changes related to stunting, including the most significant successes and challenges.

Comparative analysis: Comparative analysis was used to examine findings across different countries and/or themes.

The results allow for an assessment of UNICEF's role in stunting-reduction efforts worldwide and in specific country contexts by examining the status of UNICEF strategies and activities supporting stunting-reduction efforts, as well as factors identified as facilitators of and barriers to progress towards targeted outcomes. Additional details of analytic approaches are described in the Evaluation Methodology (Annex 5).

1.4.5 Evaluation Limitations

Several factors constrained evaluation design options and the ability of the evaluation team to fully address the questions and produce the clearest and most accurate findings.

1. Although systematic efforts were made to ensure robust country selection to represent as many country contexts as possible, global and regional findings may be influenced by the specific countries included in the evaluation. In addition, the evaluation aimed to assess stunting-reduction efforts between 2010 and 2015, but the country plans and the development of global guidance for stunting prevention did not completely align with this time period. As a result, in some cases evaluation assessed more than one country programme, and where applicable, weighted recent country programme findings more heavily.
2. Lack of counterfactual did not allow attribution of UNICEF's contribution to any observed changes in stunting reduction. Such analysis was outside the scope of the evaluation.
3. Available documents included an independent mix of self-reported and independent reports. However (as described above), these documents were complemented by independent sources of information collected by the evaluation team.

II. Relevance, Appropriateness, Adequacy and Coherence of Strategies and Plans

This section explores the questions:

How relevant, appropriate, adequate and coherent are UNICEF's strategies and plans at the global, regional and country levels to reduce stunting? How appropriate are strategies for multi-sectoral efforts to reduce stunting globally and in country contexts?

It includes strategies and plans at the global, regional, and country levels, presenting findings from the analysis of UNICEF's respective plans, guidance documents and strategies; KII; and web surveys taken by 24 UNICEF COs.

The section focuses on whether UNICEF's planned global strategies align with the global goals, priorities and approaches. It further explores whether country programmes and plans align to global strategies and country context.

2.1 Global Strategies

2.1.1 Alignment with Global Goals and Priorities

The evaluation assesses alignment of UNICEF global strategies with the MDGs (2000–2015), the World Health Assembly (WHA) Global Targets (2010–2025) and the 2030 Agenda for Sustainable Development (2016–2030).

MDGs, WHA Global Targets and 2030 Agenda for Sustainable Development

The evaluation period (2010–2015) was marked by increased attention and movement towards reducing stunting worldwide.

In 2000, eight MDGs were adopted by United Nations Member States and development institutions to meet the needs of the world's poorest citizens by the end of 2015. The global target on child nutrition focused on reduction of child underweight. Although no MDG directly targeted stunting, many goals addressed factors known to contribute to stunting, including MDG 1 (poverty and hunger).

During the September 2010 United Nations High-Level Meeting, MDG progress was reviewed and women's and children's health received renewed focus. Following the 65th World Health Assembly in 2012, the *Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition*, published in 2014, included stunting as Global Target 1. This was in part influenced by UNICEF's advocacy.

The 2030 Agenda for Sustainable Development includes Target 2.2, which specifically seeks to reduce stunting and wasting among children under 5 years old and uses stunting prevalence as an indicator.

UNICEF's Approach and Alignment with Global Goals and Priorities

UNICEF's 2006–2015 Health and Nutrition Strategy (HNS) promotes the convergence of programmes, approaches and interventions in recognition of shared maternal, newborn and child health goals. The analytical framework for maternal and child health and nutrition (see *Annex 6*) acts as the basis for an integrated approach to promote nutrition outcomes. Although

the 2006–2015 HNS recognizes the integration of nutrition and health and aligns with the Water, Sanitation and Hygiene (WASH) Strategy 2006–2015 (consistent with global thinking in the field of nutrition at the time), HNS does not specify a stunting-reduction indicator to assess the effectiveness of its implementation or the achievement of its strategic results. The HNS does, however, provide a conceptual framework (Figure 9) that identifies the linkages of the implementation and the impact on all MDGs.

The Mid-Term Strategic Plan (MTSP) 2006–2013 aligns with the 2006–2015 HNS, with a shared focus on achieving MDGs. The SP 2014–2017 includes nutrition as one of seven outcome areas. Outcome 4: Nutrition: ‘improved and equitable use of nutrition support and improved nutrition and care priorities’ focuses on improving nutrition outcomes through promotion of exclusive breastfeeding (WHA Global Target 5), consumption of iodized salt, early childhood stimulation, vitamin A supplements and SAM treatment and recovery (WHA Global Target 6). The impact indicators for the nutrition area are the number of children under 5 years old who are moderately or severely stunted (which aligns with both WHA Global Target 1 and SDG 2) and the percentage of women of reproductive age with anaemia (which aligns with WHA Global Target 2). Figure 10 summarizes the alignment of impact and outcome measures stated in the global planning documents.

Figure 9. Conceptual Framework for Implementation of the UNICEF Joint Health and Nutrition Strategy

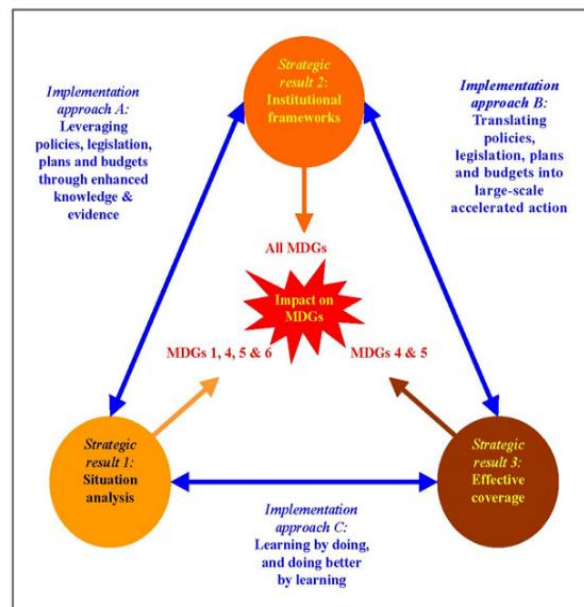
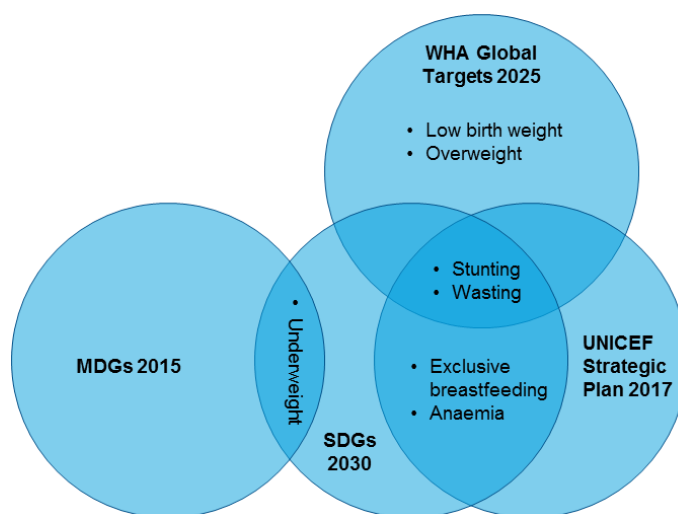


Figure 10. Alignment of Impact and Outcome Measures Per Global Planning



Overall, UNICEF’s strategies and plans indicate clear alignment with global goals and priorities related to nutrition. In addition to supporting attainment of MDGs and SDGs, the UNICEF approach contributes to attainment of nutrition targets approved by WHA.

2.1.2 Alignment with Global Initiatives

Key recent publications and initiatives related to global stunting reduction include the 2008 and 2013 *Lancet* Maternal and Child Nutrition Series, the Scaling Up Nutrition Movement, development of the WHA Approach, and the 2014 Rome Declaration and Framework for Action.

The Movement to Reduce Stunting Begins: 2008 *Lancet* Series and Scaling Up Nutrition

The 2008 *Lancet* Maternal and Child Nutrition Series identified the first 1,000 days from pregnancy through two years of age as a priority opportunity to impact stunting and nutrition outcomes. The *Lancet*, along with a growing understanding of nutrition issues, increased political interest and the SUN movement began. The first edition of the 'Road Map for SUN' was released in September 2010 and built upon the March 2010 policy brief, 'Scaling Up Nutrition: A framework for action'.

Global stakeholders agreed to concentrate on the 1,000-day priority window, combining nutrition-specific interventions and nutrition-sensitive approaches to tackle the underlying causes of malnutrition. This approach unites United Nations agencies, civil society, donors, researchers and the private sector to support country-led, multi-sectoral strategies to combat undernutrition. The partnership was formalized in 2012 when a high-level Lead Group was established. The resultant SUN movement was formed under the United Nations Secretary-General. Strategy 2012–2015 and a 'Revised Road Map' provided the guiding framework for the SUN movement. The Secretary-General appointed UNICEF's Executive Director as a chairperson of the SUN movement.

The SUN movement is led by SUN countries and unites civil society, the United Nations, donors, businesses and researchers to work together to end malnutrition. It promotes nutrition as a universal agenda integral to achieving the promise of the SDGs through multi-sectoral and multi-stakeholder engagement.

Growing Evidence to Support Stunting-Reduction Interventions: 2013 *Lancet* Series

The 2013 *Lancet* Series built upon a growing understanding of the issues and existing gaps in knowledge. The series studies the consequences of nutritional conditions for adolescent girls; the health impact and cost of increasing population coverage of nutrition-specific interventions; nutrition-sensitive interventions and approaches and their potential to improve nutrition; and the features of an enabling environment that will support nutrition programmes. These findings are illustrated in *Lancet's* framework for actions to achieve optimum foetal and child nutrition and development (see Annex 7), which incorporates the concepts of both nutrition-sensitive interventions and programmes and building an enabling environment for success. *Lancet's* framework is an 'actualization' of UNICEF's framework for undernutrition,²¹ which identifies the direct, underlying and basic causes of malnutrition in children and women. The *Lancet* studies build on the work of global research and policy communities and have formed a basis for discussion and action around approaches for improving nutrition outcomes.

Stunting-Reduction Initiatives

The WHA Comprehensive Implementation Plan recommends approaches to support the six Global Targets that reflect growing evidence of and an understanding of the need for multifaceted

²¹ Conceptual Framework of the Determinants of Child Undernutrition (Improving Child Nutrition: The achievable imperative for global progress (2013).

solutions. The 2014 Rome Declaration and Framework for Action built on the WHA Comprehensive Implementation Plan. The declaration calls for global organisations to enhance international cooperation, improve development assistance, work more effectively together to support national and regional efforts, and accelerate progress in addressing malnutrition. Recommended actions include supporting breastfeeding and addressing wasting and stunting. The UNICEF 2014–2017 SP largely aligns with the recommended actions outlined in the WHA Approach and the Rome Declaration and reflects the understanding that an enabling environment is necessary to support improved and equitable use of nutritional support and improved nutrition and care practices through its defined outputs and output indicators.

WHA Proposed Approach

- Action 1: To create a supportive environment for the implementation of comprehensive food and nutrition policies
- Action 2: To include all required effective health interventions with an impact on nutrition in national nutrition plans
- Action 3: To stimulate development policies and programmes outside the health sector that recognize and include nutrition
- Action 4: To provide sufficient human and financial resources for the implementation of nutrition interventions
- Action 5: To monitor and evaluate the implementation of policies and programmes

2014 Rome Declaration and Framework for Action

- Recommendation 1: Enhance political commitment and social participation for improving nutrition at the country level through political dialogue and advocacy.
- Recommendation 2: Develop – or revise, as appropriate – and cost National Nutrition Plans, align policies that impact nutrition across different ministries and agencies, and strengthen legal frameworks and strategic capacities for nutrition.
- Recommendation 3: Strengthen and establish, as appropriate, national cross-government, inter-sector, multistakeholder mechanisms for food security and nutrition to oversee implementation of policies, strategies, programmes and other investments in nutrition. Such platforms may be needed at various levels, with robust safeguards against abuse and conflicts of interest.
- Recommendation 4: Increase responsible and sustainable investment in nutrition, especially at country level with domestic finance; generate additional resources through innovative financing tools; engage development partners to increase Official Development Assistance in nutrition and foster private investments as appropriate.
- Recommendation 5: Improve the availability, quality, quantity, coverage and management of multi-sectoral information systems related to food and nutrition for improved policy development and accountability.
- Recommendation 6: Promote inter-country collaboration, such as North-South, South-South and triangular cooperation, and information exchange on nutrition, food, technology, research, policies and programmes.
- Recommendation 7: Strengthen nutrition governance and coordinate policies, strategies and programmes of United Nations system agencies, programmes and funds within their respective mandates

2.1.3 UNICEF's Approach to Scaling Up Nutrition and Alignment with Global Initiatives

UNICEF's Approach to Scaling Up Nutrition²² builds upon UNICEF's framework for undernutrition²³ and the evidence summarised in the *Lancet* Series and highlights the importance of coordination across sectors to achieve optimal and sustainable reduction of stunting. The six operational approaches and six relevant programme activities are consistent with elements of the conceptual framework that should result in improvement in SP indicators.

Although UNICEF's Approach to Scaling Up Nutrition aligns with global evidence and priorities and reflects prioritization of stunting-reduction activities, operationalization of these approaches is not reflected in UNICEF's SP to reduce stunting or improve other nutrition outcomes. Stakeholders agree that accountability mechanisms are not in place within UNICEF to encourage operational approaches or activities that do not have priorities aligned across sections. This issue was highlighted by UNICEF staff as it relates to nutrition-sensitive programme actions (nutritional care for those with infectious disease; synergies with health, WASH, ECD and social protection; linkages with agriculture; and linkages with health and education to prevent childhood obesity).

2.1.4 Adequacy of Strategies and Plans

UNICEF global strategies and plans align with the rapidly changing nutrition environment; the elements of the SP results framework (impacts, outputs and outcomes) are components of a globally accepted TOC that logically contribute to stunting reduction and reflect the findings in both *Lancet* series. The SP aligns with other key UNICEF stunting-reduction strategy documents (UNICEF's Approach to Scaling Up Nutrition and the 2006–2015 HNS) and includes measurable stunting-reduction goals and objectives.

Evolving Focus on Nutrition Outcomes

Global stakeholders indicate that UNICEF is well respected for its leadership on issues regarding children. UNICEF is well placed to lead inter-agency action on nutrition, given its mandate to work with governments. Stakeholders concur that UNICEF always brings children's issues to the forefront, especially with respect to infant and young child feeding (IYCF) and other nutrition-specific programming.

As the global conversation has changed from IYCF or other nutrition-specific programmes to a multi-sectoral approach with common objectives and framing common results, stakeholders are mixed as to UNICEF's response. While some stakeholders believe that UNICEF is focusing on the correct activities and broadening an understanding of nutrition at the global level to include a more multi-sectoral approach, the evaluation finds that, overall, UNICEF is regarded as strongly geared towards nutrition-specific interventions. External stakeholders note significant gaps in understanding and coordination across sectors (e.g., WASH, social protection, education) needed to further nutrition-sensitive initiatives. These gaps exist across stakeholder groups (government, donors, civil society organizations) at the global and country levels and within UNICEF. UNICEF staff also note that UNICEF has not maintained pace with the shift from underweight to stunting (reflecting the transition from MDG to SDG and the timing of the

²² UNICEF Strategic Plan, 2014–2017 Evaluability Assessment Final Report, July 2015.

²³ Conceptual Framework of the Determinants of Child Undernutrition (Improving Child Nutrition: The achievable imperative for global progress (2013).

evaluation) and that all nutrition outcomes, including obesity, are interlinked such that UNICEF should consider a multi-deficit programme that focuses on prevention.

Understanding Nutrition-Sensitive Sectors and Intervention

UNICEF's Approach to Scaling Up Nutrition provides guidance to understanding the issues and responses to stunting and other nutritional outcomes. However, evaluation identifies a gap in understanding of the definition and implementation of nutrition-sensitive approaches to stunting reduction across all levels at UNICEF. UNICEF staff note an internal lack of education about nutrition-sensitive approaches and the need to create links and discussions across different viewpoints.

Multi-Sectoral Approaches

The SP supports multi-sectoral approaches to improving nutrition through its emphasis on providing an enabling environment in its identification of capacity-building and enhancing nutrition outputs. These approaches are supported by identified programme actions and operational in UNICEF's Approach to Scaling Up Nutrition. However, while some strategies exist to incorporate multi-sectoral approaches into UNICEF's work to reduce stunting at the country level, these strategies are generally limited to bi-sectoral approaches with education, social protection, maternal health, or WASH. Even if multi-sectoral approaches are implemented, difficulties arise absent true collaboration and understanding of responsibilities. Both external stakeholders and UNICEF staff agree that UNICEF misses opportunities related to stunting because it takes a siloed approach to planning, incentives, accountability, and section priorities. Many staff note that UNICEF's structure does not align with the global Common Results Framework (CRF) approach, making it difficult to fully understand how the approach can best be implemented at the country level.

Staff note that, because strategic goals largely reflect past plans and country programmes mirror the structure of the SP, there tends to be little change in activities over time. This process and approach to planning is criticized by those desiring more multi-sectoral work and innovation.

Stakeholders and staff remark that UNICEF needs to broaden its understanding of nutrition at the global level to include more multi-sectoral approaches, including more ways to accomplish the same outcome and across contexts. This includes expanding research and analysis into the pathways from investment to impact, especially to glean an understanding of the impacts of multi-sectoral approaches as opposed to individual sector approaches. There is insufficient guidance within UNICEF on working in an integrated/multi-sectoral manner; while the SP acknowledges the need to work in a multi-sectoral manner, it does not operationalize how such work can be performed.

Staff and stakeholders agree that, while multi-sectoral approaches are necessary to provide a sustainable environment to prevent adverse nutrition outcomes, treatment remains necessary while the enabling environments are put in place. In particular, UNICEF should not neglect treatment of SAM and wasting at the family and household level.

2.2 Regional Level

The UNICEF SP 2014–2017 specifies the role of ROs in the context of nutrition through Outcome 4: Nutrition, Output F, 'Enhanced global and regional capacity to accelerate progress

in child nutrition'. The output indicators support RO work as facilitators of cross-country collaboration and regional partnerships, providers of technical assistance and programmatic guidelines, and knowledge sharing and dissemination. The evaluation team reviewed RO Management Plans (ROMPs) for 2014–2017 and Regional Analysis Reports to assess relevance for seven UNICEF regions.²⁴ Figure 11 presents key information related to stunting and nutrition for each of the seven ROs. The East Asia and the Pacific Regional Office (EAPRO) and Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) ROMPs were not included in the analysis; therefore, conclusions for these two ROs are limited.

Figure 11. ROMP Components Relevant to Nutrition and Stunting (2014–2017)

ROSA
ROSA puts forth significant efforts for the region to impact results. Nutrition is listed as an impact result and is accompanied by a region-wide goal in stunting-reduction prevalence, requiring efforts from all COs in the region due to its large size. The countries in ROSA have more than 600 million children, the largest number of children under 18 of any region, with 69 million children under 5 stunted. Indicators of knowledge dissemination products, regional partnerships and support to COs are also included. Additionally, ROSA includes a specific indicator regarding support for the definition and implementation of multi-sectoral nutrition plans within the COs.
ESARO
ESARO also includes reduction of stunting as a regional priority by making it one of five programmatic priorities, although in a qualitative manner. ESARO does not provide a quantitative goal for the magnitude of stunting reduction. The nutrition programme is implemented through regional partnerships and support to COs. ESARO also includes supporting COs in nutrition-sensitive WASH interventions.
LACRO
LACRO provides equity-focused results as a means of concentration for the region, with nutrition more broadly highlighted. The regional goal is to position nutrition at the core of national development plans and discusses malnutrition in the context of obesity, micronutrient deficiencies, and stunting. LACRO does not provide individual targets for micronutrient deficiencies or stunting. However, stunting reduction is proposed as a major indicator of progress due to the multidimensionality of stunting and because a reduction in stunting will indicate progress in nutrition, income distribution, health, ECD, education, WASH and social services.
WCARO
WCARO outlines its regional goals through programme results and includes protection from malnutrition as one of these results. The efforts related to malnutrition are discussed in terms of stunting and iron-deficiency anaemia. A quantitative target is not established, but it is indicated that stunting and malnutrition rates may be monitored to track progress. WCARO does not discuss nutrition or stunting in a multi-sectoral context.

²⁴ CEE/CIS ROMP was not available for the evaluation and is not included in the review.

Figure 11. ROMP Components Relevant to Nutrition and Stunting (2014–2017) (continued)

MENARO
Within the nutrition relevant output, MENARO targets support to country-level strategies or policies to prevent and treat malnutrition. MENARO does not provide a quantitative target for the reduction of malnutrition, but does state that it will prioritize the prevention of stunting through nutrition-specific interventions.
EAPRO
EAPRO specifies key areas of support to COs, and nutrition in emergencies is one of the five areas. However, stunting or specific nutrition focal areas are not discussed. Multi-sectoral engagement is highlighted as a means to reduce undernutrition in general with focus on social protection, ECD and WASH. The multi-sectoral engagement is not specific to stunting reduction but to undernutrition in general.
CEE/CIS RO
Within CEE/CIS RO, nutrition is discussed in terms of enhancing specific nutrition interventions on universal salt iodization, flour fortification and IYCF counselling within primary and home-visit health care. There is no discussion of region-wide goals in the reduction of stunting or in nutrition beyond the three activities listed.

The three roles of the RO are outlined in the SP 2014–2017 nutrition output as collaboration and partnership, technical assistance and guidelines, and knowledge sharing and dissemination. The ROs in LAC, SA, WCA and ESA show alignment of outcomes or areas of focus in ROMP with these three roles of the RO. One exception is that the plans outlined in MENARO do not include a component associated with regional knowledge sharing or dissemination. The five regions in this analysis (LAC, SA, WCA, ESA and MENA) include the reduction of stunting as a regional priority or programmatic focus area. However, in the documents made available for evaluation, no nutrition or stunting-specific stand-alone plans or commitments to formulate an action plan are identified. Stunting focus in the planning documents for other regions (e.g., CEE/CIS RO and EAPRO) is more limited and makes a clear assessment difficult.

Although four ROs included all three roles in ROMP, ROSA's stunting-reduction focus is more clearly articulated than other ROs. Additionally, ROSA speaks to multi-sectorality and nutrition-sensitive approaches directly in the discussion of nutrition outputs. ROs state goals to make nutrition a priority and address stunting, but ROSA adds a clear region-wide target. Overall, RO plans involve support to COs to develop individual plans or for emergency response or humanitarian situations.

2.3 Country Level

At the country level, evaluation assesses whether country programmes included stunting outcomes and TOCs to address stunting; alignment of country programmes with the global SP in terms of stated outputs; and alignment of plans with country context. Country programme documents and associated results matrices (hereafter 'Country Documents') were used in the analyses, supplemented by the information reported in surveys. If more than one country programme document was in effect during the evaluation period, the evaluation team used the available document spanning the greatest number of years within the evaluation period or the most recent document.

2.3.1 Outcomes and Theories of Change to Address Stunting

With the exception of five COs, Country Documents rarely include reduction in the prevalence of stunting as an outcome or output. TOC is only recently being introduced to UNICEF programme designs. No CO produced a formal TOC to address stunting within the country context. Respondents from 18 UNICEF COs indicate their CO has an overarching strategy or framework for stunting, although this was not evident in the Country Documents. Global focus and guidance on the reduction of stunting did not begin until later in the evaluation period. More recent Country Documents explicitly include stunting reduction and/or the COs are beginning to formulate clear TOCs; however, the evaluation does not focus on these activities, which began outside the 2010–2015 evaluation period.

2.3.2 Participation and Alignment with SUN Movement

Nineteen of the 24 evaluation countries are currently members of the SUN movement. Only seven of the SUN countries were members of the movement one year prior to the start of the plan (and Mali joined prior to plan extension); therefore 12 of the Country Documents were formulated prior to membership in the SUN movement. Country Documents of seven countries that earlier joined SUN explicitly mention SUN partners or reference the Scaling Up Nutrition movement. It is expected that more recent Country Documents (outside the evaluation period) will include SUN partners and indicate a formal alignment with the SUN movement.

2.3.3 Alignment with the Global Strategic Plan

As specified in the Evaluation Framework (Figure 5), evaluation examined alignment of country plans to UNICEF SP 2014–2017 nutrition outputs (listed in the textbox below) for the country level.²⁵

Global SP Outputs Relevant to Country-Level Analysis

- Output a: Enhanced support for children and caregivers and communities for improved nutrition and care practices
- Output b: Increased national capacity to provide access to nutrition interventions
- Output c: Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling-up nutrition interventions
- Output d: Increased country capacity and delivery of services to ensure protection of the nutritional status of girls, boys and women from effects of humanitarian situations
- Output e: Increased capacity of governments and partners, as duty bearers, to identify and respond to key human rights and gender equality dimensions of nutrition

Country programmes are more likely to address Outputs a and b than other outputs. Output a is addressed in 15 of 24 countries,²⁶ and Output b is addressed in 18 of 24 countries.

Country programmes include varying levels of capacity development approaches (Output b). Capacity development is commonly outlined in the context of increased capacity as an outcome or output of the programme, although the path to increased capacity is not discussed.

Country Documents in the 18 countries addressing output b discuss capacity in terms of an increased capacity of governmental offices (at varying levels) to legislate, budget and provide

²⁵ Output 6 in the UNICEF SP is at the global and regional level and hence not considered in the country-level analysis.

²⁶ Nutrition-specific and nutrition-sensitive interventions included under Output a are discussed in the following sections of this chapter.

services; the capacity of health and nutrition systems and service providers to adequately deliver appropriate services; or the capacity of civil society to engage with services. Twelve Country Documents explicitly discuss capacity development in terms of nutrition programming. Only one country programme plans to focus on civil-society capacity building. Five programmes plan to focus on building the capacity of governmental institutions for nutrition, and seven plan to build capacity at the health system or provider level.

All 24 countries include a programme component or outcome related to strengthened political commitment (Output c), indicating some upstream focus of the country programme. However, only two countries state nutrition explicitly in the discussion of policy or advocacy.

Six countries have programme components addressing the nutritional component of humanitarian response (Output d). This finding is likely to be affected by the fact that sample did not specifically focus on the countries with the humanitarian-needs profile. Seven countries planned to implement human rights or gender-equality dimensions of nutrition through national information systems or gender reviews of national policies (Output e).

UNICEF programmes in countries experiencing fragility through disaster, conflict or other humanitarian situations are less likely to address Outputs c and e in the Country Documents. Eight of 11 fragile countries do not address these two outputs. Overall, half of all COs do not address Output 4, and COs in fragile countries align with the overall pattern. Outputs c and e involve increasing governmental and political commitment and capacity through national-level policies and programmes and national-level information or data-collection systems. COs in fragile countries place more emphasis on delivery of services and nutrition interventions than on higher-level policy and advocacy work.

UNICEF programmes in low-income countries tend to focus more on Outputs a and b than on Outputs c, d and e. Outputs a and b emphasize access to nutrition interventions and support for providers of nutrition interventions, not political commitment and policy development. In contrast, COs in middle-income countries have a more balanced country programme and address more of the nutrition outputs than COs in low-income countries. More than 70 per cent of COs in middle-income countries address, or somewhat address, Outputs a and b.

Additionally, 71 per cent, 57 per cent and 35 per cent of middle-income countries address Outputs c, d and e, respectively, compared with 50 per cent, 40 per cent and 30 per cent reported by low-income countries. Middle-income countries address more of the nutrition outputs and place a higher emphasis on the more upstream outputs (c, d and e) than low-income countries, indicating less need to address service delivery and access to nutrition interventions and more opportunity to work with governments for policy improvement and capacity development.

Overall, results indicate that country plans are generally aligned with UNICEF SP 2014–2017 outputs related to enhanced support for improved nutrition and care practices and capacity building. Specific planning regarding strengthened political commitment in the area of nutrition is rarely reflected in the Country Documents. Nutritional component of humanitarian response and increased capacity of governments and partners to identify and respond to key human rights and gender equality dimensions of nutrition are directly addressed in less than one third of all countries. COs in fragile countries are more likely to emphasize delivery of services and

nutrition interventions than higher-level policy and advocacy work. Low-income countries are less comprehensive in addressing outputs specified in the global SP.

2.3.4 Alignment of Plans with Country Context

The outlined plans of a CO should be relevant to the country's particular situation analysis and context. All 24 evaluation countries conducted a comprehensive situation analysis on women and children within five years of formulating their country programmes, and 23 evaluation countries conducted a comprehensive situation analysis during the evaluation period. The evaluation team used *The Simplified Schematic Linking Conditions to Interventions for Improving Child and Maternal Nutrition* from the *Approach to Scaling Up Nutrition*²⁷ to systematically evaluate whether countries consider contextual factors that may be relevant for stunting. IYCF is considered a core approach to address the inadequate quality of complementary foods, inadequate breastfeeding and/or inadequate complementary feeding, as shown in Figure 12. IYCF is identified by 14 of the 24 evaluation countries, making this contextual factor the third most identified in Country Documents. The most common contextual factors in the nutrition-sensitive sectors relevant to stunting are poor hygiene and sanitation, HIV/AIDS, and insufficient coverage of antenatal care or skilled birth attendant.

Figure 12. Contextual Factors Relevant to Stunting and Plans to Implement Interventions

Contextual Factor		Number of Countries Endorsing the Contextual Factor	Number of Countries Planning at Least One Recommended Intervention	Number of Countries Planning All Recommended Interventions
Food	Inadequate quality of complementary foods	3	3	1
	Chronic or significant seasonal food shortages	11	9	0
Care	Inadequate breastfeeding	9	8	0
	Inadequate complementary feeding	9	6	0
	Poor hygiene and sanitation	22	21	3
Health	High prevalence of diarrhoea and pneumonia	13	12	0

²⁷ <www.unicef.org/nutrition/files/Unicef_Nutrition_Strategy.pdf>.

	High prevalence of HIV/AIDS	17	16	0
	High prevalence of malaria	9	8	0
	High prevalence of parasitic infections	0	N/A	N/A
	Insufficient coverage of antenatal care or skilled birth attendant	14	11	N/A

Figure 12 indicates countries that identify one of the food, care or health contexts have intervention plans that include at least one of the interventions. However, very few plans include all suggested interventions. Overall, many of the excluded interventions are related to nutritional support or interventions within the care and health context. As part of the nutrition-specific interventions, IYCF interventions are specified in 14 countries, and interventions for prevention of micronutrient deficiencies are included in 10 country plans.

Many of the contextual factors and relevant interventions to address stunting and wasting require use of nutrition-sensitive approaches and interventions. Nine countries describe nutrition-sensitive approaches, explicitly highlighting the link between the country's nutrition efforts and other programme components. WASH is commonly included under the same programme component as nutrition, permitting speculation that nutrition and WASH interventions are included together, but joint nutrition and WASH interventions are explicitly presented in only four Country Documents. Beyond WASH, nutrition interventions are explicitly coupled with nutrition-sensitive approaches in five country programmes, predominately within education programmes.

2.4 Summary

2.4.1 Global Level

UNICEF global strategies to reduce stunting are coherent and largely aligned with global goals and priorities (i.e., MDGs, WHA Global Targets and SDGs) and global initiatives, such as SUN and the 2014 Rome Declaration and Framework for Action which built upon the WHA Comprehensive Implementation Plan. UNICEF demonstrates understanding of the importance of an enabling environment to improved and equitable use of nutritional support, improved nutrition and care practices, and use of defined outputs and output indicators. However, while UNICEF's Approach to Scaling Up Nutrition provides a framework and approaches for stunting-reduction programmes, these approaches are not reflected in the SP in a manner that clearly promotes coordination of activities to reduce stunting or improve other nutrition outcomes across sectors.

Regional Level

Review of regional planning documents shows evidence of inclusion of the reduction of stunting as a regional priority or programmatic focus area in most regions. ROSA's stunting reduction focus is more clearly articulated than other ROs and ROSA's planning documents discuss multi-sectorality and nutrition-sensitive approaches directly. In light of the high prevalence (38 per cent and the large burden (about 40 per cent of the global burden of child stunting) in South Asia, ROSA clearly defined child stunting is a top priority. CEE/CIS, on the other hand, has relatively low stunting prevalence (11 per cent), hence, lack of specific focus on stunting in the regional plans is not surprising.

Country Level

At the country level, most survey respondents indicate that their COs have an overarching strategy or framework to address stunting. However, review of country planning documents shows that countries rarely include reduction in the prevalence of stunting as an outcome or output and no COs produced a formal TOC to address stunting within the country context. These findings, however, are expected, because country programmes are programmes of cooperation with national governments, and from 2010 to 2015, national government priorities were aligned with MDGs, not focused on reducing the number of children who are underweight or on reducing stunting.

Analysis of alignment of country plans with UNICEF SP 2014–2017 outputs generally show more emphasis on increased capacity for availability of, access to, and use of nutrition services, support and supplies for the prevention of stunting and the treatment of severe wasting. COs in fragile countries emphasize delivery of services and nutrition interventions instead of higher-level policy and advocacy work. Middle-income countries are more comprehensive in addressing outputs specified in the global SP and more likely to focus on upstream outputs.

III. Leadership and Leveraging Partnerships for Addressing Stunting

This chapter explores UNICEF's leadership and collaboration with partners in the 24 programme and 6 case-study countries. The questions addressed are:

Is UNICEF effective in leading and leveraging partnerships to reduce stunting?

What is UNICEF's role related to global leadership and leveraging of partnerships to reduce stunting?

How effective is UNICEF's partnership role globally and in regions with high rates of stunting?

How effective is UNICEF in leveraging national government and country-level partnerships to effectively promote strategies and implement country plans?

The sections below describe results of the evaluation of UNICEF's leadership at the global, regional and country levels in efforts to reduce child stunting. The sections also describe UNICEF's partnership efforts and programmes to reduce stunting. Data to answer these questions are derived from KIIs, country documents and surveys.

Leadership and leveraging partnerships are essential to UNICEF's work to support host governments, development stakeholders and communities to sustainably reduce stunting, particularly among vulnerable populations. Enhanced collaboration through active partnerships helps to ensure that resources are efficiently utilized, duplications and waste are avoided, and shared targets are set and supported to address the immediate and underlying causes of stunting.

3.1 Leadership and Advocacy

3.1.1 Global Leadership

At the global level, UNICEF participates in and supports the SUN movement. UNICEF's Executive Director currently acts as chair of the Lead Group of the SUN movement. In addition, UNICEF is a key partner in REACH. UNICEF has served as the chair or as a member of a coordination committee or board for multiple global initiatives related to IYCF, micronutrients and nutrition in emergencies.

In the area of IYCF, UNICEF has held positions on programmes such as the Breastfeeding Advocacy Initiative, IYCF in Emergencies Core Group, and the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breastmilk Substitutes (NetCode). UNICEF contributed to the development of a breastfeeding advocacy strategy and global guidance documents; hosted a meeting with WHO, the United States Agency for International Development (USAID) and the Elizabeth Glaser Paediatric AIDS Foundation to disseminate WHO guidelines on HIV and infant feeding. In addition, UNICEF developed and disseminated a number of multimedia products during global Breastfeeding Week.

UNICEF organized a media trip and held a forum on breastfeeding-friendly workplaces with participants from more than 70 countries. UNICEF also published multiple advocacy documents

for policymakers and stakeholders, and produced joint UNICEF–WHO Emergency Nutrition Network guidance on IYCF in the context of Ebola.

In the area of micronutrients, UNICEF played leadership roles on the Food Fortification Initiative (FFI), International Zinc Nutrition Consultative Group, Micronutrient Forum, Micronutrient Initiative, Home Fortification Technical Advisory Group, and Global Alliance for Vitamin A. In 2015, UNICEF co-hosted the Global Summit on Food Fortification and provided leadership to shaping a global food fortification agenda as part of the FFI. UNICEF supported development of joint guidance on scale-up of home fortification with multiple micronutrient powder and led a review of nutritional composition of micronutrient powders. Through the Iodine Global Network, UNICEF led the harmonization of efforts by multiple agencies to address iodine-deficiency disorders.

UNICEF has served as a lead agency for the Global Nutrition Cluster, a group whose purpose is to enable country coordination mechanisms to support timely, quality and appropriate nutrition response to emergencies. In 2014, UNICEF HQ worked closely with WHO, the World Food Programme (WFP), the Emergency Nutrition Network and other partners to develop guidance on different aspects of nutrition in the context of Ebola. UNICEF also played a key role in the regional inter-agency consultation on emergency food security and nutrition preparedness and response in the Horn of Africa, with the Food and Agriculture Organization of the United Nations (FAO), the Office of the United Nations High Commissioner for Refugees, WFP and the United Nations Office for the Coordination of Humanitarian Affairs.

Evaluation documented several challenges in UNICEF's leadership role at the global level. Stakeholders recognize the need for multi-sectoral coordination to improve and sustain child nutrition outcomes. Many global stakeholders, however, viewed UNICEF as reluctant to 'share the nutrition space' during the evaluation period, a potential barrier to true involvement by stakeholders outside of nutrition or UNICEF.

Another issue raised by multiple stakeholders is the lack of cohesion within the United Nations system. Efforts must be coordinated within United Nations systems to be effective and efficient in coordinating with other stakeholders. Even within UNICEF, global stakeholders are frustrated by the lack of internal coordination. Nutrition, ECD, social protection and WASH seem to have parallel but uncoordinated agendas that become apparent when UNICEF works with external stakeholders.

Additionally, coordination performance at the global level does not translate to other levels. Many external stakeholders note that stunting-related guidance and messages developed by UNICEF at the global level do not transfer to the country level. In a fast-paced, ever-changing environment like child nutrition, many express the need for faster, clearer translation of definitions, strategies and plans from the global to the country level.

3.1.2 Regional Leadership

At the regional level, four UNICEF ROs (ESA, EAP, SA and WCA) have organized regional workshops with and in support of the SUN movement Secretariat on issues such as support of national nutrition plans through a common-results framework, cost estimation, measuring results and budget tracking. ROs are also involved in coordinating or participating in regional-level nutrition initiatives. The level and focus of leadership involvement varies by region. However, MENARO did not report participation in leadership activities such as coordination of committees or nutrition initiatives.

ROSA convened the Regional Conference (Stop Stunting: Improving Child Feeding, Women's Nutrition and Household Sanitation) in SA to further position itself as a leader in knowledge of nutrition and to share evidence, best practices and policies among experts, scholars and policymakers. ROSA hosted a global conference the following year called 'First Foods: Improving the quality of foods and feeding for young children'. This conference focused on progress in complementary feeding. Organized in Mumbai, India, the conference dedicated a full day to progress on complementary feeding in India. Additionally, as a component of the ROSA partnership with the South Asian Association for Regional Cooperation (SAARC), ROSA supported SAARC with the development of regional frameworks for nutrition and sanitation, which were endorsed and adopted by SAARC's member states.

The ROs of Asia (ROSA and EAPRO) worked together to coordinate the second High-Level Meeting on Cooperation for Child Rights in the Asia-Pacific Region to strengthen relationships and cooperation among countries in Asia. EAPRO also partners with the Association of Southeast Asian Nations (ASEAN) and participates in several ASEAN annual meetings and the ASEAN Maternal Child Health Task Force. EAPRO also participated in other regional events, such as coordination aimed at reducing child and maternal mortality (Countdown to 2015; Partnership on Maternal, Newborn and Child Health; United Nations Commission on Life-Saving Commodities for Women and Children; the campaign to combat Violence Against Children; ECD in urban settings; and the Annual Regional Conference on ECD). In addition to this regional network, EAPRO engages with United Nations inter-agency work groups and participates in the regional Young Child Survival and Development network meeting for knowledge sharing and capacity development at the CO level.

The CEE/CIS RO focuses its leadership on high-level panels and working groups. Regional working groups are organized focusing on equity and UNICEF's vision for monitoring, evaluation and research, as well as regional workshops on the sustainability of universal salt iodization. The RO convened regional forums to support A Promise Renewed, panels for the Every Women Every Child Strategy, and the post-2015 agenda.

LACRO organized a regional follow-up meeting to A Promise Renewed, which reconfirmed ongoing regional partnerships. LACRO coordinates regional-level work groups and meetings for health and nutrition in the context of emergencies. LACRO participates in regional alliances such as the Newborn Alliance and the Pan American Alliance on Nutrition and Development.

ESARO also focuses its leadership role on regional work groups and high-level meetings. ESARO held a regional nutrition forum, specifically to further progress in stunting reduction. The RO jointly coordinated the 5th Meeting of the African Task Force for Nutrition Development; a session on the SUN movement at a knowledge-sharing conference; agriculture and nutrition-capacity development workshops; and the Infant Feeding in the Context of HIV Workshop. The RO Nutrition Team hosts the Eastern and Southern Africa Nutrition Forum and the HIV and Under-Nutrition Experience Sharing Workshop. The Nutrition Team also contributed to creation of the Regional Nutrition Subgroup.

Like ESARO, WCARO contributes to regional work groups and high-level meetings. WCARO participated in the 12th Economic Community of West African States Nutrition forum, the Nutrition Working Group, the regional nutrition working group, and the regional workshop to

define priority for scale-up of nutrition interventions, and also organized the International Conference Against Child Undernutrition and Resilience.

Among challenges is stakeholder opinion that UNICEF's leadership at the regional level is sometimes viewed as being 'driven by personality' and lacking internal systems to ensure consistent approaches and results across regions. Additionally, while some regions are viewed as extremely strong promoters of the nutrition agenda and bringing different actors together to discuss the nutrition-conceptual framework, the framework remains that of UNICEF as opposed to locally adapted models.

3.1.3 Country-Level Leadership

Review of country documents shows that of the 24 sample countries, 17 led events, workshops or conferences, and 10 led United Nations-level work groups. However, leadership activities related to stunting and nutrition are not consistently described in the country-level documents; hence, these numbers may underestimate the extent of UNICEF activities. In fact, related indicators assessed through the survey data demonstrate that, excepting Egypt, all COs surveyed report leading, convening or supporting national coalitions, alliances or networks related to nutrition or stunting-reduction initiatives. These groups varied widely and include policy, technical working groups, committees and workgroups coordinated around a single, nutrition-related result (breastfeeding, for example). Most countries report partnership with at least three such groups. Of 73 coalitions identified by the COs, UNICEF played a lead role in 28, convened 16, and supported 29.

Figure 13 shows that technical expertise, multi-sectoral partnerships, and recognized credibility are among the top reported leadership strengths among COs. Many external stakeholders perceive UNICEF as widely trusted and respected, both in general and for its technical expertise in particular.

Figure 13. UNICEF's Leadership Strengths

UNICEF Country Office Leadership Strength*	Number of COs Reporting this Strength
Technical expertise	9
Success in forming multi-sectoral partnerships	7
Recognised credibility and respected as leader	7
Ability to convene and work with diverse groups, including governments	4
Leadership in the SUN network	4
Knowledge generation for monitoring progress	3

Highlights of External Stakeholder Descriptions of UNICEF's Role

- 'UNICEF is valued, because the country government doesn't know UN but does know UNICEF, which is really good at government relationship and is trusted by the government'.
- 'UNICEF's support to the subcommittee on nutrition has been critical for 21 years and the subcommittee would not function without UNICEF'.
- 'UNICEF is a champion in the nutrition sector influencing the nutrition policy making, programming, implementation and coordination process'.
- 'A visit of the chief of nutrition from UNICEF headquarters was instrumental to discuss nutrition at high level and presented unique opportunities to work with technical advisers in stunting'.

3.2 Partnerships

3.2.1 Global and Regional Partnerships

At the global level, UNICEF partners include other United Nations agencies (e.g., Office of the United Nations High Commissioner for Refugees, the United Nations Office for the Coordination of Humanitarian Affairs), WHO, NGOs (e.g., Save the Children, Helen Keller International, Alive & Thrive, Actions Against Hunger, Elizabeth Glaser Paediatric AIDS Foundation). Partnerships with donors include World Bank, United States Centers for Disease Control and Prevention (CDC), USAID, the Government of Canada, Government of Sweden, Government of Luxembourg, European Union, Children's Investment Fund Foundation, ECHO, Japanese International Cooperation Agency, Central Emergency Response Fund, United Kingdom's Department for International Development, and Power of Nutrition fund. Academic partners include American University of Beirut, Cornell University, Indian Academy of Pediatrics, and University of Copenhagen.

Successes are documented with each type of partnership. UNICEF commonly partners with other international organizations to create joint guidance documents, such as the Joint WHO/UNICEF guidance on infant feeding in the context of Ebola. The Government of Canada is a prominent donor and this partnership has seen support given to national governments for the delivery of vitamin A supplementation. In the private sector, UNICEF partners with DSM Nutritional Products to develop approaches for the scale-up of micronutrient programmes. UNICEF partners with academia, such as Cornell University, in development and dissemination of e-learning courses to develop country capacities on nutrition topics such as IYCF. ROs partner with various governmental entities, multilateral organizations, donors, NGOs and the private sector and academia.

Figure 14 highlights key partnerships for each RO. Many of these key partnerships have experienced successes for UNICEF's goals in the region. For example, the ROSA-SAARC partnership has produced Regional Guidelines for Basic Healthcare Services, Nutrition, Safe Drinking Water, Sanitation and Hygiene with a focus on rural or marginalized areas and the most vulnerable households. The EAPRO-ASEAN partnership produced a joint nutrition report and obtained endorsement for the Food and Nutrition Security Country Profiles. The CEE/CIS RO partnership with the Flour Fortification Initiative and the CDC resulted in country action plans to strengthen institutional capacities in Ministries of Health and Agriculture for monitoring, technical capacity, and quality control of the flour industry. The LACRO-WHO partnership developed a training package for improving young child care and development. WCARO

established a partnership with Agence Française du Développement (AFD) to address children's right and needs in fragile states. Also, to address emergency situations, the MENARO partnership with WFP established a comprehensive emergency nutrition package to address treatment and preventive services.

Figure 14. Examples of Partnerships by RO

RO	Governmental Organizations	Multilaterals	Donors	NGOs and Foundations	Private Sector/Academia/Research Organizations
ROSA	South Asian Association for Regional Cooperation	United Nations Educational, Scientific and Cultural Organization (UNESCO), WHO, World Bank,	Asian Development Bank, Australian Agency for International Development, European Union	Helen Keller International	University of Queensland Consortium, Schools for Asia Initiative, Harvard School of Public Health, Tufts School of Nutrition Policy, University of Sydney, International Food Policy Research Institute, Bill & Melinda Gates Foundation
EAPRO	South East Asia Ministers of Education Organization, ASEAN	Global Alliance for Improved Nutrition	European Union, Asian Development Bank, Pacific Islands Forum Secretariat, Secretariat of the Pacific Community	Asia-Pacific Regional Network for Early Childhood, Child Protection Working Group, Children in a Changing Climate Coalition, Alive and Thrive	University of Gadmagah, Cartoon Network, Yahoo
ESARO	African Union Commission	WHO, United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS, UNESCO	World Bank, African Development Bank, European Union		
WCARO	African Union, West Africa Health Organization, Economic Community of West African States	FAO, WFP, WHO	European Commission, Directorate-General for Humanitarian Aid, USAID/ Office of U.S. Foreign Disaster Assistance, World Bank, AFD	Action Contre La Faim, Counterpart International, Catholic Relief Services, Helen Keller International, Micronutrient Initiative, Office for the Coordination of Humanitarian Affairs, Save the Children Fund, Global Alliance for Vitamin A	BASF, Cornell University, Dutch Life and Materials Sciences Company

Figure 14. Examples of Partnerships by RO (continued)

RO	Governmental Organizations	Multilaterals	Donors	NGOs and Foundations	Private Sector/Academia/Research Organizations
CEE/CIS	Russian Federation, Government of Kazakhstan	WHO, UNFPA, United Nations Economic Commission for Europe	European Union, CDC, Council of Europe, EuroStat	Flour Fortification Initiative	
MENARO	League of Arab States, the African Union	United Nations Economic and Social Commission for West Asia, WHO, UNESCO, United Nations Office for the Coordination of Humanitarian Affairs, United Nations Relief and Works Agency for Palestine Refugees in the Near East, WFP, FAO	CDC-Atlanta, World Bank, German Government	Global Alliance for Vaccines and Immunization, Save the Children, Bill & Melinda Gates Foundation, FFI, Global Alliance for Improved Nutrition, International Council for Control of Iodine Deficiency Disorders, International Medical Corps, Concern, Action Contre la Faim, World Vision, Relief Intern, Medair, AghaKhan	American University in Beirut, Harvard University
LACRO	Regional Task Force for the Reduction of Maternal Mortality, Neonatal Alliance, Institute of Nutrition for Central America and Panama, Regional Food Security and Nutrition Programme for Central America	Pan American Health Organization, WHO, WFP, UN Alliance for Nutrition and Development, UNAIDS, UNFPA, Iniciativa Salud Mesoamérica 2015, USAID	World Bank, Inter-American Development Bank, USAID, La Agencia Mexicana de Cooperación Internacional para el Desarrollo	International Federation of the Red Cross, Oxfam, CARE International, Plan International, Pan America Health Organization	

There are several challenges related to partnerships at the global and regional levels. UNICEF is viewed as being comfortable with United Nations partners, but reluctant to engage with stakeholders not affiliated with the United Nations. UNICEF is also viewed as lacking initiative in identifying or coordinating potential partnerships at the global level. Many stakeholders state that UNICEF is brought in to discussions at the global level by other stakeholders because UNICEF ‘owns the child space’, but is not actively identifying or guiding potential partnership opportunities.

UNICEF lacks global visibility in nutrition-sensitive sectors. Nutrition improvement is part of a multi-sectoral approach, and UNICEF should be present when other agencies such as WHO and FAO are hosting nutrition events. In particular, UNICEF must maintain and expand its presence to keep health, social protection, education, WASH, and equity central to the nutrition agenda.

3.2.2 Country-Level Collaborations and Partnerships

UNICEF collaborates with key country counterpart institutions to implement country programme interventions to address stunting. All COs identify at least one counterpart institution, and most countries report three or more. The most commonly cited partners are government ministries²⁸ or departments and NGOs (Figure 15).

Figure 15. Number of Countries Reporting a Collaboration or Partnership with Various Counterparts/Organizations

Organization	Number of Countries*
National Government	
Ministry of health	19
Ministry or Secretariat for food and nutrition (including SUN)	10
Ministry for planning and local development	2
Schools and research centres, including medical schools	5
Agencies	
WFP	5
FAO	4
WHO	4
REACH	2
Donors	
The World Bank	4
European Union	4
USAID	4
NGO	3

* Countries could report more than one partner.

At the country level, all countries identified potential stakeholders currently having little or no involvement in stunting-reduction efforts. In some countries, government ministries that could be included are regularly involved in other country efforts, such as agriculture, social protection, education, and WASH, indicative of existing gaps in translating global stunting-related guidance to the country level. Other ministries, including finance, industry and labour, show a growing understanding of the multi-sectoral integration needed to reduce stunting. COs also identified NGOs and donor organizations that could play a larger role in local stunting-reduction efforts.

²⁸ Ministries in the national governments are technically considered implementing partners.

Several countries express a need for more private-sector engagement. Religious and environmental groups are also named as potential partners.

3.3 Summary

Evaluation found clear evidence of relevant leadership activities undertaken by UNICEF and the significance that UNICEF places on strengthening partnerships and strategic alliances at the global, regional, and country levels. UNICEF has a leadership role in most of the relevant partnerships and initiatives at the global level. Variation in leadership activities across ROs is indicative of differences in contextual factors. UNICEF's leadership in nutrition and stunting is widely respected, and stakeholders believe that UNICEF can be effectively used to unite partners for strategic planning to improve child nutrition. Through partnerships, UNICEF led or co-led development of mechanisms and guidelines relevant to nutrition and stunting. UNICEF hosted and or led multiple high-visibility events which brought together partners across multiple sectors. However, UNICEF is sometimes viewed as reluctant to engage with non-United Nations stakeholders. Reluctance could reflect an unwillingness to involve others in what has traditionally been a UNICEF role/mandate (children). It could also be the result of UNICEF's unclear vision on how to incorporate nutrition-sensitive strategies into conventional nutrition-specific approaches. In addition, while collaboration occurs with other United Nations agencies, there appears to be a lack of cohesion and coordination in the United Nations system.

At the country level, UNICEF has been effective as a leader across countries because of its technical expertise, and recognized credibility. All COs identify at least one counterpart institution and report being part of a coalition or working group with a focus on child nutrition and/or prevention of stunting. Nevertheless, across all countries, stakeholders also identify a range of organizations that are not, but should be, involved in efforts to reduce stunting. Evaluation documents multiple partnerships and leadership activities conducted by UNICEF; however, independent assessment of whether partnerships and leadership roles play a part in advancing stunting reduction across the 24 countries is not within the scope of this evaluation and could be a topic for future evaluations.

IV. Effectiveness of Country Programmes in Addressing Stunting

This section explores the evaluation questions:

- How effective are UNICEF country programmes in addressing stunting and its immediate and underlying causes?
- Which strategies and interventions (nutrition-specific as well as broad-based upstream policy work, multi-sectoral work and partnerships) have been used effectively by UNICEF to reduce stunting in various contexts?

The chapter describes changes in stunting prevalence in the 24 sample countries from 2010 to 2015 and assesses country-level implementation of activities related to the nutrition outputs in UNICEF's strategic plan. The analysis of effectiveness focuses at the key outputs of the SP (2014–2017) which relates to stunting. The analysis of UNICEF's contribution to changes in stunting rates is outside the scope of the evaluation. Data for this chapter are derived from secondary sources, country surveys, KIIs and document reviews.

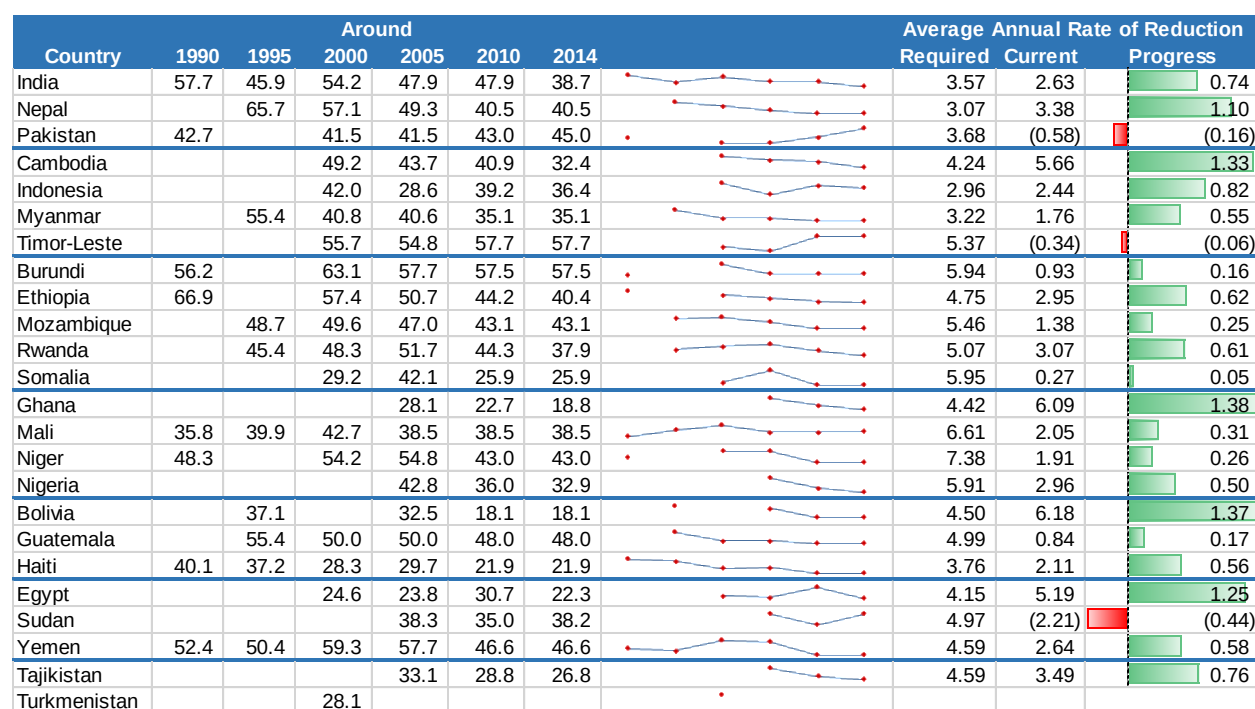
4.1 Evidence of Change in Stunting Prevalence 2010–2015

Stunting prevalence data from the 24 countries were abstracted from the 2015 Global Nutrition Report database.²⁹ Rates are reported for each country for 1990, 1995, 2000, 2005, 2010 and 2014, using the data closest to these years (e.g., 2000 data are primarily from 1999 to 2001). These data are displayed in Figure 16.

Five of the 24 countries are exceeding the required target for average annual rate of reduction and 15 are progressing toward stunting-reduction goals. WCARO, ESARO, and LACRO are moving towards stunting goals. Three countries (Myanmar, Pakistan and the Sudan) observe an increase in stunting prevalence. In addition, more recent trends (from 2010 to 2014) indicate that progress made in a number of countries (i.e., the Plurinational State of Bolivia, Burundi, Guatemala, Haiti, Nepal and Somalia) halted after initial decreases in stunting prevalence. (No data are available for Turkmenistan during this period.)

²⁹ International Food Policy Research Institute (IFPRI), '2015 Global Nutrition Report Dataset', doi:10.7910/DVN/MUOX19, Harvard Dataverse, V2.

Figure 16. Stunting Prevalence in Children under 5 Years by Sample Country (1990 to 2014)



4.2 Evidence of Effectiveness with Respect to Strategic Plan Outputs

As described in the Evaluation Framework (Figure 5 in Chapter II), this section assesses how country-level progress has translated in terms of SP outputs related to upstream approaches, capacity development, service delivery and response to humanitarian contexts. This section is organised by the relevant SP outputs.

4.2.1 Strengthened Political Commitment, Accountability and National Capacity to Legislate, Plan and Budget for Scaling Up Nutrition Interventions (Output c)

The upstream work under Output c is key to ensuring that the national development agendas prominently feature stunting. Relevant actions for upstream work outlined in global-guidance documents include advocacy, support to the development of national policies, and guidance development on how to implement, monitor and evaluate nutrition programmes. More than half (13 of 24) CO web-survey respondents report that upstream approaches are among the key approaches the country programme used to address stunting among young children. COs in low-income and fragile countries are less likely to report upstream approaches. External stakeholders are more likely to consider UNICEF upstream work one of UNICEF's top contributions in addressing stunting. (In 16 of 21 countries with available data, at least one external stakeholder endorses UNICEF's upstream actions towards stunting reduction.) External respondents who perceive lower levels of government commitment, policies and action plans related to stunting are more likely to consider UNICEF's upstream work valuable in addressing stunting. Based on external stakeholder opinion, almost one half of the countries can benefit from additional upstream work by UNICEF.

Success Highlights

Cambodia CO successfully increased government attention to the economic consequences of malnutrition. In May 2016, the Deputy Prime Minister requested a budget-line item for nutrition.

India CO successfully advocated for establishment and supported State Nutrition Missions that provide intersectoral coordination to improve child nutrition in the first 1,000 days. These missions are established in six states and cover a population of 300 million.

Haiti CO facilitated adoption of malnutrition as a priority in national policy and programming. Malnutrition is addressed in the national strategic policy documents, such as the Action Plan for National Recovery and Development of Haiti and the Haiti Strategic Development Plan.

Niger CO provided technical and financial support to develop a multi-sectoral National Policy on Nutrition Security, using evidence generated by UNICEF and its partners. The nutrition policy includes commitments across sectors relating to nutrition security, nutrition-specific and nutrition-sensitive sector interventions; food security; WASH; social protection; education; health; and communication and advocacy. Multiple stakeholders indicate that UNICEF Niger played an instrumental role in coordinating the policy across ministries and external stakeholders.

Nigeria CO strengthened nutrition policy integration with other sectors, including WASH, health, agriculture and social protection.

Ghana CO supported development and launch of a national nutrition policy and strategic plan that outlines policy and strategy to reduce stunting.

Rwanda CO operationalized the National Strategic Plan for Nutrition at the subnational level by supporting development and roll-out of the District Plans to Eliminate Malnutrition. Key drivers of the effectiveness of UNICEF's operationalization of such plans are adequate financing for a holistic approach to programming; reinforced messages through a strong behaviour-change campaign; skilled technical staff installed at the district level to provide a consistent point of contact for government partners; and flexibility to adapt programming.

Turkmenistan CO policy work contributed to adoption of the State Law on Breastfeeding Support and the National Action Plan.

4.2.2 Increased National Capacity to Provide Access to Nutrition Interventions (Output b)

Relevant actions for the capacity-building work under Output b include training national governments and partners on leadership, programme implementation and management, and provision of technical guidance and training to strengthen human resources for nutrition. Figure 17 summarizes capacity-building activities reflected in country reports. All 24 countries supported capacity-building activities during the evaluation. The most widely used capacity-building strategies are training (19 countries) and supportive supervision (16 countries).

Figure 17. Capacity-building activities implemented by Country Offices

Training Efforts	Total	Low-Income Countries	Middle-Income Countries	Fragile Countries
IYCF	11	4	7	3
Micronutrients	7	2	5	3
Community Management of Acute Malnutrition (CMAM)	6	1	5	4
General Nutrition	5	2	3	2
SAM	4	2	2	2

Figure 17. Capacity-building activities implemented by Country Offices (continued)

Emergency Nutrition	4	3	1	2
Breastfeeding	3	1	2	2
Data Collection	3	0	3	0
Nutrition Counselling	2	0	2	0
Integrated Management of Acute Malnutrition (IMAM)	2	2	0	2
Monitoring & Evaluation	2	1	1	0
Multi-Sectoral Nutrition	1	0	1	0
Front-Line Workers	18	7	11	8
Subnational	5	1	4	1
National Government	1	1	0	0
Supportive Supervision				
IYCF	7	3	4	3
General Nutrition	6	3	3	2
Policy & Protocols	5	3	2	3
Micronutrients	4	2	2	1
Monitoring & Evaluation (M&E)	3	2	1	1
SAM	3	2	1	1
CMAM	2	1	1	1
Breastfeeding	2	1	1	1
Data Collection	2	0	2	0
Emergency Nutrition	2	2	0	1
Multi-Sectoral Nutrition	1	0	1	0
Front-Line Workers	6	5	1	4
Subnational	4	3	1	1
National Government	15	5	10	6

Trainings are provided at multiple levels (government, subnational and front-line workers) and are largely related to specific interventions such as IYCF, micronutrients, CMAM, and various aspects of M&E and data and knowledge generation. Supportive supervision was provided for more upstream aspects, including policies and protocol development or advocacy, monitoring and evaluation and data collection, although supportive supervision of specific interventions was reported. Most trainings targeted front-line workers (18 COs reported trainings for front-line workers) and most supportive supervision efforts targeted the national government (15 COs reported supportive supervision provided to the national government). COs from fragile

countries conducted trainings to increase access to nutrition interventions by training front-line workers in CMAM (n=4 COs in fragile countries), MI (n=3) and IYCF (n=3).

Middle-income countries performed trainings and supportive supervision on data collection more often, whereas low-income countries focused the training efforts on direct interventions (IYCF, CMAM, MI and emergency nutrition). Additionally, middle-income countries provided supportive supervision to the national government, whereas fragile countries and low-income countries provided supportive supervision more often at the subnational level.

Capacity-development activities related to multi-sectoral approaches are reported by three COs. While all countries report capacity-development actions, only two COs identify capacity building

Success Highlights

Cambodia CO advocated the Ministry of Health (MOH) to include acute malnutrition in national policy, guidelines, and training curricula.

Haiti CO supported appointment of 20 departmental nutrition focal points and SAM training to community staff members to facilitate coordination and adequate provision of services.

India CO enhanced technical and practical skills of frontline functionaries and health facility staff to develop and implement strategies to bring information, counselling and support on IYCF closer to families.

Mozambique CO focused on building capacity at the provincial level to coordinate nutrition interventions. Country stakeholders find this particularly important, as fieldworkers had 'no capacity on nutrition or behaviour change' and considered UNICEF instrumental in increasing government capacity on nutrition in Zambezia Province. UNICEF Mozambique is also instrumental in supporting MOH's nutrition department. UNICEF supports the development of capacities in the health and nutrition sectors through a mix of context-specific approaches, such as development and adaptation of training materials based on international benchmarks and in-service training.

as a key activity for stunting-reduction efforts. This finding is interesting because external stakeholders from more than 40 per cent of the countries find UNICEF capacity-building activities one of the top approaches to address stunting. External stakeholders from fragile countries are almost twice as likely to value UNICEF's capacity development in addressing stunting; external stakeholders from one third of the countries state that capacity building is an area in which UNICEF should make greater contribution. In addition, as described in Chapter VI, capacity building remains a major challenge to sustainability in practically all countries; this indicates that additional emphasis on Output 2 is likely warranted across all countries.

4.2.3 Enhanced Support for Children, Caregivers and Communities for Improved Nutrition and Care Practices (Output a)

There is a broad-based agreement that addressing stunting requires use of a multi-sectoral approach, including delivery of nutrition-specific and nutrition-sensitive interventions which can vary by context. Nutrition-specific interventions address the immediate causes of undernutrition, such as inadequate dietary intake, and some underlying causes, such as feeding practices and

access to food. Nutrition-sensitive interventions address underlying and basic causes of malnutrition by incorporating nutrition goals and actions from a wide range of sectors.³⁰

Nutrition-Specific Interventions

Based on the document review (see *Figure 18*), the most frequent interventions supported by UNICEF COs include IYCF (23 countries) and prevention and control of micronutrient deficiencies (23 countries). All of the COs in the evaluation reported implementation of nutrition specific interventions, either MI or IYCF activities.

COs report nutrition specific activities in micronutrient initiatives (supplementation and fortification) and IYCF practices (exclusive breastfeeding and complementary feeding). All except one country office (Yemen CO) reported activities in micronutrient supplementation. COs in low-income countries were more likely to report activities in complementary feeding than COs in middle-income countries. There were four COs which discussed IYCF in general, without stating which specific interventions were implemented.

Figure 18. Nutrition specific activities implemented by Country Offices

Nutrition-Sensitive Interventions	Total	Low-Income Countries	Middle-Income Countries	Fragile Countries
Micronutrient Supplementation	23	10	13	10
Exclusive Breastfeeding Promotion/Training	18	7	11	7
Complementary Feeding	11	5	6	5
Fortification	9	5	4	4
IYCF (not specific to breastfeeding or complementary feeding)	4	2	2	2

³⁰ United Nations Children's Fund, 'Multi-Sectoral Approaches to Nutrition: Nutrition-specific and nutrition-sensitive interventions to accelerate progress', UNICEF, New York, 2014, available at: <www.unicef.org/eu/files/101322_000_Unicef_Brief_NutritionOverview_A4_v1r15.pdf>.

Success Highlights

Cambodia CO helped develop a web-based monitoring system for SAM and successfully reduced dropout rates and negligent adherence to follow-up. Stakeholders feel that UNICEF plays a key role in ensuring that children with SAM are not only identified, but also treated.

Haiti CO delivered complete packages of preventive and curative nutrition to health facilities across the country. UNICEF supported household salt-iodization programmes and routine micronutrient services. Haiti stakeholders indicate success with prevention of micronutrient deficiencies through deworming and supplementation of vitamin A, iron, folic acid and iodized salt.

India CO supported governments of multiple states in establishing IYCF counselling centres in medical colleges and IYCF corners in health facilities with high load of deliveries. UNICEF India also supported establishment of nearly 1,000 Nutrition Rehabilitation Centres treating children suffering from SAM.

Mozambique CO's *Health Weeks* are an important component of the country approach to increasing access to health and nutrition services. Health Weeks provide vaccination against measles, vitamin A supplementation, nutrition screening and deworming.

Niger CO initiated and mobilized resources and partners for integration of screening for malnutrition into a large-scale malaria seasonal prevention programme. As part of this programme, 2.6 million children were screened for early identification and treatment of acute malnutrition.

Rwanda CO's 1,000 Days campaign provided enhanced support for children, caregivers and communities and addressed a key bottleneck – a lack of accurate knowledge of stunting. Many stakeholders feel that this campaign was so successful that 'everyone in the country was aware of the importance of the first 1,000 days'. The campaign successfully generated a broad fundamental understanding of the consequences of chronic malnutrition and increased knowledge as to how families and communities can prevent stunting. Focused activities at the community level indicate that the campaign's messages were well retained among beneficiaries.

Nutrition-Sensitive Interventions

Evaluation identifies clear and deliberate examples using nutrition-sensitive approaches to address stunting in 12 of 24 sample countries. This is consistent with country programmes (described in Chapter III), which rarely include specific nutrition or stunting indicators within nutrition-sensitive programmes, however indicative of evolution in the use of multi-sectoral approaches during the time of the evaluation since more countries actually implemented these approaches than was articulated in the country plans at the time of their development.

Highlights of the nutrition-sensitive interventions and approaches reported by 12 countries are summarized in the textbox below. WASH-related interventions are most commonly reported. Fragile and low-income countries are slightly more likely to implement nutrition-sensitive interventions. COs in fragile countries are more likely to rate nutrition-sensitive interventions as a key component of the efforts to reduce stunting.

Lower-middle-income countries are more likely than low-income countries to support cash-transfer programmes. Cambodia is the only low-income country that supported a cash-transfer programme during the evaluation period. However, Cambodia was reclassified as a lower-middle-income country in 2016 (after the evaluation period ended). Although classified as a low-income country for purposes of analysis, Cambodia is likely more similar to the lower-middle-income countries.

External stakeholders in 16 of 24 countries believe that UNICEF can contribute more on nutrition-sensitive interventions and/or multi-sectoral approaches to address stunting. Evaluation

notes that many initiatives related to nutrition-sensitive interventions and approaches to address stunting are just beginning and/or are often limited to small populations. This is consistent with the transition period of this evaluation, and indicates that much work remains to fully incorporate multi-sectoral approaches into country efforts to address stunting.

Success Highlights

Cambodia CO developed a white paper, *The Imperative of Improving Child Nutrition and the Case for Cash Transfers in Cambodia*, and used findings to design and pilot a cash-transfer program with an explicit goal of improving nutrition.

Ghana CO supported Ministry of Gender and Social Protection in expanding the LEAP Cash Transfer Program to include poor pregnant women and lactating women and children under 2 years of age (LEAP 1000), with the aim to reduce stunting. UNICEF Ghana advocates to government to ensure that LEAP 1000 beneficiaries receive health-care coverage and adequate counselling, especially on child nutrition.

Haiti CO supported the Direction de L'Eau Potable et de l'Assainissement (DINEPA) and the MOH to work in partnership with NGOs to implement the WASH programme. Partnerships were established for an integrated community approach (nutrition, WASH and health sectors).

India CO conducted a Nutrition and WASH demonstration project in three states and provided technical support for strengthening the monitoring of a conditional cash-transfer scheme for care during pregnancy and lactation.

Mali CO implemented cross-sectoral platforms at the local level (district and communal) to coordinate and monitor nutrition-specific and nutrition-sensitive interventions.

Myanmar CO supported a pilot of maternal and child cash transfer as part of the stunting-reduction efforts.

Niger CO promoted handwashing and household water treatment activities at the facility and community levels in areas with high malnutrition rates through NGO partners implementing WASH.

Sudan CO promoted multi-sectoral initiatives that included a community approach to total sanitation.

Pakistan CO supported an enabling environment in communities for improved WASH services and promoted WASH in schools and health facilities as part of the stunting-reduction efforts.

Somalia CO provided support to communities to upgrade sanitation facilities and improve hygiene and reinforced positive social norms that enable communities to remain open defecation-free.

Timor-Leste CO supported integration of nutrition roles and responsibilities into the primary health-care system.

Yemen CO provided support to WASH interventions, including Community-Led Total Sanitation, handwashing promotion, and use of improved water sources to address stunting.

4.2.4 Increased Country Capacity and Delivery of Services to Ensure Protection of the Nutritional Status of Girls, Boys and Women from the Effects of Humanitarian Situations (Output d)

The limited systems and resources required to target stunting in fragile contexts challenge the ability of independent governments to internally improve child nutrition. UNICEF's actions in the programme areas of nutrition in emergencies and SAM are critical to achieving this output. All 11 COs in fragile sample countries supported SAM treatment interventions during the evaluation period, and seven of 11 COs in fragile countries considered these interventions critical in the approach to addressing stunting. COs in fragile countries are also more than four times more likely to utilize all three groups of interventions (i.e., IYCF, micronutrients and SAM treatment) as part of the key approaches to address stunting. Examples of nutrition interventions supported

by UNICEF in fragile countries or as a response to emergencies to protect populations from the effects of humanitarian situations³¹ are presented in the textbox below.

Success Highlights	
Ethiopia CO	supported the Regional Health Bureau in the Gambella region to provide vitamin A supplementation to refugee children at border-crossing points and refugee camps.
India CO	partnered with governments and other partners to conduct rapid-needs assessments and provide safe drinking water, sanitation and other services for households affected by floods, as well as to address shortcomings in health and nutrition services in security-challenged areas.
Nepal CO	organized Child Nutrition Week to successfully deliver micronutrient and other essential to the most vulnerable children and mothers post-earthquake.
Niger CO	successfully linked vitamin A supplementation and deworming interventions to polio immunization. Vitamin A supplementation and deworming are provided twice a year throughout the country.
Rwanda CO	responded to a refugee crisis through provision of emergency WASH services, immunizations, vitamin A supplementation, and deworming.

Figure 19. Country Office activities for the prevention and treatment of nutritional status

	Total	Low-Income Countries	Middle-Income Countries	Fragile Countries
Community Management of Acute Malnutrition (CMAM)	13	5	8	7
Treatment of Severe Acute Malnutrition (SAM)	12	7	5	7

Country Offices work towards prevention and treatment of severe malnutrition through efforts in CMAM and SAM treatment, respectively (see *Figure 19*). Thirteen of the 24 evaluation COs discussed activities in CMAM and 12 of the 24 COs discussed activities in treatment of SAM. COs in low-income countries were more likely to implement activities related to treatment of SAM, potentially indicating the need to address the immediate need, instead of implementing prevention activities such as CMAM.

4.2.5 Challenges

The evaluation also examines challenges that the countries face in addressing stunting. Twenty-one of the 24 sample countries respond that there are major challenges or constraints in effective implementation of strategies and or interventions to address stunting. The most common challenge (17 of 24 countries) reported by COs is lack of government capacity, commitment or systems. Challenges in multi-sectoral programming and insufficient funding are

³¹ Full assessment of emergency response is not within the scope of this evaluation, and examples are used if specifically highlighted in the country documents as part of the nutrition programmes.

key challenges reported in nine countries. Other challenges reported by COs include lack of coordination or partner capacity; limited UNICEF staffing resources or capacity; inadequate coverage of programming; humanitarian situations; lack of clear approaches/focus on stunting by the CO; and insufficient monitoring and evaluation data.

4.3 Summary

Upstream Approaches

Evaluation finds that, while multiple examples of successful advocacy for improved policy frameworks, increased government commitment to addressing stunting and other upstream achievements exist, the need for additional progress is consistently reported by both COs and external stakeholders. COs in low-income and fragile countries are less likely to report upstream approaches.

Capacity Building

Findings on capacity building are mixed. All countries report capacity-development activities, largely related to specific interventions such as IYCF, micronutrients, CMAM, and various aspects of M&E and data and knowledge generation. The focus of middle-income countries was more often on data collection, whereas low-income countries concentrated their training efforts on direct interventions. However, only a small number of COs consider these activities a key component in the approach to addressing stunting. On the other hand, external stakeholders are much more likely to view UNICEF's capacity-building actions as critical to addressing stunting. These findings indicate that while UNICEF is clearly investing in capacity building, the efforts in this area may need to be strengthened either through diversification of the types of capacity-building activities, and/or increasing scale.

Improved Nutrition and Care Practices

Nutrition-specific interventions are among key approaches to address stunting in most sample countries, and IYCF and prevention of micronutrient deficiencies are common. All of the COs in the evaluation reported implementation of nutrition-sensitive interventions, either MI or IYCF activities. This is consistent with the focus of country plans discussed earlier in the report. Evaluation also document growing focus on multi-sectoral approaches and support of nutrition-sensitive interventions. However, clear examples of implementing these as part of the CO approaches to stunting reduction were found in only half of the countries, and initiatives were often limited to specific populations or geographic units, indicating that the progress in this area has started, but significant gaps remain.

Capacity and Delivery of Services in Humanitarian Situations

Evaluation found that the focus on management of severe malnutrition is strong in fragile countries. COs in fragile countries are also more likely to report that multiple preventive nutrition-specific interventions are key to their approach to address stunting. This may be indicative of UNICEF having to be overstretched to meet greater needs of fragile countries, where focus on SAM may eventually detract from more preventive interventions due to funding and capacity constraints.

V. Equity and Reach of Disadvantaged Children

This chapter assesses UNICEF's efforts to reduce stunting among disadvantaged and vulnerable children. It presents data to answer one main evaluation question and three sub-questions:

Are UNICEF's strategies and programmes to reduce stunting equitable and effective in reaching disadvantaged children, including children with disabilities?

- How effective is UNICEF's approach to achieving equitable results in reducing stunting?
- What type of approaches and interventions are being implemented to yield results in reducing stunting in disadvantaged, marginalized and less-reached areas/groups?
- Has attention been given to the needs of children affected by disability?

5.1 Trends on Equity and Gender Issues in Relation to Child Stunting

Inequalities may prevent disadvantaged populations from accessing nutrition services or adopting optimal nutrition practices, hence increasing the likelihood of stunting. While globally, the prevalence of stunting is declining, poor children remain more likely to be stunted than their wealthier counterparts. Latest statistics from WHO Global Health Observatory show that globally, median prevalence of stunting in children aged 5 years or younger is 35.3 per cent in the poorest quintile and 15.6 per cent in the richest quintile.³² Globally, children in rural households are more likely to be stunted compared with children in urban households.³³ Parental schooling is also consistently associated with nutrition outcomes.³⁴ Recent data also show that, in most countries, stunting inequalities persist or are actually increasing over time.

5.2 UNICEF's Approach to Addressing Equity

UNICEF utilizes an equity-focused approach to programme design and implementation, thereby enabling vulnerable populations to better benefit from access to nutrition services and information. UNICEF 2014–2017 SP has an explicit equity focus on the 'disadvantaged and excluded' to promote and protect children's rights. Equity is directly reflected in UNICEF 2014–2017 SP output e, 'Increased capacity of governments and partners, as duty-bearers, to identify and respond to key human rights and gender equality dimensions of nutrition'. Gender equality is a key element in the refocus on equity, and UNICEF promotes gender-sensitive and gender-transformative approaches. UNICEF's equity focus requires an understanding of poverty, vulnerability and marginalization as causes and consequences of malnutrition and recognizes that practices in good nutrition will put all children on the same starting line. Equity focus also aims to ensure that girls and women have equitable access to good nutrition and recognizes that undernutrition is most rampant in settings where girls and women suffer from violence and discrimination.

³² <www.who.int/gho/health_equity/outcomes/stunting_children/en/>.

³³ United Nations Children's Fund, 'Current State of Nutrition', UNICEF, 2013.

³⁴ <www.thelancet.com/pb/assets/raw/Lancet/stories/series/nutrition-eng.pdf>.

5.3 Evidence at the Country-Level Programme on Effectiveness to Address Equity

5.3.1 Disadvantaged and Vulnerable Groups

Within the Country Documents, 23 of 24 COs target specific vulnerable populations within the country. Country Documents sometimes lack specificity as to whether the vulnerabilities are specific to stunting, and the information on specific groups is triangulated where possible using external stakeholder report groups. Across all countries, children within the lowest wealth quintile are identified most often as vulnerable, followed by children in rural areas; gender-specific vulnerabilities; and children from particular regions of a country. At least one country from all but one region identifies these top four vulnerable populations. Additionally, all but one low-income country identifies gender-specific vulnerabilities and two of three countries which identified children with HIV as a vulnerable population were from low-income countries. Middle-income countries were most likely to identify children from families in the lowest wealth quintiles as vulnerable; all but two middle-income countries identified this. COs from fragile countries were more likely to identify rural areas and gender specifics as vulnerable (see *Figure 20*).

Figure 20. Number of Countries with Particular Vulnerable Populations

Vulnerable Population	Total	Low-Income Countries	Middle-Income Countries	Fragile Countries
Lowest wealth quintile	17	5	12	7
Rural areas	15	6	9	8
Gender	15	9	6	8
Particular regions of a country	12	4	8	5
Living in conflict zones, internally displaced, refugees	8	3	5	4
Ethnic/racial/religious minority	5	2	3	3
Low education	4	1	3	1
Disabled	3	1	2	1
Children with HIV	3	2	1	1

Although most COs specify the vulnerable population(s) in their countries, only seven COs included nutrition indicators disaggregated for the vulnerable population. Most of the latter are from COs in low-income nations (see *Figure 21*).

Figure 21. Inclusion of Disaggregated Nutrition indicators for Vulnerable Populations

Country Classification	Number of Countries Included	Number of Countries with Disaggregated Indicators
Total	24	7
Low-Income	10	5
Middle-Income	14	2
Fragile	11	3

Figure 22 provides mapping of disaggregated indicators within Results Matrices to identified vulnerable populations in the Situation Analyses for the seven countries which specified disaggregated indicators.

None of the seven COs which specified disaggregated nutrition-related indicators mapped the indicators to the identified vulnerable populations in their entirety. The Nepal CO specified disaggregated indicators for the highest proportion of their identified vulnerable populations (disaggregation of five of seven vulnerable populations). Some COs included disaggregation for populations not identified as vulnerable populations in the Situation Analysis (i.e., Ethiopia indicated disaggregation by ethnic/racial minorities but did not specify ethnic/racial minorities as vulnerable).

Figure 22. Mapping of disaggregated indicators and identified vulnerable populations

Country Office	Vulnerable Population Identified in Situation Analysis	Disaggregated Indicators
Plurinational State of Bolivia	Children from particular regions Children within lowest wealth quintile Ethnic/racial minority Gender	Regional
Burundi	Ethnic/racial minority Gender Children living in conflict areas/IDP/refugees Orphaned children Working children	Regional Gender
Ethiopia	Children in rural areas Gender	Rural areas Ethnic/racial minority Gender
Haiti	Children within lowest wealth quintile Children in rural areas Gender	Regional Gender
Indonesia	Children from particular regions Children from lowest wealth quintiles Children in urban areas	Regional

Figure 22. Mapping of disaggregated indicators and identified vulnerable populations (continued)

Nepal	Children from particular regions	Regional
	Children within lowest wealth quintile	
	Ethnic/racial minorities	Ethnicity
	Gender	Gender
	Children from mothers with low educational backgrounds	
	Disabled children	Disability
	Children with HIV	HIV status
Rwanda	Children from particular regions	Gender
	Children within lowest wealth quintile	
	Children in rural areas	

5.3.2 Addressing the Needs of Disadvantaged and Vulnerable Groups

Country Documents outline successes and challenges related to addressing the needs of vulnerable populations. Twenty of 24 COs specify success in programming for vulnerable populations. The most common successes are reported in the areas of data generation (9 countries) and community intervention (8 countries). Other areas where successes were reported were advocacy (n=6), development of national guidelines and/or policies (n=5), establishment of a monitoring system (n=3), and advances in research (n=2).

Figure 23 presents examples of equity-focused approaches and interventions from case country studies. These examples demonstrate that all case-study countries include types of geographic targeting (e.g., subnational units with highest prevalence of stunting or malnutrition, rural areas). Approaches also target specific populations, such as the most marginalized populations in Haiti and tribal populations in India.

Figure 23. Highlights of Equity-Focused Approaches from Case-Study Countries

Cambodia
• UNICEF contributed to two studies on inequalities in women's nutrition and children's nutrition. • Mass SAM screening campaign targeted most vulnerable children and was conducted in the provinces where the prevalence of SAM was above 5 per cent.
Haiti
• UNICEF supported the Kore Fanmi programme that applies a community-based philosophy and multi-sectoral approaches to ensure regular interactions with the most vulnerable and marginalized families, currently targeting families in the province with highest stunting prevalence. • UNICEF conducted socio-economic commune surveys in six communes in the high-stunting prevalence provinces to establish baseline data on multidimensional household vulnerability for identifying and targeting the most vulnerable families. • Multiple WASH interventions supported by UNICEF Haiti focused on rural communities.
India
• UNICEF India conducted a number of activities focused on marginalized children and women, including work on out-of-school children, strengthening cross-sectoral collaboration, and a situation analysis to understand barriers and opportunities for improved delivery of essential nutrition interventions for tribal women before, during and after pregnancy. • A number of partnerships were formed with other sectors, including Rural Development and Tribal Welfare, to develop and implement special plans that address nutrition inequities. For example, UNICEF partnered with the Ministry of Tribal Affairs and Government of Odisha to organize a two-day National Conclave which brought together representatives from six government departments, front-line workers, civil society organizations and academics to inform policy discourse on nutrition improvement for Adivasi children and women. • UNICEF conducted a study in select states to test the efficacy of participatory communication training tools in reaching most marginalized communities. • In Rajasthan, UNICEF collaborated with the government to contribute to improving services among the most marginalized districts with large populations of scheduled tribe members. These efforts resulted in a number of improvements in nutrition-sensitive sectors, positively affecting young children with SAM from scheduled tribe-dominated districts.
Mozambique
• UNICEF targeted geographic areas with the highest stunting prevalences. New CP has an explicit focus on generating evidence in working multi-sectorally to help meet the nutrition-related needs of vulnerable groups. • UNICEF supported the strengthening of linkages between nutrition and HIV services in two provinces with encouraging results.
Niger
• The campaign for micronutrient supplementation through vitamin A, deworming, IYCF and nutrition packages have been expanded to rural areas. • UNICEF Niger worked with the government and other partners by building capacity on Community-Led Total Sanitation and advocating a strong rural sanitation agenda.

5.3.3 Challenges in Addressing the Needs of Disadvantaged and Vulnerable Groups

Both COs and external stakeholders reported on the challenges in working to address stunting-related needs of vulnerable children. All countries report challenges, as shown in Figure 24. It is notable that both COs and external stakeholders name lack of coordination among important sectors and participants as the most frequently cited challenge.

Figure 24. Challenges in Addressing the Needs of Disadvantaged and Vulnerable Groups

Challenges Reported by CO	Total	Low-Income Countries	Middle-Income Countries	Fragile Countries
Inadequacy of systems or coordination	16	6	10	8
Limited funding	13	8	5	8
Lack of capacity at subnational/community level	8	3	5	3
Socio-political difficulties	8	4	4	5
Inadequate data	4	0	4	0
Lack of focus on proven interventions	4	1	3	1
Lack of government commitment	3	2	1	2
Hard-to-reach areas	2	1	1	1
Poor WASH situation	1	0	1	0
Inadequate supply chain	1	0	1	1
Challenges Reported by External Stakeholders ^a				
Lack of coordination	12	7	5	6
Lack of finances	10	6	4	5
Lack of knowledge/research/reporting	10	4	6	3
Poor access to health services or poor health service quality	9	4	5	3
Poor nutrition-specific education and behaviours	8	3	5	2
Lack of government commitment or leadership	8	5	3	5
Persistent poverty	7	3	4	3
Socio-political factors	3	0	3	2
Lack of food access and food security	3	1	2	0
Lack of supplies	2	2	0	2
Poor nutrition-sensitive outcomes	1	0	1	0
Lack of community commitment	1	1	0	0
Hard-to-reach communities	1	0	1	0

^a Based on the responses from 22 countries. Two countries did not respond to the survey.

5.4 Summary

Although most COs specify the vulnerable population(s) in their country (with children living in extreme poverty as the most commonly-specified category), only seven COs include nutrition indicators disaggregated for the vulnerable population. Children with disabilities were specified as a vulnerable group in three countries, with one country (Nepal) which included specific indicators for children with disabilities. COs document a number of successes, particularly in the areas of data generation and community-based approaches. Results from the case-study countries show that geographic targeting is present in all countries. However, lack of disaggregated indicators does not allow to consistently assess whether these approaches yielded results in reducing stunting in disadvantaged and marginalized groups. Most COs report challenges in addressing the needs of disadvantaged and vulnerable groups. COs and stakeholders agree that inadequacy of systems and coordination is the main challenge in working to address the stunting-related needs of vulnerable children. Chapter VII of this report further documents that availability of data at subnational levels and for specific population groups remains a challenge that can affect the ability to identify vulnerable populations and to track the progression of such groups.

VI. Sustainability and Scale-Up

This chapter assessing the extent to which UNICEF's global strategies and country programmes are sustainable in reducing stunting. It answers the following questions:

Is there evidence that UNICEF's strategies and programmes to reduce stunting are likely to be sustained or scaled up?

- To what extent have sustainability considerations (technical, financial, institutional) been integrated in programme design and implementation phases by UNICEF and its counterparts?
- How adequate is UNICEF's approach and contribution with respect to direct support, upstream work and creation of enabling environments (including system/capacity strengthening, building national ownership and national budget allocations) that is necessary for sustainability and scale-up of activities?

Data to answer these questions are derived from KIIs, CO interviews documents and surveys.

6.1 Sustainability

At the global level, UNICEF coordination and partnerships (detailed in Chapter III) are likely to be sustainable given current global attention to child stunting. Global attention helps keep stunting high on the agenda of UNICEF and its partners. There are gaps for improvement in defining roles and multi-sectoral coordination; however, global partners appear committed to working together to address stunting. In addition, new global financing opportunities, such as the Power of Nutrition fund and UNITLIFE, are expected to significantly increase revenue streams for nutrition in the upcoming years. UNICEF provided substantial support to the initiation of both of these funds.

Evaluation found that, at the country level, UNICEF integrated upstream policy, capacity building, and promotion of enabling environments through system strengthening (detailed in Chapter V) in programme design and implementation. Upstream policy approaches were reported in 13 out of 24 countries and capacity-building activities were implemented in all 24 countries. In addition, UNICEF's work with national governments and its partnerships with other country stakeholders (described in Chapter III) indicate involvement of national stakeholders in an inclusive way to promote national ownership. National ownership, in turn, is an important component of sustainability of programmes. Figure 25 presents examples of sustainability strategies from case-study countries.

Figure 25. Highlights of Sustainability Approaches in Case-Study Countries

Cambodia
• Focus on advocacy, knowledge generation and dissemination, and direct training/technical assistance for government staff • Support of costing of the National Nutrition Strategy as a means to generate increased understanding of the actual cost of progress • Longer-term sustainability planning through supporting development of a Master's of Nutrition programme to improve in-service training and availability of nutrition expertise

Figure 25. Highlights of Sustainability Approaches in Case-Study Countries (continued)

Haiti
• Institutional strengthening, capacity building, and development of health information management systems
India
• Policy influencing plans and budgets of national flagship programmes to deliver essential nutrition services • Institutional and individual capacity building and direct training of programme managers and frontline functionaries to scale evidence-based nutrition interventions, monitor programme outcomes, and improve service delivery through engagement with communities and households • Engagement of partners across sectors (e.g., government, academic, media) led to both short-term leveraging of resources and implementation of longer-term sustainability strategies such as improved in-service training on nutrition
Mozambique
• Partnering with other United Nations agencies and NGOs on multi-sector governance and improving resource allocations • Capacity building at the subnational level • Supporting continued rollout of community-based services by community health workers • Improving the nutrition information systems
Niger
• Leveraging existing systems by working within the health system (e.g., village health workers and community volunteers) • Institutional capacity building across multiple ministries
Rwanda
• Building ownership at subnational levels • Inclusion of income-generation activities to help households escape poverty cycles

6.2 Scale-Up

The need for scaling up to achieve more effective and wider country coverage of efforts to reduce stunting is identifiable in all the sample countries. As part of planning for scaling up, UNICEF COs supported various activities related to budget and financial planning. For example, UNICEF Cambodia supported a budgeting exercise, the Fast Track Road Map for Improving Nutrition 2014–2020, to identify cost-effective interventions that can be implemented at significant scale to reduce the national burden of malnutrition, mainly financed by domestic sources, by the year 2020. UNICEF Mozambique supported the development of user-friendly budget briefs on health, nutrition, education and WASH used for advocacy with parliament, government, civilians and donors to improve equity and efficiency of allocations. In the Sudan, UNICEF, in partnership with the Ministry of Health and WFP, developed a case for expanded multi-sectoral investment in nutrition, with costing of an evidence-based package of interventions to reduce stunting, wasting and child mortality. Tajikistan supported implementation of a national nutrition budget-tracking exercise. These activities relating to

budget and finance planning indicate that government stakeholders are taking initial steps to determine funding allocations in the area of stunting. Reliable Information on changes in country budget allocations to stunting was not available; the evaluation is not, therefore, able to determine whether funding increases were actually implemented.

6.3 Risks, Challenges and Barriers to Sustainability and Scale-Up

Potential risks to the sustainability of the contributions UNICEF is making to address stunting through the country programmes were reported in 23 of 24 sample countries and include five major themes:

- (1) UNICEF is a strong financial contributor to interventions, and reduced funding would greatly impact sustainability.
- (2) If UNICEF contributions are supported by other donors, future support may be difficult and unpredictable.
- (3) Government commitment to integrate nutrition (coordination, governance, agenda, budget) affects sustainability of country programme efforts, and many countries are concerned with government instability.
- (4) Governmental capacity and infrastructure is weak.
- (5) Turnover and reduction of UNICEF staff affects ongoing programming through lack of continuity, change in skill sets, and decrease in monitoring and evaluation.

Funding, government commitment and capacity issues are reported by all countries with very little variation by region, income level, or fragility.

All 24 COs stated that there are potential challenges to scale-up of UNICEF-supported interventions to address stunting. These challenges are similar to the risks related to sustainability (weak integration into nutrition and health services, unpredictable long-term funding, governance structures and stability, low governmental prioritization of stunting reduction, resource constraints, and lack of understanding of multi-sectoral work).

External stakeholders note several challenges with UNICEF's approaches related to sustainability. They state that:

- UNICEF is often driven by the need to see immediate impact rather than the longer-term investment needed to build human/institutional capacity.
- UNICEF can seemingly be in competition with the national plans for fundraising. More coordination and cooperation is needed such that funding is spent on coordinated programmes rather than on individual agencies and smaller activities.
- UNICEF needs to be more deliberate in its identification of NGO partners that work within the community. NGOs are often better placed to work at the community level because the organizations can convey the messages and implement interventions, but UNICEF is better placed to formulate those messages and approaches.
- UNICEF does not need to do everything, but it does need to support countries to implement activities on an ongoing basis.
- UNICEF often 'poaches' national staff and creates parallel systems.

6.4 Summary

Evaluation found that technical and institutional considerations relevant to sustainability have been integrated in all UNICEF programmes, including upstream work, capacity building and system strengthening. Evidence on partnerships indicates that UNICEF promoted inclusive approaches to encourage national ownership and successfully leveraged resources across partners. Although evidence on actual positive changes in country budgets in the area of stunting was not consistently available, examples of increased emphasis on financial planning and findings indicate that the dialogue with national governments related to funding allocations has begun.

Risks to sustainability and scale-up of efforts to address stunting are found across all sample countries. Key risks common to all 24 countries include general resource constraints and funding unpredictability, government commitment and instability, and limited infrastructure and capacity. In addition, lack of funding and staff coordination between UNICEF and other actors may exacerbate risks to sustainability and scale-up.

VII. Knowledge/Data Generation, Management and Use

This chapter explores the need for knowledge generation in the global context of stunting reduction, as well as particular knowledge generated and disseminated by the 24 countries. It also describes country efforts to improve data collection, management and analysis to monitor and evaluate stunting-reduction programmes, and to contribute to knowledge and evidence generation. Data from CO surveys, external stakeholder surveys, document reviews and KIIs were used to address the following questions:

Does UNICEF promote the generation and utilization of knowledge and data sufficiently and appropriately to realize its stunting-reduction strategies and programmes?

How has UNICEF contributed to relevant knowledge, to the establishment or strengthening of effective nutrition information systems, data collection and analysis, and to monitoring and evaluation of outcomes and impact in relation to stunting, including a focus on equity?

What areas of data use or dissemination of the results of research and evaluation require strengthening at the global, regional and country levels, and how can UNICEF contribute to the strengthening efforts?

7.1 Knowledge and Evidence Generation

Global stakeholders agree that the *Lancet* series provides a good starting point for discussing effective interventions. However, key stakeholders in the global stunting-reduction arena describe a continued lack of evidence proving which interventions are *most* effective in reducing stunting, especially in different contexts. There is no one-size-fits-all approach to stunting reduction. Additional work is needed to identify the minimum set of interventions that are transferable across contexts and cultures, as well as the interventions that are most effective in different contexts. There is concern that a multi-sectoral approach that is not evidence-based is ‘putting fairy dust’ on the problem: Adding more players and interventions without evidence of how or whether they work, or whether they work together, creates more ambiguity than results.

At the global level, UNICEF produced several reports and other documents to generate knowledge and evidence related to stunting. Through these efforts, UNICEF leverages learning from its nutrition and stunting work in more than 120 countries through the implementation of UNICEF’s Strategic Plan 2014–2017, which also serves as a knowledge-generation tool at the global level. Key documents include, but are not limited to, *UNICEF’s Approach to Scaling Up Nutrition*, *Improving Child Nutrition: The achievable imperative for global progress*, and the Annual Results Reports. These documents, available to the public online, are developed for technical and non-technical audiences and effectively summarize and describe knowledge evidence, and best practices synthesized across all regions and countries where UNICEF works. The documents also present data, case studies, findings, lessons learned, knowledge gaps, and recommendations that can be adapted and applied to improve efforts to reduce stunting at the global level. Furthermore, according to COs, UNICEF HQ has supported the country programme’s efforts to address stunting through knowledge generation in 4 of the 24 COs.

At the regional level, ROs provide support to COs in knowledge generation. In response to the survey, COs indicate the types of support received from ROs for knowledge and data generation to address stunting (Figure 26).

Figure 26. Types of Support Received From RO

Type of Support	Number of Countries*
Dissemination	17
Use of data for monitoring or evaluation	14
Knowledge generation	13
Data generation	11
Data quality assurance	1

* COs could report up to five kinds of support.

More than half of the 24 COs indicate that their RO provided support to the country programme for knowledge generation to reduce stunting. According to the CO surveys, since 2013, 12 sample countries have documented innovations, best practices or locally contextualized tools related to efforts to reduce stunting. Detailed examples of knowledge generation and dissemination activities from the case-study countries (Figure 27) demonstrate a wide range of products developed by the COs successfully utilized for advocacy and revision of the strategy to improve coverage, especially of the most vulnerable children.

Figure 27. Knowledge Generation/Dissemination Activities from Case-Study Countries

Cambodia
• Research on the economic consequences of malnutrition in Cambodia used to advocate for increased attention to the issue of nutrition and stunting • A study on breastfeeding practices using secondary Demographic and Health Survey (DHS) data which resulted in recommending assessment of existing practices at community and health facility levels and the identification of bottlenecks, such as maternity leave • A study of the drivers of the high prevalence of anaemia in women and children in Cambodia which recommended that interventions be expanded to include zinc and folic acid as well as effective anti-hookworm measures • Studies on nutritional inequalities among women and children • Multiple other peer-reviewed papers including guidelines on screening for acute malnutrition, an exploration of vitamin D deficiency, micronutrient retention in different rice cooking methods, and a case study on the quality of iron fortification of fish and soy sauce
Haiti
• A publication on child malnutrition to assess changes in children's nutrition status post-earthquake • A study on complementary feeding practices to describe the feeding practices among children 6–23 months of age, identify the determinants, and assess their impact on child growth outcomes in Haiti

Figure 27. Knowledge Generation/Dissemination Activities from Case-Study Countries (continued)

India
• Strategic review of vitamin A supplementation and universal salt iodization programmes, which resulted in revision of the strategy to improve coverage, especially of the most vulnerable children • Studies on therapeutic feeding and care for children with SAM, in which analyses were conducted on the effectiveness of programmes in providing care for children with SAM through facility- and community-based programmes in an effort to build an evidence base for policy and strategy formulation • Seven papers related to child nutrition published in peer review journals • Eleven presentations capturing UNICEF's work on nutrition at the state level made at the Micronutrient Forum, a prestigious international conference • UNICEF India has established a knowledge network for women and children to facilitate the transfer of knowledge across states in India as well as regional and global sharing through South-South cooperation
Mozambique
• Financial support for an analysis of chronic malnutrition • Supported the food and nutrition security baseline assessment • Developed a conceptual framework on the causes of malnutrition used by multiple other partners in Mozambique • Support of iodine deficiency study and assessment on the production of iodized salt • Assessment of the uptake of 2010 WHO recommendations on IYCF in the context of HIV • Financial support for the anthropometric measurement under the Household Expenditure Survey and its analysis • A nutrition supply chain assessment to review how nutrition therapeutic products, equipment and micronutrient powders are managed with the government supply chain system, and provide a set of actionable recommendations to inform future investment into supply chain improvement, particularly in relation to the integration and inventory management of nutrition commodities at provincial and district levels • Supports development of user-friendly budget briefs on health, nutrition, education and WASH. The briefs are used for advocacy with parliament, government, civilians and donors for improving equity and efficiency of allocations
Niger
• Collaboration with the National Institute of Statistics to conduct a national study on socio-economic and demographic indicators to track progress on the MDG goals • Generation of evidence to support the multi-sectoral nutrition security policy
Rwanda
• Study on parent behaviours and practices, such as a lack of balanced diet for young children, lack of child hygiene and health care, and provision of inadequate care • Financial and technical support for the Rwanda Nutrition, Markets and Gender Study, which is a comprehensive study into the links between agriculture, nutrition, gender and markets. The analysis provide evidence that addressing stunting in Rwanda requires coordination between specific sectors. More generally, the study aims at establishing the evidence base for nutrition education in the country, setting strategies for poverty reduction and promotion of consumption of nutritious foods and fortified staples, and developing strategies that tackle the causes of malnutrition • Support to nutrition stakeholder and action mapping which provides an overview of 'who is doing what and where in nutrition in Rwanda', and identifies potential geographical and beneficiary gaps in coverage of core nutrition actions. A similar exercise was supported for WASH

7.2 Data Generation

In response to a series of questions related to existing nutrition data and information within the country, 14 of 24 COs state that data related to stunting outcomes and outputs are not sufficient to meet the country's data needs. COs in middle-income countries are most likely to state that the data are not sufficient.

Asked to what extent the current country information system is adequate in terms of meeting information needs (on a scale from 0 to 5, with 0 being 'not at all' and 5 being 'fully'), COs provide mixed responses. Countries within SA, LAC and CEE/CIS are similar in terms of adequacy of the information systems. EAP and MENA regions had the most disparity in systems adequacy across countries. The overall average ranking was 2.7, with COs in low-income countries reporting slightly lower ratings.

Asked about UNICEF's support of national information systems in the past three years, five categories of responses arise from the COs. Sixteen of the 24 COs state that UNICEF supported national information systems by providing technical assistance (n=11), national survey development and/or implementation (n=3), financial support (n=3), analysis of data (n=2) and/or system management (n=1). Only COs in fragile countries report that UNICEF directly provides financial support to national information systems. COs in low-income countries are more likely than COs in middle-income countries to state that UNICEF provides technical assistance to information systems.

Figure 28 presents examples from the case-study countries and demonstrates a range of activities, including support to national surveys, collection of subnational data, and integration of nutrition-related data collection within existing systems.

Figure 28. Highlights of Data Generation Activities from the Case-Study Countries

Cambodia
Addition of a micronutrient module to DHS to improve evidence of association between micronutrients and the economic burden of malnutrition
Haiti
- Support data collection activities specific to vulnerable populations through the socio-economic commune surveys using mobile data-collection methods - Support Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey 2016 and DHS/Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS) 2016
India
- Promote the collection, analysis and dissemination of data and information on children and women, disaggregated by social group, sex, wealth levels and geography - UNICEF India's disaggregated databases allowed for documenting good practices in the two flagship national programmes for scaling up essential nutrition interventions - Technical and financial support to the Rapid Survey on Children, the only up-to-date source of national estimates on the well-being of children and women

Figure 25. Highlights of Data Generation Activities from the Case-Study Countries (continued)

Mozambique
- Strengthening data collection and analysis capacity, with an ongoing focus on the national database, to compile administrative data from districts throughout the country - Successful advocacy to integrate monitoring/reporting system of the treatment of acute malnutrition under nutrition services into the country health-information system to track key indicators such as SAM treatment, water coverage and diarrhoea prevalence
Niger
- Support to SMART and DHS surveys - Design and implement decentralised monitoring of coverage and utilization using Lot Quality Assurance Sampling to rapidly classify high- or low-performing districts using 53 nutrition indicators and to identify bottlenecks
Rwanda
- Financial support to collecting subnational stunting data through the DHS - Development of the RapidSMS tool, which collects information on several indicators, including antenatal care (ANC) visits, Community Health Worker education visits, mid-upper arm circumference, weight and breastfeeding initiation. RapidSMS data are sent to and compiled by the district hospital. Height for age (stunting) was recently added to the RapidSMS data system

7.3 Gaps and Challenges

COs were asked to identify country-wide gaps in data and the challenges related to data collection. Of the countries surveyed, 14 state that available data related to stunting-related outcomes and outputs are not sufficient to meet country needs. Additionally, 10 COs responded to questions about challenges in data and knowledge generation.³⁵ The top challenges include a lack of financial resources (n=7) and lack of technical capacity (n=7). Respondents note that subnational-level data are often not available, especially on IYCF, micronutrients, WASH and stunting indicators. Country stakeholders report a need for:

- longitudinal data for better analysis and interpretation;
- definition of a realistic set of nutrition-sensitive indicators;
- regular data availability;
- increased staff capacity;
- improved quality, completeness and timeliness of Health Management Information System data and stunting-related indicators;
- timely feedback of analysis of the data to reach subnational units;
- data visualization;
- robust analysis of data by context;
- coordination and standardization of data across different stakeholders and partners; and
- data collection tools and equipment.

In addition, survey respondents indicate a need for enhanced data analysis to explore equity related to stunting. Such analysis will provide critical insight to ensure that all children receive access to

³⁵ These countries are Burundi, Cambodia, Ghana, Guatemala, Indonesia, Nepal, the Niger, Nigeria, the Sudan and Yemen.

supportive nutrition and better targeting of the most vulnerable children by country programmes. Furthermore, analysis and disaggregation of stunting data will improve understanding of data quality and findings.

In the case-study countries, evaluation found that the coverage of studies varied significantly. Some studies focused on particular geographic areas of a country or populations, while a few focused on the national level. In addition, while there is clear evidence that COs conducted research on various issues and causes related to malnutrition, very few COs directly mention stunting. Evaluation also found limited examples of evaluations and operations research/effectiveness studies (a limitation confirmed by KIIs in several countries). As discussed further in the next chapter, this limitation may be driven in part by gaps in analysis skills of UNICEF staff.

External stakeholders were asked whether UNICEF should be advancing efforts to develop/improve information systems for stunting-related data on a scale from 0 to 5 (with 0 being 'completely disagree' and 5 being 'completely agree') in the areas of data collection and analysis; data reporting and use of data for advocacy, policy formulation/improvement, monitoring; support for development of information systems; support for the improvement of information systems; and support for training of statisticians/M&E staff. Overall, the average ranking was 4 for all five areas. This result indicates that external stakeholders agree that UNICEF should advance efforts towards improving the quality of information systems and data. External stakeholders also identify areas where UNICEF could advance information systems in the countries. External stakeholder responses fall into seven categories, with training and technical assistance, coordination among partners, and establishment of data collection systems and necessary equipment as the most common responses.

7.4 Summary

Improved data and knowledge are key to addressing child stunting, and UNICEF has demonstrated a commitment to knowledge, evidence, and data generation and use at the global, regional and country levels. Evaluation documented multiple examples of significant contributions UNICEF made in supporting data generation activities that often provided the most updated information on key nutrition indicators. Evaluation also found examples of UNICEF's innovations in data-collection methodologies, such as use of mobile and cloud-based technologies and sampling designs to identify priority target areas quickly and efficiently. UNICEF also made significant progress in knowledge generation, which included mapping exercises to obtain a clear picture of the existing methods, roles and responsibilities, strengths gaps and bottlenecks; studies aimed at understanding country-specific causes of malnutrition and documenting inequities; and economic and financial analyses. Generated knowledge has been used to establish the evidence base for advocacy and policy, to determine additional data needs, and to develop country-specific strategies to address stunting, and was generally very appreciated by the external stakeholder. In addition, a number of peer reviewed publications are indicative of quality of UNICEF's research.

Nonetheless, insufficient data and knowledge remain a constraint to more effective advocacy and programming for reduction of stunting in many countries. The amount and quality of data often falls short of requirements, especially in terms of availability at subnational levels and for specific vulnerable populations. Some gaps in indicators in country planning documents

identified in earlier chapters of this report, especially as they relate to measuring progress in equity, are likely related to the fact that the data necessary to track these indicators are simply not available, or at least not available frequently enough to allow the measurement of progress in a meaningful way. There are also clear differences among countries in terms of the volume and types of knowledge generated. Even in countries that generated a significant body of knowledge, evaluations and research into effectiveness of specific approaches and interventions was limited during the evaluation period. The continued work of UNICEF in closing the gaps in data and knowledge generation is important, given the progress to date and a strong sentiment from external stakeholders that UNICEF plays a significant role in making advancements in this area.

VIII. Efficiency of Management and Operations

The chapter describes resources, internal coordination (within COs) and coordination at HQ and RO levels, and answers a main evaluation question and two sub-questions:

Are UNICEF's management and operations approaches and resources adequate and efficiently utilized for its stunting-reduction strategies and programmes?

- How adequate and efficient is UNICEF's internal coordination, including integration and convergence of various programme components/sectors?
- Are financial and staff resource allocations for addressing stunting adequate and well managed at the global and country levels?

Data for this chapter are derived from CO surveys, stakeholder interviews and secondary documents.

8.1 Human Resources

Evaluation findings on the adequacy of UNICEF's human resources within the nutrition section to make significant contributions to address stunting were mixed. CO survey respondents were asked to rate on a scale from 0 to 5 (with 0 being 'not at all' and 5 being 'fully'), the extent to which current staffing is sufficient to meet the demands related to country programme objectives on stunting. The COs in SA, EAP, ESA and CEE/CIS are sufficiently staffed (mostly rated 4 or 5). The COs in LACRO and MENA, however, predominantly report staffing is insufficient (around a 2). Ethiopia, Rwanda, Somalia and Turkmenistan all reported they were fully staffed, while the Plurinational State of Bolivia, Egypt and Mozambique all reported that staffing is not at all sufficient.

Results reveal that COs generally believe their teams have the knowledge and skills necessary to respond to the country programme needs and demands to address stunting (see *Figure 29*). Indonesia (0), Guatemala (1) and Mali and the Sudan (2) are notable exceptions.

Figure 29. Adequacy of Technical Capacity

Region	Min	Max	Mean
SA	3	4	3.7
EAP	0	5	3.3
ESA	3	5	3.8
WCA	2	4	3.5
LAC	1	4	3
MENA	2	5	3.7
CEE/CIS	4	4	4

Noted gaps in skills and knowledge are commonly related to use of multi-sectoral approaches (12 COs), and data collection and analysis, including surveillance, measurement of nutrition-sensitive indicators, statistics, and operations research (5 countries).

8.2 Financing

8.2.1. Total Budget and Sources of Funding

Nutrition accounts for approximately one tenth of the 2014–2017 UNICEF budget³⁶ (US\$1,708 million). UNICEF nutrition expenditures increased 24.6 per cent, from US\$484.2 million in 2014 to US\$603.5 million in 2015.³⁷ In both 2014 and 2015, these amounts represented approximately 13 per cent of total spending. Analysis of regional data (see *Figure 30*) shows the largest nutrition allocations in WCA and ESA regions. Between 2014 and 2015, the largest increases were observed for CEE/CIS, ESA, MENA and SA regions, while nutrition expenditures fell by 15 per cent in EAP.

Figure 30. UNICEF Expenses for Nutrition by Region (US dollars)³⁸

Region	2014	2015	
SA	54,656,715.00	67,271,694.00	23%
EAP	22,431,185.00	19,052,057.00	-15%
ESA	141,190,946.00	204,935,544.00	45%
WCA	185,431,067.00	195,689,479.00	6%
LAC	7,454,806.00	7,821,853.00	5%
MENA	63,977,000.00	83,021,514.00	30%
CEE/CIS	3,055,804.00	4,841,279.00	58%

Analysis of sources of funding shows that regular resources (the most predictable financial flow) represent a relatively low share of total funding for addressing nutrition (14 per cent in 2014 and 22 per cent in 2015). Thematic funding (considered another predictable flow) was also low, representing only 4 per cent and 6 per cent of other resources in 2014 and 2015, respectively.

8.2.2 Budget Allocations by Programme Area

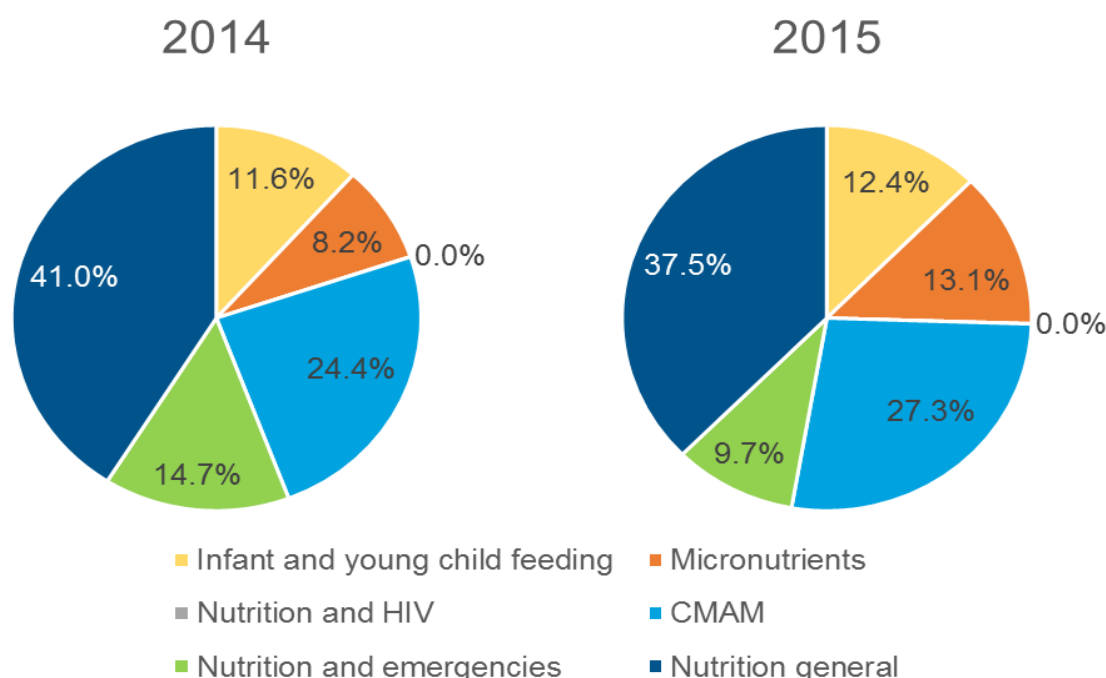
Figure 31 summarizes 2014 and 2015 expenditures by programme area. Allocations remained fairly consistent between 2014 and 2015, with the highest proportion of expenditures used for general nutrition programming, followed by CMAM and IYCF. Spending on emergency nutrition decreased (US\$71.2 million to US\$58.6 million), while spending on micronutrients almost doubled between 2014 and 2015 (US\$39.7 million and US\$78.8 million), respectively.

³⁶ Stunting-specific financial information was not available. In addition, evaluation analysed only nutrition budget and expenditure information, as it was not possible to isolate expenditures that might have been relevant for stunting under nutrition-sensitive sectors. Evaluation did examine funding in other sections (e.g., WASH) that may have shared joint programming with the nutrition section.

³⁷ These amounts include UNICEF HQ funding.

³⁸ 2014 and 2015 UNICEF Annual Results Reports.

Figure 31. Budget Allocations by Programme Area, 2014 and 2015



8.2.3 Budget Shortfalls

By 2015, the global UNICEF nutrition budget gap was 36.3 per cent for the 2014–2017 planned period.³⁹ According to the CO survey, country-specific budget shortfalls of the country programme to address stunting vary widely and depend on multiple factors, such as competing section demands and changing programme goals. During the study period, 21 per cent of the countries reported a budget shortfall in at least one of the study years; 59 per cent with data for all years reported shortfalls every year; and 75 per cent reported shortfalls in 2016. Budget shortfalls increased between 2013 and 2016 in Indonesia (0 per cent to 60–79 per cent), Somalia and Mali (0 per cent to 40–59 per cent), Ethiopia (< 20 per cent to 40–59 per cent) and Egypt (60–79 per cent to > 80 per cent). On the other hand, a larger number of countries had decreasing budget shortfalls during the same period. These are Burundi (> 80 per cent to 60–79 per cent), Nepal (60–79 per cent to < 20 per cent), Turkmenistan (60–79 per cent to 20–39 per cent), the Niger (60–79 per cent to 40–59 per cent), Haiti (40–59 per cent to < 20 per cent), Myanmar and Mozambique (40–59 per cent to 20–39 per cent) and Guatemala (< 20 per cent to 0 per cent). These results are summarized in Figure 32.

³⁹ UNICEF Annual Results Report 2015.

Figure 32. Budget Shortfalls for Nutrition, by Country and Region, 2013–2016

	Country	2013	2014	2015	2016
SA	India	NA	NA	NA	NA
	Nepal	60–79%	60–79%	60–79%	<20%
	Pakistan	NA	NA	NA	NA
EAP	Cambodia	NA	NA	NA	NA
	Indonesia	NA	NA	40–59%	60–79%
	Myanmar	40–59%	40–59%	20–39%	20–39%
	Timor-Leste	<20%	<20%	<20%	<20%
ESA	Burundi	>80%	60–79%	60–79%	60–79%
	Ethiopia	<20%	<20%	20–39%	40–59%
	Mozambique	40–59%	20–39%	20–39%	20–39%
	Rwanda	NA	NA	NA	NA
	Somalia	NA	20–39%	20–39%	40–59%
WCA	Ghana	NA	NA	NA	NA
	Mali	NA	NA	NA	40–59%
	Niger	60–79%	40–59%	40–59%	40–59%
	Nigeria	>80%	>80%	>80%	>80%
LAC	Plurnational State of Bolivia				20–39%
	Guatemala	<20%	<20%	NA	NA
	Haiti	40–59%	20–39%	<20%	<20%
MENA	Egypt	60–79%	60–79%	>80%	>80%
	Sudan	60–79%	60–79%	60–79%	60–79%
	Yemen	<20%	<20%	<20%	<20%
CEE/ CIS	Tajikistan				>80%
	Turkmenistan	NA	60–79%	40–59%	20–39%

In all countries experiencing shortfalls, underfunding affected essential activities in all areas supporting stunting reduction (nutrition-specific, nutrition-sensitive, coordination, governance, monitoring and evaluation). By focusing on particular geographic areas or populations with higher prevalence of stunting, UNICEF was able to more efficiently allocate limited funds in several countries.

8.3 Internal Coordination (at Country Office Level)

Because multi-sectoral approaches may require coordination across multiple sections within UNICEF COs (e.g., nutrition, WASH), this section examines integration of UNICEF staff outside nutrition sections into the efforts to address stunting. All countries report successful staff integration, except Somalia, Guatemala, Haiti and the Sudan. As shown in Figure 33, staff is mostly integrated into planning, M&E framework development, and policy and advocacy activities. More than half the countries report that staff from other sections are integrated into implementation of the programmes.

Figure 33. Integration of UNICEF Staff Outside of Nutrition Section

Region	Country	Planning Stages	Monitoring and Evaluation Framework Development	Implementation	Measurement of Nutrition-Specific Indicators	Measurement of Nutrition-Sensitive Indicators	Reporting and Dissemination	Policy Development or Advocacy	Other
SA	India	X	X				X	X	
	Nepal	X	X	X	X	X	X	X	
	Pakistan	X	X	X		X	X	X	
EAP	Cambodia								X
	Indonesia					X		X	
	Myanmar	X	X	X		X		X	
	Timor-Leste	X	X	X				X	
ESA	Burundi	X	X	X					
	Ethiopia			X	X	X			
	Mozambique	X	X	X				X	
	Rwanda	X	X	X	X	X	X	X	
	Somalia								
WCA	Ghana	X	X	X	X	X	X	X	
	Mali	X	X	X		X		X	
	Niger	X	X	X		X	X	X	
	Nigeria	X	X			X		X	
LAC	Plurinational State of Bolivia	X					X	X	
	Guatemala								
	Haiti								
MENA	Egypt	X	X	X					
	Sudan								
	Yemen			X	X	X			
CEE/CIS	Tajikistan	X	X		X			X	
	Turkmenistan				X	X			

Most COs did not consider it a challenge to involve all relevant sections or staff in efforts to reduce stunting. Five countries (Pakistan, Indonesia, Plurinational State of Bolivia, Egypt and Turkmenistan) report being not at all challenged by integration; Ghana, Mali and the Sudan are challenged the most.

The most frequently reported challenges for cross-section involvement include the following:

- Limited guidance and leadership

- Lack of joint planning, accountability, and supervision across sectors
 - Lack of clear understanding of specific pathways between stunting and other sector programmes
 - Lack of integration among government counterparts
- Siloed sections
 - Competing section priorities and limited time
 - Lack of general knowledge of stunting by other sector specialists
 - Inflexible programme budget of other sections preventing additional topics such as stunting

8.4 Coordination at Headquarters and Regional Offices

The evaluation assesses support provided by HQ and ROs and coordination between COs and UNICEF HQ and ROs. RO and HQ support of country programme efforts to address stunting varied widely across and within regions in the past three years. In all but LACRO, the RO was as or more likely than HQ to provide direct support. Only Ghana, the Plurinational State of Bolivia and Yemen received HQ support without also receiving RO support.

Countries received support in resource mobilization and funding coordination, bottleneck analysis, knowledge generation and sharing, guidance documents, organization of regional meetings and workshops, and collaboration across countries (including shared evidence and South-South collaboration).

ROs are making efforts to translate global knowledge and strategies to country results and messages. Regions with the highest prevalence of stunting are more active in nutrition-related activities. ROSA, for example, leads a Stop Stunting Initiative that includes a regional strategy and, in 2014, conducted a regional conference to disseminate knowledge on the causes and consequences of stunting, including innovations and better practices to scale up programmes, and to support advocacy, policies and programmes to accelerate progress. ROSA's work resulted in a number of research publications that are included in a special issue of the international journal *Maternal and Child Nutrition*.

ROs also contributed to global collaboration by coordinating with the SUN movement. For example, a 2013 workshop in Kenya, coordinated with the SUN movement Secretariat, brought ESARO countries together to learn the process of financing and tracking investments to support scaling up nutrition. In 2014, a follow-up workshop attended by both ESARO and WCARO countries included information on monitoring implementation and on demonstrating results for nutrition. These workshops supported cross-country information sharing and learning routes for collaboration. UNICEF ROs also supported nutrition budget tracking exercises that culminated in joint-RO workshops. EAPRO and ROSA supported a workshop in Thailand, which also included CEE/CIS and MENA countries.

However, COs say that the RO could do more. In many instances (evidence generation, technical support, sharing of best practices across countries), support received in one country is needed in another country in the same region. Three common themes emerge across regions: (1) regional coordination with other United Nations agencies would help eliminate overlap and ensure assistance when needed at the global level; (2) continued sharing across countries in a region of evidence, tools and information; and (3) more guidance, technical support and training

on planning, partnering and developing nutrition-sensitive strategies. Other suggestions include additional linkage to global knowledge and HQ developments and improved assistance with fundraising (including in emergency contexts).

HQ support to countries included technical guidance documents, knowledge generation, assistance in developing partnerships, regional and global capacity-building events, and funding generation. Additional support would be helpful in technical assistance and strategic guidance, funding, assisting with faster recruitment (e.g., up-to-date talent pool), and increased learning opportunities for staff. Multiple COs stated that headquarters should clarify UNICEF's position in terms of its role in relation to other United Nations agencies and across other major partners (e.g., World Bank) and provide specific and regular updates on global developments relating to stunting (especially effectiveness of stunting-reduction approaches).

8.5 Summary

8.5.1 Financing

Evidence suggests that UNICEF programmes use resources efficiently through targeted use of funds (e.g., focus on specific geographic areas), especially considering low overall funding levels and organizational policies. Nutrition programme allocations and use of funds was generally consistent with activities relevant to stunting. However, detailed allocation analysis was not possible because financial resources are not specifically earmarked for stunting. The lack of stunting-specific budget/financial information is likely to present challenges in assessments related to cost-effectiveness and country planning. The lack of reporting on some core indicators might affect UNICEF's capacity to attract funds for stunting.

8.5.2 Human Resources and Internal Coordination

Most nutrition programmes are sufficiently staffed. Evaluation found that most countries made progress integrating staff from sections other than nutrition into their stunting efforts across a range of activities. These countries embraced such collaborations given the necessity of multi-sectoral approaches to stunting reductions. However, lack of internal processes and incentives to operationalize and successfully implement integration sometimes hinders these efforts. In addition, as reported in other chapters of this report, although evaluation shows some evidence of progress in nutrition-sensitive areas, progress is not widespread. This result suggests that challenges in internal coordination may adversely affect contributions that UNICEF is making to stunting reduction.

8.5.3 Coordination at Headquarters and Regional Office

While human resources at the regional level are inadequate to effect substantial improvements at the country level, ROs play an increasing role in supporting CO efforts to address stunting and in coordinating activities among countries within and across regions. Additional support is warranted, especially in the areas of cross-country and cross-regional sharing of information and resources, modelling collaborative behaviour across sectors, and more systematic guidance on multi-sectoral approaches to address stunting. Closer collaboration with other United Nations agencies may be necessary to improve coordination at both regional and global levels.

IX. Conclusions and Recommendations

The evaluation (2010–2015) represents a transition period when the global community was gradually shifting focus from reducing the number of underweight children to reducing the number of stunted children. In most countries, UNICEF has prioritised stunting only relatively recently (2016 onward) in line with the Sustainable Development Agenda and the Sustainable Development Goals. The conclusions distil the evidence per the evaluation questions and are presented in a formative manner. The recommendations are forward-looking, with the aim to further consolidate ongoing work by UNICEF and its partners to address stunting in a systematic manner.

9.1 Conclusions

Relevance, Appropriateness, Coherence

UNICEF global strategies to reduce stunting are coherent and largely aligned with global goals and priorities and global initiatives, such as SUN and the 2014 Rome Declaration and Framework for Action. This demonstrates an understanding of the important role an enabling environment plays in improved and equitable use of nutritional support and services, improved nutrition and care practices, and the use of defined outputs and output indicators. However, while UNICEF's Approach to Scaling Up Nutrition provides a framework and approaches for stunting-reduction activities, UNICEF Strategic Plan 2014–2017 does not reflect these approaches in a manner that clearly promotes coordination across sectors for the reduction of stunting. At the regional level, the reduction of stunting is included as a regional priority or programmatic focus area, although stunting-specific plans or commitments are not clearly defined in regional documents (with the exception of ROSA). At the country level, country programmes are aligned to country contexts as laid out in situational analyses and with the UNICEF Strategic Plan 2014–2017 outputs relevant to stunting. However, deliberate planning to address stunting as an outcome is lacking across global, regional and country levels (although improvements were introduced during the evaluation period). Country programmes are programmes of cooperation with national governments, and from 2010 to 2015, national government priorities were aligned with MDGs, which focused on underweight. This explains the lack of deliberate focus and relates to the transition that took place during the evaluation period.

Leadership and Partnerships

The evaluation finds clear evidence of relevant leadership activities undertaken by UNICEF and of the significance that UNICEF places on strengthening strategic partnerships and alliances at the global, regional and country levels. Key recognized success factors include technical expertise and recognized credibility in areas of children and nutrition. Generally, stakeholders are likely to view UNICEF as a leader in bringing nutrition issues to the forefront and often mention SUN as a valuable mechanism to address stunting. However, leadership and advocacy vary considerably across regions and countries, and there are indications that a lack of cohesion and coordination exists within the United Nations system and within UNICEF. In addition, UNICEF is sometimes viewed as reluctant to engage with non-United Nations stakeholders and to share the child and nutrition fields.

Effectiveness

Twenty-one of the 24 countries included in the evaluation report progress in stunting reduction during the evaluation period, while 3 report deterioration. UNICEF country programmes provide multiple examples of successful advocacy and progress towards achieving relevant outputs, such as improving policy frameworks; increasing government commitment to address stunting; building capacities at national, subnational and front-line worker levels, and addressing the needs of children and women affected by humanitarian situations. The evaluation documents growing focus on multi-sectoral approaches and support of nutrition-sensitive interventions, although clear examples of implementing these multi-sectoral approaches as part of the CO approaches to stunting reduction are found in only half the countries. However, gaps and challenges remain. Inadequate political commitment and capacities represent a challenge in most countries and are most evident in the fragile countries included in the evaluation, where UNICEF may need to concentrate on more downstream approaches to meet immediate needs.

Equity and Reach of Disadvantaged Children

Most COs identify specific vulnerable populations in their country programme and planning documents. Children living in poverty is the most commonly specified category. Only seven COs include nutrition indicators disaggregated for the identified vulnerable population(s). The most commonly documented successes related to equity and reach of disadvantaged children are in the areas of data generation and community interventions. However, most COs report challenges in addressing the needs of disadvantaged and vulnerable children. The main challenges mentioned are inadequacy of systems and coordination; lack of government commitment; and lack of infrastructure resulting in difficulties reaching specific vulnerable populations. In addition, there is a need to disaggregate data analysis to identify vulnerable populations, measure results and progress, and ensure equitable approaches to stunting reduction.

Sustainability and Scale-Up

The evaluation finds that the global initiatives that UNICEF leads and supports are likely to be sustained due to partner commitment and a strong global focus on nutrition. At the country level, sustainability of technical and institutional considerations is integrated in UNICEF country programme designs. The findings indicate that dialogue with national governments related to funding allocations for scale-up has begun.

However, risks to sustainability and scale-up of efforts to address stunting exist across all countries. Key risks include general resource constraints and funding unpredictability, government commitment and instability, and limited infrastructure and capacity.

Knowledge and Data Generation, Management and Use

UNICEF demonstrates a commitment to knowledge, evidence and data generation (and their use) at the global, regional and country levels. Evaluation documented multiple examples of significant contributions UNICEF made in supporting data generation activities that often provided the most updated information on key nutrition indicators. UNICEF also made significant progress in knowledge generation, which included mapping exercises to obtain a clear picture of the existing methods, roles and responsibilities, strengths gaps and bottlenecks; studies aimed at understanding country-specific causes of malnutrition and documenting inequities; and economic and financial analyses. Nonetheless, knowledge generation remains a

barrier to the reduction of stunting. Less than half the countries report that data related to stunting outcomes and outputs are sufficient to meet the country's needs. Currently, there is a need for evidence proving which interventions are most effective at reducing stunting, in different contexts.

Efficiency of Management and Operations

Evidence suggests that UNICEF nutrition programmes are efficient through targeted use of funds, especially considering low overall global funding for nutrition. Nutrition programme allocations and use of funds is generally consistent with activities relevant to address stunting. The lack of stunting-specific budget/financial information is likely to present challenges in assessments related to cost-effectiveness and country planning.

ROs play an increasing role in supporting CO efforts to address stunting. Countries made some progress integrating staff from sections other than nutrition in their efforts to address stunting across a range of activities and embraced the notion of such collaborations, given the necessity of the multi-sectoral approaches to reduce stunting. However, these efforts are hindered by the lack of internal processes and incentives to operationalize and successfully implement such coordination. Closer collaboration with other United Nations agencies at both global and regional levels may be necessary to avoid overlap and address gaps.

9.2 Recommendations

The summary and conclusions presented in various chapters include many examples of good work from which to learn, as well as challenges and concerns that need to be addressed for further strengthening effort to address stunting by UNICEF and its allies. The following recommendations constitute key actions that need to be undertaken by UNICEF for moving the stunting agenda forward, especially in light of the WHA/SDG targets to reduce stunting:

1. Building on the document, 'UNICEF's Approach to Scaling up Nutrition', formulate a more concrete UNICEF Strategy for Maternal and Child Nutrition (2030) that aligns closely with the narrative, goals, and targets of the Sustainable Development Agenda to eliminate stunting and all forms of malnutrition (New York HQ).
2. Define and articulate approaches in the next Strategic Plan (2018–2021) that enable the UNICEF Nutrition Section/Programme to convene cross-sectoral coordination for the reduction of stunting with agreed-upon roles and contributions (New York HQ).
3. Promote and support concrete processes that help clarify roles and responsibilities of strategic partners within and outside the United Nations, especially in the areas of nutrition-sensitive programming and multi-sectoral approaches to reduce stunting (New York HQ, regional and country levels).
4. Develop and promote theory of change and guidance that informs stunting-reduction strategies in regions and countries where the prevalence of stunting is high. Strategies should operationalize context-specific, multi-sectoral approaches with strategic sectors and partners (New York HQ, regional and country levels).
5. Include a deliberate focus on stunting reduction in global, regional, and country plans for nutrition through the inclusion of nutrition-specific interventions, nutrition-sensitive

approaches, stunting-specific indicators and strategic multi-sectoral approaches (New York HQ, regional and country levels).

6. Assess capacity gaps and needs in countries where stunting prevalence is high. Mobilize partners and leverage UNICEF's niche in the area of upstream work to further expand/diversify capacity-building activities (country level).
7. Include concrete and detailed equity-focused approaches in the context of policy, strategy and programme actions for the reduction of stunting, with reference to specific approaches, targets and indicators for the reduction of stunting among the most vulnerable children (regional and country levels).
8. Invest more systematically in improving knowledge generation about the determinants of stunting and the interventions that are more effective in reducing stunting in different contexts. Use this knowledge as the evidence-base for advocacy, resource mobilization and programme planning (New York HQ, regional and country levels).
9. Improve documentation and sharing of evidence, data, information, tools, good practices, and lessons for advocacy, policy development, strategy design, programme scale-up and knowledge generation, across countries in a region and across different regions (New York HQ and regional levels).
10. Incorporate accountability across sections to improve collaboration and cooperation towards better results orientation to reducing stunting and use them as the basis in assessing the achievement of country programme targets (country level).
11. Leverage resources and expertise in tracking country financial resources for nutrition to improve availability of reliable country budget data and facilitate dialogue with national governments related to funding allocations for stunting reduction (country level).

ANNEXES

Annex 1. Evaluation Terms of Reference

Introduction

UNICEF's Evaluation Office is commissioning an external evaluation to examine UNICEF's strategies and programme performance to reduce stunting in young children. The evaluation is scheduled for implementation during 2016. This document outlines the scope of the evaluation, methodological options and operational modalities for a team of five or six consultants who will be conducting the evaluation under the guidance of a Senior Evaluation Officer at the Evaluation Office. The team will have significant interaction with an Evaluation Advisory Group which will be engaged in the evaluation throughout the evaluation process. The Evaluation Office is looking for institutions and individuals with deep commitment and strong background in evaluation and relevant subject matter to undertake the evaluation which has major implications for UNICEF's future work and partnerships in reducing the prevalence of stunting in young children.

Background

Context of the Evaluation

Stunting in early childhood – known also as growth faltering – is a major child rights and global and national development concern given its link to child mortality, irreversible loss of cognitive development (especially when stunting is severe), and loss of productivity and national income. Despite the progress made in recent decades, an estimated 161 million children under 5 years of age (or one in four) were stunted in 2013. More than 90 per cent of the children who experience stunted growth live in Africa and Asia (a vast majority in South Asia). Experience in reducing the prevalence of stunting varies widely. Many countries have achieved significant to moderate success in reducing stunting prevalence (Bangladesh, Burkina Faso, Ethiopia, Ghana, Haiti, Malawi, Nepal, Peru, Rwanda, the United Republic of Tanzania, Viet Nam, India) but there are many others (Mozambique, Nigeria, Pakistan, Sudan, Timor-Leste, Togo) which have seen only a marginal decrease or no decrease in the past decade. In many countries where stunting prevalence has decreased, sustaining the gains and addressing disparities remain key concerns, as there are pockets of geographic areas and socio-economic groups where stunting remains at high levels.⁴⁰

A key milestone in global commitment to addressing stunting occurred in May 2012 when the World Health Assembly committed to reducing the number of stunted children under the age of 5 by 40 per cent by 2025. The commitment was made in response to the slow progress in

⁴⁰ See United Nations Children's Fund, 'Improving Child Nutrition: The achievable imperative for global progress', UNICEF, New York, 2013.

reducing the prevalence in stunting and a concern from the scientific and development community of the dire need to accelerate organized action to address stunting and malnutrition.

Another key development for combating stunting and malnutrition is the global partnership initiative, entitled Scaling Up Nutrition: A framework for action (SUN), which was launched in April 2010. With a membership of 54 countries (as of September 2015), SUN has evolved into a movement which consists of 5 global networks and a lead group which is responsible for the overall governance of SUN which has 27 members from government, civil society, international organizations, donor agencies, businesses and foundations. Since the beginning of the SUN movement, UNICEF has maintained major involvement in global advocacy as well as country-level coordination mechanism, upstream policy work and service delivery. Reducing stunting in under-five children is a core target of SUN.

The endorsement of the WHA target on stunting by the SDG agenda presents a major opportunity for further mobilizing action globally. The 2030 Agenda for Sustainable Development under Goal 2 includes a target (target 2.2) stating ‘by 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons’. This calls for an effective role for UNICEF both in terms of its advocacy and programme response as well as support for progress monitoring.

UNICEF’S Work to Address Stunting

For many decades, UNICEF has assumed a lead role in advocacy and programme interventions for improving child nutrition both in emergency and development contexts. Key strategic shifts in UNICEF were the 1990 Nutrition Strategy and the 2006–2015 Health and Nutrition Strategy. Maternal and child nutrition has been a key focus of UNICEF’s Medium-Term Strategic Plan (MTSP, 2008–2013) and Strategic Plan (SP, 2014–2017), where nutrition is placed as an outcome area. There is also an emphasis on integrating nutrition in other areas of UNICEF’s work including health, WASH, early childhood development, education and social protection. The Strategic Plan Results Framework has specified ‘number of children who are moderately or severely stunted’ as an impact indicator.

UNICEF’s funding and investment in nutrition has more than doubled over the past decade and the nutrition programme expenditure reached \$484 million in 2014. In addition, there has been significant growth in UNICEF’s funding for health, WASH, education and social protection which are areas that have significant implications for preventing stunting in young children. Given its growing involvement in global, regional and, in many countries, national level partnership initiatives, UNICEF ought to be fully informed by emerging research and evaluation evidence and also needs to take a close look at its own strategies and programme performance so as to be able to act effectively as a leader and partner in reducing stunting in young children.

The past two decades have seen considerable research and documentation on causes/determinants of stunting in various contexts (see reference list). The findings from these studies are diverse and some decision makers consider that many questions remain unanswered on how the broad-based knowledge on reducing stunting can be operationalized effectively in various contexts including in fragile states and in some middle-income countries where prevalence rates remain unexpectedly high. For UNICEF, to maximize effectiveness and

for accountability purposes, there is a need to generate concrete evidence on the extent to which its strategies and interventions are yielding results to reduce stunting.

There is considerable demand both internally and among UNICEF's key stakeholders for an evaluation of UNICEF's work which generates more concrete policy and programmatic evidence that can guide systematic and sustainable reduction of stunting in young children. The key stakeholders include UNICEF's Executive Board, partners of the SUN and Renewed Efforts against Child Hunger and undernutrition (REACH) initiatives, programme countries and donors including the private sector which is showing interest in reducing stunting. In view of UNICEF's growing involvement and leadership role, increased budget allocations, and the need to generate further evidence, the Evaluation Office, following consultations, decided to undertake a corporate-level evaluation of UNICEF's strategies and programme performance to reduce stunting in young children.

Purpose and Objectives of the Evaluation

Purpose

Adequate growth and development of children is central to UNICEF's mandate and the organization has a track record of many decades of leadership and programme response in addressing malnutrition in children. The proposed evaluation will be the first formal attempt to assess UNICEF's strategies and programme performance in reducing stunting in under-five children. The purpose of the evaluation is twofold: firstly, to contribute to improving the organization's accountability for its performance and results; and secondly, to generate evidence and learning to guide effective action towards the sustainable reduction of stunting in the coming years. The evaluation will generate learning on effective approaches – including use of upstream policy work, multi-sectoral engagement, governance, coordination and partnerships, and key interventions required to reduce stunting in various contexts. It will identify actions that need to be undertaken by UNICEF to sustain the gains made and, where high levels of stunting prevail, further scale up interventions that work, as well as addressing inequities where these exist.

The findings and recommendations generated by the evaluation will be used to influence strategic direction and partnerships/advocacy as well as programme strategies (nutrition specific, across sectors, and cross-cutting) to achieve the results and targets outlined in the SP. In addition, the evidence generated by the evaluation will provide further opportunity to push for the child nutrition and sustainable development agenda in the post-2015 era.

Objectives

Taking into account multi-sectoral approaches as well as UNICEF's focus on equity, children's rights and gender equality at all levels, the evaluation will:

- Assess the relevance, appropriateness and coherence of UNICEF's global, regional and country programme strategies and plans to address stunting in young children taking account of the range of country contexts where stunting is widely prevalent, giving attention not only to development settings but also to contexts affected by fragility and humanitarian emergencies.

- Assess the effectiveness, efficiency and sustainability of UNICEF's country programmes in addressing stunting in young children with particular attention to less-reached, disadvantaged and vulnerable groups and draw lessons on equity-focused results in reducing stunting in various programme contexts.
- Assess UNICEF's leadership, guidance and technical support at all levels as well as the adequacy of UNICEF staffing/institutional capacity to respond to the lead role the organization is expected to play at the field level in contributing to the sustainable and equitable reduction of stunting.
- Provide forward-looking lessons, conclusions and recommendations for strengthening UNICEF's leadership and advocacy, organizational policies and strategies, country programme response and partnerships for reducing stunting in various contexts where it is prevalent.

Scope and Evaluation Questions

Scope

The evaluation has a broad focus covering the assessment of UNICEF's global and country-level investments and it also examines the performance at the regional level in regions where stunting is a concern. The major focus is on country-level strategies and programme results, including sustainability and equity issues. In terms of geographic/regional focus, the evaluation will target mainly South Asia and Africa, where under-five stunting prevalence rates are among the highest and where the vast majority of the children affected by stunting are located. The evaluation will also examine the phenomenon of stunting in middle-income countries (including other regions), especially where stunting rates remain at high levels compared to the gains recorded in other key socio-economic indicators. In terms of the time frame covered, the evaluation will focus on 2010–2015 with greater focus on the past two years, a period when UNICEF's advocacy and investments for reducing stunting have grown rapidly.

Evaluation Questions

The indicative evaluation questions presented below are formulated using the key evaluation criteria of relevance/appropriateness, effectiveness, efficiency, sustainability, coverage and scalability. Key cross-cutting issues include equity and gender equality as well as leadership, leveraging and partnership roles. It is expected that the evaluation questions will be further sharpened during the inception phase.

Appropriateness/coherence of global/regional/country programme strategies and plans:

- How appropriate, adequate and coherent are the relevant UNICEF goals (notably under the SP), global strategies, planned results and guidance for reducing stunting in young children?
- Has UNICEF adequately identified children at risk of stunting and analysed vulnerabilities to inform programme planning and targeting? How clear and useful is the theory of change (TOC) in the current SP for informing programme design and for progress reporting? How adequate and responsive are the global/regional/country-level strategies for addressing stunting in young children in various specific contexts?
- How relevant and appropriate are the country programme strategies and interventions (including clarity of the theory of change/programme logic/indicators and their use; multi-

sectoral focus, targeting less-reached and disadvantaged children; addressing gender equality including intra-household dynamics, supporting enabling environment) to address stunting? To what extent is stunting reduction reflected in country programmes as per country specific need and priorities?

- Has due account been taken of the specific needs and challenges of fragile and emergency contexts, where relevant?

Effectiveness of UNICEF country programmes in addressing stunting:

- How effective are UNICEF country programmes in achieving concrete results for reducing stunting in young children? Which strategies and interventions, nutrition specific as well as broad-based (upstream policy work, multi-sectoral work, partnerships) have been used effectively by UNICEF to reduce stunting in various contexts? Are results sustainable or likely to be sustained?
- What are the key factors and conditions that lead to programme effectiveness? In countries with limited evidence of programme effectiveness, what needs to be done differently? What lessons can be drawn for strengthening UNICEF's strategies and plans for reducing stunting to contribute to the WHA/SDG target on stunting?

Equity and reaching disadvantaged children:

- How effective is UNICEF's approach to achieving equitable results in reducing stunting? What type of approaches and interventions have yielded results in reducing stunting in disadvantaged, marginalized and less-reached areas/groups? To what extent is gender a significant factor? Has attention been given to the needs of children affected by disability?
- Are there concrete lessons that can be replicated for addressing stunting in an equitable manner targeting the most disadvantaged or vulnerable children?

Leadership and leveraging partnerships:

- How effective is UNICEF in its role related to global leadership and leveraging of partnerships to reduce stunting including through the SUN and REACH initiatives? How effective is UNICEF's regional leadership and leveraging role particularly in regions with high rates of stunting?
- Under what circumstances and to what extent has UNICEF been called upon to provide leadership at the country level and how well has this role been performed including creation of enabling environments for addressing stunting? What have been the key success areas/factors and shortfalls/constraints? How could UNICEF further enhance its leadership and partnership roles at global, regional and national level to reduce stunting?

Sustainability and scale-up:

- To what extent have sustainability considerations (technical, financial, institutional) been integrated in programme design and implementation phases by UNICEF and its counterparts? How adequate is UNICEF's approach and contribution with respect to direct support, upstream work and creation of enabling environments (including system/capacity strengthening, building national ownership and national budget allocations) that is necessary for sustainability and scale-up?

- Are there any particular risks related to the sustainability of gains achieved in reducing stunting in various contexts that UNICEF must address?

Management/Operations (institutional capacity, resource allocations, efficiency):

- In relation to needs, and taking the role of other stakeholders into account, how well has UNICEF allocated and managed human and financial resources? Were the financial resource allocations at the global and country levels for addressing stunting adequate and well managed? How adequate and efficient is UNICEF's internal coordination including integration and convergence of various programme components/sectors?
- To what extent is UNICEF's staff capacity adequate for providing leadership, advocacy and technical guidance/support at various levels? What factors drive or constrain effective performance? What needs to be done to address gaps, if any, in staff/institutional capacity for fulfilling the lead role UNICEF is expected to play at the field level for contributing to sustainable and equitable reduction of stunting?

Knowledge/data generation and use:

- How adequately has UNICEF contributed to relevant knowledge, to data collection and analysis and to monitoring and evaluation of outcomes and impact in relation to stunting, including a focus on equity?
- Are there areas that require strengthening including use of data or the results of research and evaluation at the global, regional and country levels? What lessons and concrete actions can be proposed for the post-SDG context both for generating and using data at all levels?

Evaluation Methodology⁴¹

Evaluation Design: Conceptual and Analytical Approach

At the organizational level, the evaluation will examine the underlying theory/pathways to change guiding SP strategies/results and targets for reducing stunting including collaboration across sectors and key nutrition specific interventions proposed. A key reference document is the recent discussion paper titled 'UNICEF's Approach to Scaling up Nutrition for Mothers and Children' (June 2015), which provides a broad-framework for addressing stunting in young children by focusing both on nutrition-specific interventions and nutrition-sensitive approaches to addressing malnutrition. The evaluation will go beyond and examine how stunting reduction is conceived and addressed in various SP outcome areas, global/regional strategy documents and in country programmes. The country level analysis will consider specific contexts and the theory of change/programme logic to assess UNICEF's performance.

The evaluation will consider and use a systems perspective given the fact that stunting is a consequence of many interlocking factors and systemic elements. A systems approach is therefore a key strategy for sustainable and equitable reduction of stunting. Organizationally, UNICEF operates within the broader international system where a multitude of national and

⁴¹ The proposed methodology is based on internal scoping and experience in designing similar evaluations. There will be a need to develop a detailed design, analytical methods and tools during the inception phase based on additional literature review and consultation.

international actors are playing various roles for improving child nutrition and for addressing other important factors such as improving access to clean water and improved sanitation. The evaluation will examine UNICEF's role in supporting the scale-up of direct nutrition interventions as well as mainstreaming nutrition in non-nutrition sectors, including education, water, sanitation and hygiene, health, ECD and child /social protection. The link between stunting and ECD programming will also be explored given the evidence that combining nutrition specific and early stimulation yield synergistic effects for reducing stunting and improving cognitive development. The analysis will consider both demand and supply factors including governance and management, resource allocations and capacity development, service delivery and behavioural change, and the broader enabling environment.

- For assessing UNICEF's work at the country level, a sample of 24 countries will be selected for the desk review. The sample will include a mix of countries from various contexts where stunting has decreased significantly and those where it has remained stagnant over the past six to eight years (data from the two most recent household surveys – DHS, MICS, other – will be the main source for trend analysis).
- Bidders are expected to offer more complete criteria for selecting the sample countries.
- From among the 24 countries, a sample of 6 countries will be selected for detailed data gathering and analysis as per the evaluation questions. These countries will also represent a mix of programme contexts and successful/ less successful experiences and will involve field visits by the team for detailed data collection and analysis using a case-study approach. Bidders are required to offer a brief summary of the case-study approach in their technical proposals.

The evaluation will use a mix of qualitative and quantitative data and analytical methods. Use of comparative analysis across countries and within countries and among socio-economic groups is expected as equitable reduction of stunting is a key focus for the evaluation. A detailed evaluation framework and questions/analytical methods will be developed during the inception phase.

Data Sources

The evaluation will use practical and innovative approaches to gather and analyse a variety of data from primary and secondary sources:

[Desk Review of Secondary Data and Documents](#)

A list of relevant materials together with electronic copies of key documents will be shared with the evaluation team during the inception phase. In addition, the team will be provided with survey data on stunting and related variables that are readily available from various sources. The information shared will be reviewed and analysed during the inception phase to determine the need for additional information and finalization of the detailed evaluation plan.

[Interviews with Key Informants](#)

Interviews will be conducted at several levels and in phases. A few external experts and stakeholders and key staff from HQ divisions and selected ROs and COs will be interviewed during the inception phase. In the implementation phase, interviews will be conducted with additional experts and staff including local level personnel involved in managing and supporting UNICEF programmes. Additional interviews will be conducted with policymakers and programme coordinators in the countries involved, including subnational level staff, UNICEF Representatives and/or deputies, and programme managers and advisors at various levels.

Interviews will also be held with staff of other United Nations agencies and organizations that contribute to and partner in relevant sectors at global or national levels.

[Field Observation and Focus Group Discussions \(Case-Study Countries\)](#)

The evaluation team will gather considerable quantitative and qualitative information through field visits and focus group discussions during the visit to the case-study countries. Interviews and/or focus group discussions will be held with selected UNICEF/UN staff, programme participants, service providers, and decision makers/policymakers. When organizing field visits and interviews, attention will be given to ensure gender balance and representation of all population groups. The analysis findings from the case-study countries and the desk review countries will provide the substantive content for distilling synthesized findings for the main evaluation report.

[Use of Questionnaire-Based Surveys](#)

No major country-level household survey is envisaged as part of this evaluation. However, it is expected that some of the data required for the evaluation will be gathered through use of electronic web-based survey. A broad-based survey of UNICEF staff and/or key stakeholders could be designed. The other option is to send a questionnaire to UNICEF Country Offices in the sample countries (20 or more) to provide readily available secondary data and respond to certain sub-questions within the scope of the evaluation. The need for such a survey, as well as its scope and timing, will be determined during the inception phase. The evaluation team is expected to be familiar with electronic survey tools for yielding credible data under time and budget constraints.

Triangulation of data/findings from various sources. As noted above, the evaluation will use a mix of quantitative and qualitative data and information which will be determined during the inception phase. It will make selective use of triangulation to validate data and findings from various sources as this is a common approach in mixed-methods evaluations. Strong quantitative and qualitative data analysis skills are required for this evaluation.

[Management and Conduct of the Evaluation](#)

Evaluation Management Structure

The evaluation will be conducted by an external evaluation team to be recruited by UNICEF's Evaluation Office. The Evaluation Team will operate under the supervision of a dual-tiered evaluation management and oversight structure. Direct supervision is provided by a Senior Evaluation Officer at the Evaluation Office, supported by an Evaluation Specialist. The Evaluation Office will be responsible for the day-to-day oversight and management of the evaluation and for management of the evaluation budget. It will assure the quality and independence of the evaluation and guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines, provide quality assurance checking that the evaluation findings and conclusions are relevant and recommendations are implementable, and contribute to the dissemination of the evaluation findings and follow-up on the management response.

The advisory organ for the evaluation is the Evaluation Advisory Group (EAG), bringing together a mix of UNICEF managers, advisers and external experts (to be confirmed) from among the key stakeholders. The EAG will be chaired by the Evaluation Office Director and will have the

following role: a) contribute to the conceptualization, preparation and design of the evaluation, including providing feedback on the draft terms of reference, feedback and comments on the inception report and on the technical quality of the work of the consultants; b) provide comments and substantive feedback to ensure the quality – from a technical point of view – of the draft and final evaluation reports; c) assist in identifying UNICEF staff and external stakeholders to be consulted during the evaluation process; d) participate in review meetings organized by the Evaluation Office and with the evaluation team as required; e) play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the findings of the evaluation and follow-up on the implementation of the management response.

Evaluation Team profile

The evaluation will be conducted by engaging an institution. The proposed team consists of three senior-level consultants (team leader and two technical experts) who will have complementary expertise in the areas of evaluation and public nutrition and knowledge of key sectors that contribute to reduction of child stunting. The ideal consultants would have previously conducted comprehensive multi-sectoral evaluations and/or applied research work to assess child stunting outcome. The three experts will be supported by two junior professionals: a research assistant and a data analyst. However, additional skills and expertise might be proposed. A clear rationale, tasks to be performed, as well as the level of effort (person days) per stage of the evaluation, should be provided for each person/team post

Proposing a team that is balanced in terms of gender and geographic origin, will be an advantage.

A Team Leader (at P5/D1 level) with the following credentials:

- Strong team leadership and management track record and commitment to delivering timely and high-quality evaluation report;
- Extensive evaluation expertise (at least 10 years) of comprehensive scope with strong mixed-methods evaluation skills and flexibility in using non-traditional and innovative evaluation methods;
- Familiarity with UNICEF's programming, policy and advocacy work and experience in evaluating multi-sectoral initiatives would be an asset;
- Background in public nutrition including sound knowledge of policy and system aspects; familiarity with other sectors, namely, health, WASH, education and social protection;
- Knowledge of the United Nations' human rights, gender equality and equity agendas and experience in applying these to evaluation;
- Good interpersonal and communication skills; ability to interact with various stakeholders and to concisely express ideas and concepts in written and oral form;
- Language proficiency: Fluency in English is mandatory; good command of French is desirable.

Two (2) team members (evaluation or research experts with background in public nutrition and strong multi-sectoral orientation) who have:

- Significant experience in evaluation and/or policy research with background in public nutrition or other areas relevant to addressing child stunting (at least five years relevant experience);

- Experience in evaluating multi-sectoral programmes or initiatives.
- Strong conceptualization, analytical and writing skills and ability to work effectively in a team.
- Hands-on experience in collecting and analysing quantitative data;
- Expertise in qualitative methods with experience in sampling, survey design, data collection and qualitative data analysis;
- Knowledge of the United Nations' human rights, gender equality and equity agendas and application in evaluation;
- Commitment and willingness to work in a challenging environment and ability to produce quality work under limited guidance and supervision;
- Good communication and people skills; ability to communicate with various stakeholders and to express ideas and concepts concisely and clearly in written and oral form;
- Language proficiency: Fluency in English is mandatory; good command of French and/or Spanish is desirable.
- A Research assistant who has:
 - At least three years of progressively responsible experience in both qualitative and quantitative data analysis;
 - Experience in supporting senior evaluators in ensuring use of consistent interview protocols, templates for recording and reporting on interviews, standard case-study report formats and a comparative table of findings;
 - Familiarity with nutrition and related issues/sectors an advantage.

A Data Analyst who has:

- At least three years of experience in knowledge management for evaluation, information technology and data management;
- Expertise in handling collaborate teamwork software, online surveys, document repositories, bibliography software and databases.
- Commitment to handling back-office support and logistics as needed.

National consultants:

In the event that the team identifies the need to recruit national consultants, a clear rationale for their involvement should be offered. This should include qualifications and experience, tasks to be performed, as well as the level of effort (person days). The bidding organization's general experience in recruiting and using national consultants should be discussed if their employment is contemplated.

Evaluation Phases and Deliverables

Inception Phase

A detailed evaluation methodology including a detailed evaluation framework will be developed based on further consultation, document review and exploration of possible approaches that will yield credible and timely evidence. The inception report will:

- Present the final set of evaluation questions and sub-questions within the proposed scope of the evaluation.

- Specify the detailed design of the evaluation, the tools that will be used for data collection and the analytical methods that will be used to respond to the evaluation questions.
- Detail the framework for analysing and synthesising data collected from various sources including use of triangulation.
- Confirm the selection of countries for the desk review and case studies and formulate precise specifications of the scope and design of country case studies (including data collection methods and analysis).
- Present a detailed workplan, specifying the organization and time schedule for the evaluation process including country visits, analysis and report preparation.
- Present the approach to be used for quality assurance throughout the evaluation including of the country case-study reports.

The deliverable for this phase will be a PowerPoint presentation, inception report with a summary and annexes. The inception report will provide the foundation for the rest of the evaluation. Accordingly, the evaluation will proceed to the next phase only after successful completion of the inception phase and approval of the inception report.

Data Collection and Analysis Phase

Data collection will start as part of the inception phase and continue through the field visits to the case-study countries and interviews with various stakeholders. Detailed data collection and analysis plans will need to be developed for the desk review report, the case-study reports and the synthesis report. Secondary data from various surveys and reports will constitute a key data source for the evaluation. Field visits to case-study countries will be planned systematically in consultation with UNICEF CO counterparts. Briefing and debriefing meetings will be held with national reference groups which will be constituted in each of the participating countries.

Key deliverables for this phase will be the desk review report and the country case-study reports.

Final Data Analysis and Reporting Phase

All data sources should be employed to develop the synthesis report. This includes, inter alia, findings from the desk review, the country case studies, and interviews with non-UNICEF stakeholders. A zero draft of the synthesis report (which could summarise key ideas in bullet point format instead of long text) will be provided for consideration and comment by the evaluation manager. A draft synthesis report will be prepared, addressing any comments made on the zero draft. The draft synthesis report will be presented to the EAG for comments. The final synthesis report will be prepared, responding to comments provided on the draft report.

The final deliverable from this phase includes a detailed summary of evaluation findings, conclusions and recommendations, a PowerPoint presentation, and the final evaluation report with an executive summary and annexes.

Summary of Deliverables

Several products will be expected from the evaluation activities, namely the inception report, desk review report, case-study reports and the final evaluation report, which will be a synthesis of the findings and conclusions of the evaluation, as well as a PowerPoint presentation of the final report to be used for dissemination purposes.

The detailed table of content for each deliverable will be formulated and agreed during the inception phase.

The inception report will include the following:

- Evaluation purpose and scope – confirmation of objectives and the main themes of the evaluation;
- Evaluation criteria and questions – final set of evaluation questions, and criteria for assessing performance;
- Evaluation methodology – a sampling plan; a description of data collection methods and data sources (including a rationale for their selection); draft data collection instruments (a data collection toolkit as an annex); a mapping that identifies evaluation questions, how they will be answered through the selected methods, and a data analysis plan; a discussion on how to enhance the reliability and validity of evaluation conclusions; a quality review process; and, a discussion on the limitations of the methodology;
- Proposed outline for case-study reports;
- Proposed structure for the final report;
- Evaluation workplan and timeline – a revised workplan and travel plan;
- Resources requirements – detailed budget allocations, tied to evaluation activities, workplan, deliverables; and
- Annexes (organizing framework for evaluation questions, data collection toolkit, data analysis framework).

The inception report will be 20–30 pages (**excluding annexes**), and will be presented at a formal meeting of the global reference group.

Desk Review Report:

The desk review will be used to assess UNICEF’s work at the country level and will include a mix of countries from all UNICEF regions and various contexts where stunting has decreased significantly and where it has remained stagnant. The desk review will evaluate the translation of global strategies to country strategies and action plans and will investigate if relevant outputs from the Strategic Plan are aligned with country plans and priorities are being sustainably achieved.

Case-study reports: For each of the country cases, complete case-study report will include:

- a description of country context and key indicators related to stunting;
- an analysis of critical issues in policy advocacy work related to stunting, and objectives of the UNICEF country programme and desired results as they relate to the policy agenda of the country;
- an assessment of UNICEF’s mandate, strengths and weaknesses relating to UNICEF’s strategic and programmatic choices in addressing stunting at country level;
- statements of findings for the country by OECD/DAC evaluation criteria, well substantiated by the data and evidence;
- actionable recommendations on improvements that the country programme and/or national counterparts needs to make;
- list of background materials used; and
- annexes (evaluation terms of reference; annotated description of methodology; and list of people interviewed, etc.).

The report will not exceed 20 pages, **excluding** the executive summary and annexes.

Evaluation synthesis report: This report will be offered in zero, first and final drafts. A complete draft report will include:

- an analysis of critical issues at the global and regional levels in policy advocacy work, partnerships, management and operations relating to the organization's response to stunting reduction;
- an assessment of UNICEF's mandate, strengths and weaknesses relating to UNICEF's strategic and programmatic choices in addressing stunting;
- statements of findings, well substantiated by the data and evidence;
- actionable recommendations on improvements that UNICEF needs to make;
- list of background materials used; and
- annexes (evaluation terms of reference; annotated description of methodology; data analysis framework, list of people interviewed).

The zero draft of the final report will be received by the evaluation manager who will work with the team leader on necessary revisions. The first draft will be sent to the reference group for comments. The evaluation manager will consolidate all comments on a response matrix, and request the evaluation team to indicate actions taken against each comment. The report will not exceed **50 pages, excluding** the executive summary and annexes.

PowerPoint presentation: Initially prepared and used by the evaluation team in their presentation to the reference group, a stand-alone PowerPoint will be submitted to the Evaluation Office as part of the evaluation deliverables.

Reports will be prepared in English, according to the UNICEF House Style and UNICEF standards for evaluation reports. The evaluation team will also be expected to articulate a quality review process for the execution of the evaluation, and assessment of the final evaluation report based on the Geros framework.

Dissemination and Follow-Up Phase

The Evaluation Office and the EAG will develop a dissemination strategy and plan for the evaluation. This will include the provision of a management response which is mandatory for such evaluations. The evaluation team will be invited to present findings in a major dissemination workshop which will be organized after the completion of the evaluation.

Submission Guidelines (to be read with RFPS-USA-2015-502159)

Institutional Profile

Background Information: Bidders are required provide to background information about their institutions as follows:

- Date and country of incorporation;
- Summary of corporate structure and business areas;
- Corporate directions and experience;
- Location of offices or agents relevant to this proposal;
- Number and type of employees; and
- Financial statements of the two most recent financial years.

Institutional expertise and experience: Bidders are required to provide a minimum of three (3) references from clients for whom evaluations (or related projects) of a similar scope of were carried out. References information should be organized as follows:

- Name and description of client company/organization;
- Names of senior individuals in the client companies who were involved in the project (referred to) who are knowledgeable;
- Scope and scale of projects; and
- Services provided to client.

UNICEF may contact referees for feedback on services provided to them by bidders.

Technical Proposal

General issues:

- Technical proposal should emphasize the conceptual thinking and methods proposed for the evaluation, and minimize repeating information stated in the terms of reference.
- The proposal should stipulate the level of effort to be committed by the different team members in each phase (inception, data collection/analysis, reporting), but without the costing data. That same information should feature in the financial proposal along with associated cost data.
- If the technical proposal indicates the need to hire local researchers or other institutions, the level of effort for such additional inputs should be clearly identifiable in the proposal. Furthermore, the experience of the organization in locating and supervising local teams must be described.
- Bidders may be asked to provide additional information at the proposal assessment stage. There is no minimum or maximum length for the technical proposal. However, sufficient detail and clarity are required.

Specific requirements: In addition to whatever other approaches and methods are proposed, the following specific items **must be** present in the bidding documents:

- Presentation of a workplan in three phases (inception, data collection and reporting), with details on the overall design and data gathering methods to be used.
- Details of team members' relevant qualifications and the basic information about the organization submitting the bid.
- The intended participation of any former UNICEF staff.
- The level of effort for all team members in both the technical (without price) and financial proposals (with costs).⁴²
- The presence of any local researchers or others not normally full-time members of the bidding organization, with a description of how they will be engaged and supervised.
- Requirements and/or assurances (e.g., non-use of child labour) that must also accompany the submission package.

While all contents of the technical proposal are important, special attention will be paid to the composition and strength of the proposed evaluation team, and the rigor of the proposed

⁴² The format or summary table that is used in the financial bid may be used in the technical proposal, albeit without the cost information.

methodology (mainly the soundness of the approach and criteria for assessing evaluation questions, the rigor of both the case-study approach and the rigor of the approach for enhancing the validity and generalizability of evaluation findings). These two elements account for 80 per cent of the points awarded for the technical proposal as indicated in Section 4 of the RFP document. The proposed workplan, organizational capacity and sample report will account for the remaining 20 per cent.

Cost Proposal

General Issues

- Bidders must submit a firm-fixed price bid,⁴³ in **US dollars**.
- The quotation will not subject to revision unless officially invited to re-submit by UNICEF.
- All prices/rates quoted must be exclusive of all taxes, as UNICEF is a tax-exempt organization.
- Bidders will suggest a payment schedule, linked unambiguously to contract milestones.
- Invoicing and payment will be effected by bank transfer, in US dollars.

Budget Categories and Details

The budget should be presented in three categories: personnel costs, project costs, and overhead costs. Sub-headings within the categories may be done at bidder's discretion.

- Personnel Costs: These should include classification (i.e., job title/function) and rates in **person days** for team members; number of days proposed for each member. This information may be contained within a table showing expected level of effort per team member, by project phase. The level of effort must be visible in both the technical and the financial proposals, albeit without associated cost in the technical proposal. If it is proposed to hire local researchers or other affiliated institutions, the costs and level of effort must be specifically identifiable in the proposal.
- Project costs: These should include cost of travel, including subsistence allowances, travel by air, train, road, etc., telecommunication and other expenses. Case-study sites are subject to discussion. However, bidders are directed to estimate travel, local research, and any related cost using six destinations (Afghanistan, the Democratic Republic of the Congo, Malawi, the Niger, Pakistan, South Sudan) to facilitate fair cost comparison. **Travel to selected destinations will be on a cost-reimbursable basis.** This is the sole budget component that will be charged this way; other elements will be firm-fixed price.
- Overhead costs: General and administrative costs should include institutional overhead and fee/profit over and above overhead.

The cost proposal must include detailed item-wise quotations, based on the terms of reference and other relevant documents. Travel costs and subsistence rates (lodging, food, local transport and incidentals) will be based on the lower of the rates proposed by the bidder or the official and prevailing United Nations rates. Bidders are encouraged to submit economical travel and subsistence costs. If information on prevailing United Nations rates is required, please submit a question as described in the RFP guidelines.

⁴³ All costs will be fixed, except for travel to selected destinations, which will be on a cost-reimbursable basis.

As long as the financial proposal presents the financial data in the requested three categories, it may employ any template or rubric.

Awarding the Contract and Payment

UNICEF will award the contract after considering both technical and cost factors, on the principle of best value-for-money. Payment will be made only upon UNICEF's acceptance of the work performed in accordance with agreed schedule of payment and/or contract milestones. The terms of payment are **net 30 days, after receipt of invoice and acceptance of work**. Where the need arises, earlier payment may be negotiated between UNICEF and the contracted institution, on the terms indicated in the RFPS.

Selected References

- Bhutta, Z., et al., '[Evidence-Based Interventions for Improvement of Maternal and Child Nutrition: What can be done and at what cost?](#)', *The Lancet*, vol. [382, no. 9890](#), 2013, pp. 452–477.
- Black, R., et al., 'Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries', *The Lancet*, vol. [382, no. 9890](#), 2013, pp. 427–451.
- ETC Nederland BV, 'External Evaluation of the EU/UNICEF Partnerships on Nutrition Security', MYCNSIA Mid-Term Evaluation, Commissioned by UNICEF/EAPRO, Bangkok, 2013, <<https://icon.unicef.org/apps02/cop/edb/SitePages/EDBSearch.aspx>>.
- Garrett, J., and M. Natalicchio, eds., *Working Multisectorally in Nutrition: Principles, practices, and case studies*, International Food Policy Research Institute, Washington, D.C., 2011.
- Gillespie, S., et al., 'The Politics of Reducing Malnutrition: Building commitment and accelerating progress', *The Lancet*, vol. 382, no. 9891, 2013, pp. 552–569.
- Haddad, L., et al., *Maharashtra's Child Stunting Declines: What is driving them? – Findings of a multidisciplinary analysis*, Institute of Development Studies, Brighton, UK, 2014.
- Headey, D., 'Developmental Drivers of Nutritional Change: A cross-country analysis', [World Development](#), vol. [42](#), 2013, pp. 76–88.
- International Food Policy Research Institute, *Global Nutrition Report: Actions and accountability to accelerate the world's progress on nutrition*, IFPRI, Washington, D.C., 2014, <<http://dx.doi.org/10.2499/9780896295643>>.
- Joshi, A., 'Do They Work? Assessing the impact of transparency and accountability initiatives in service delivery', *Development Policy Review*, vol. 31, 2013, s29–s48, <<http://dx.doi.org/10.1111/dpr.12018>>.
- Mason, J. B., et al., 'The First 500 Days of Life: Policies to support maternal nutrition', *Global Health Action*, vol. 7, no. 23623, 2014, <<http://dx.doi.org/10.3402/gha.v7.23623>>.
- Masset, E., et al., 'Effectiveness of Agricultural Interventions that Aim to Improve Nutritional Status of Children: Systematic review', *BMJ*, vol. 344, d8222, 2012.
- Mejia Acosta, A., and J. Fanzo, 'Fighting Maternal and Child Malnutrition: Analysing the political and institutional determinants of delivering a national multisectoral response in six countries – A synthesis paper', Institute for Development Studies, Brighton, UK, 2012.
- Mejia Acosta, A., and L. Haddad, 'The Politics of Success in the Fight against Malnutrition in Peru', [Food Policy](#), vol. 44, 2014, pp. 26–35.
- Menon, P., 'Childhood Undernutrition in South Asia: Perspectives from the field of nutrition', *CESifo Economic Studies*, vol. 58, no. 2, 2012, pp. 274–295.
- Nisbett, N., et al., 'Why Worry about the Politics of Childhood Undernutrition?' *World Development*, vol. 64, 2014, pp. 420–433, <<http://dx.doi.org/10.1016/j.worlddev.2014.06.018>>.
- Ruel, M. T., and H. Alderman, 'Nutrition-Sensitive Interventions and Programmes: How can they help to accelerate progress in improving maternal and child nutrition?', *The Lancet*, vol. 382, no. 9891, 2013, pp. 536–551.
- United Nations Children's Fund, *Strategy for Improved Nutrition of Women and Children in Developing Countries*, UNICEF, New York, 1990.

United Nations Children's Fund, 'UNICEF Joint Health and Nutrition Strategy for 2006–2015, UNICEF, New York, 2005,
[https://intranet.unicef.org/PD/PDC.nsf/0/3A455531E7333770852570E5005F1B61/\\$FILE/06-8_health_and_nutrition_final_ODS.pdf](https://intranet.unicef.org/PD/PDC.nsf/0/3A455531E7333770852570E5005F1B61/$FILE/06-8_health_and_nutrition_final_ODS.pdf)>.

United Nations Children's Fund, 'UNICEF Division of Policy and Practice: Annual Report', UNICEF, New York, 2010.

United Nations Children's Fund, 'UNICEF Division of Policy and Practice: Annual Report', UNICEF, New York, 2011.

United Nations Children's Fund, 'UNICEF Programme Division: Annual Report', UNICEF, New York, 2012.

United Nations Children's Fund, 'UNICEF Programme Division: Annual Report', UNICEF, New York, 2013.

United Nations Children's Fund, 'Improving Child Nutrition: The achievable imperative for global progress', UNICEF, New York, 2013.

United Nations Children's Fund, 'UNICEF's Approach to Scaling up Nutrition for Mothers and Children', Discussion Paper, Programme Division, New York, June 2015.

United Nations Children's Fund, 'Meta-Analysis of UNICEF's Nutrition Programme Evaluations (2009–2013)', Evaluation Office, UNICEF, New York, 2014.

United Nations Economic and Social Council, UNICEF Medium-Term Strategic Plan 2006–2009 (2013), *Investing in Children: The UNICEF contribution to poverty reduction and the Millennium Summit agenda*, UNICEF Executive Board, July 2005, **Error! Hyperlink reference not valid.**>.

United Nations Economic and Social Council, *UNICEF Strategic Plan 2014–2017: Realizing the rights of every child, especially the most disadvantaged*, UNICEF Executive Board, September 2013, **Error! Hyperlink reference not valid.**>.

United Nations, *Transforming Our World: The 2030 Agenda for Sustainable Development*, August 2015, <<https://sustainabledevelopment.un.org/content/documents/7891Transforming%20Our%20World.pdf>>.

Victora, C. G., et al., 'Maternal and Child Health in Brazil: Progress and challenges', *The Lancet*, vol. 377, no. 9780, 2011, pp. 1863–1876, <[http://dx.doi.org/10.1016/s0140-6736\(11\)60138-4](http://dx.doi.org/10.1016/s0140-6736(11)60138-4)>.

Annex 2. Country Characteristics

Country	Stunting Burden (1,000) (2011) ⁴⁴	Stunting Prevalence (2009–2013) ⁴⁵	U5 Mortality Rate (2013) ⁴⁶	Secondary School Net Attendance Ratio. Female (2008–2013) ⁴⁷	Urbanized % (2013) ⁴⁸	Fragility, Disaster, Conflict ⁴⁹	World Bank Income Categorization ⁵⁰	Least Developed Country ⁵¹	Participation in SUN Movement ⁵²	REACH Country ⁵³	Corruption Perceptions Index Rank (2015) ⁵⁴	Open Defecation (2015) ⁵⁵
India	61,723	48%	53	49	32%		Lower-middle				76	44
Nepal	1,397	41%	40	66	18%	X	Low	Y	May-11	X	130	32
Pakistan	9,663	45%	86	38	38%		Lower-middle		Jan-13		117	13
Cambodia	601	41%	38	45	20%		Low	Y	Jun-14		150	47
Indonesia	7,547	36%	29	54	52%		Lower-middle		Dec-11		88	20
Myanmar	1,399	35%	51	59	33%	X	Lower-middle	Y	Apr-13	X	147	4
Timor-Leste	118	58%	55	48	31%		Lower-middle	Y			123	26
Burundi	703	58%	83	14	11%	X	Low	Y	Feb-13	X	150	3

⁴⁴ United Nations Children's Fund, 'Improving Child Nutrition: The achievable imperative for global progress', UNICEF, New York, 2013.

⁴⁵ United Nations Children's Fund, *State of the World's Children 2015: Reimagine the Future*, UNICEF, New York, 2015.

⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ United Nations, Population Division of the Department of Economic and Social Affairs, *World Urbanization Prospects, the 2011 Revision*, 2011.

⁴⁹ FTS (<<https://fts.unocha.org/pageloader.aspx?page=emerg-emergencies&section=CE&year=2016>>) based on consolidated appeal process (CAP).

⁵⁰ World Bank, <<http://data.worldbank.org/about/country-and-lending-groups>>.

⁵¹ <www.un.org/en/development/desa/policy/cdp/ldc/ldc_list.pdf>.

⁵² <<http://scalingupnutrition.org/sun-countries>>.

⁵³ <www.reachpartnership.org/reach-countries>.

⁵⁴ <www.transparency.org/cpi2015#downloads>.

⁵⁵ United Nations Children's Fund, 'Progress on Sanitation and Drinking Water: 2015 update and MDG assessment', UNICEF, New York, 2015.

Country	Stunting Burden (1,000) (2011)	Stunting Prevalence (2009-2013)	U5 Mortality Rate (2013)	Secondary School Net Attendance Ratio, Female (2008-2013)	Urbanized % (2013)	Fragility, Disaster, Conflict	World Bank Income Categorization	Least Developed Country	Participation in SUN Movement	REACH Country	Corruption Perceptions Index Rank (2015)	Open Defecation (2015)
Ethiopia	5,291	44%	64	16	19%		low	Y	Dec-10	X	103	29
Mozambique	1,651	43%	87	22	32%		low	Y	Aug-11	X	112	39
Rwanda	845	44%	52	23	27%		low	Y	Dec-11	X	44	2
Somalia	NA	42%	146	5	39%	X	low	Y	Jun-14		167	NA
Ghana	1,006	23%	78	44	53%		lower-middle		Mar-11	X	56	19
Mali	NA	39%	123	23	38%	X	low	Y	Mar-11	X	95	10
Niger	1,632	43%	104	13	18%	X	low	Y	Feb-11	X	99	73
Nigeria	11,049	36%	117	45	46%	X	lower-middle		Nov-11		136	25
Plurinational State of Bolivia	333	27%	39	75	68%		lower-middle				99	17
Guatemala	1,052	48%	31	NA	51%	X	lower-middle		Dec-10		123	5
Haiti	NA	22%	73	29	56%	X	low	Y	Jun-12	X	158	19
Egypt	2,628	31%	22	70	43%		lower-middle				88	0
Sudan	1,744	35%	77	30	33%	X	lower-middle	Y	Oct-15		165	NA
Yemen	NA	47%	51	27	33%	X	lower-middle	Y	Nov-12		154	NA
Tajikistan	346	27%	48	82	27%		lower-middle		Sep-13		136	0
Turkmenistan	NA	28%	55	NA	49%		upper-middle				154	NA

Annex 3. Evaluation Methodology

Quantitative Methods

Purpose

The quantitative parts of the evaluation identified the trends and differences in stunting rates and inequities during the study period (2010–2015) across geographic, social, political, demographic and environmental factors. It analysed correlations among stunting trends and other observed characteristics as informed by the data and the qualitative analysis.

Data Sources

Secondary Data

The trend analysis relies primarily on the Demographic Health Survey (DHS) and the Multiple Indicator Cluster Surveys (MICS) and will be supplemented by other data provided by UNICEF (HQ and country), country-level data (such as country nutrition surveys and routine information system data), and other sources of publicly available information (e.g., academic data and studies) that is relevant to the particular level of analysis, especially where disaggregated data (e.g., subnational) may be required. Secondary data will be used to as part of the triangulation process to validate findings contribute to exploration of the appropriateness of UNICEF's country programmes and global and regional strategies.⁵⁶

Data Management and Analysis

The primary method of quantitative analysis will be descriptive. For secondary data analysis, the focus will include changes in stunting burden and prevalence over the course of the evaluation (2010–2015). Descriptive analyses will include measures of central tendency (mean, median) and spread (standard deviation, range) for continuous variables and frequencies for categorical variables.

Correlations between stunting and identified variables will also be explored at the global, regional, and country levels. If correlations and/or previous qualitative findings suggest that further exploration may be meaningful, additional quantitative analyses, such as t-tests, ANOVA, or regression analysis may be utilized if an appropriate methodology can be determined and the appropriate data (i.e., variables, data size and data quality) are available. Further categorization will be identified as a result of the initial examination of the data and the qualitative evaluation and may vary by country.

All quantitative analysis will be conducted using Stata software.

⁵⁶ For fragile settings (both natural and human-made) Famine Early Warning and other surveillance sentinel data may be important in assessing responsiveness to early warning systems and may be potential data sources for this evaluation.

Qualitative methods

Purpose

The qualitative assessment will be used to validate and elucidate contextual factors for differences in trends that will be identified and triangulated by the quantitative analysis. The findings will be used to formulate evidence-based recommendations for improving UNICEF's accountability for its performance and results and to guide effective action towards sustainable stunting reduction in the coming years.

Data Sources

[Document Review](#)

The qualitative assessment was informed by documents provided by UNICEF and will include policy, strategy, and evaluation reports at all levels (country, regional, global). Country documents for the evaluation of India included UNICEF country programme documents, annual reports, national country programme action plans and Mid-Term Reviews for the years 2010–2015. In addition, the evaluation team reviewed Regional Office Operations and Management Plans (ROMPs) and Regional Analysis Reports, and global strategic documents related to stunting reduction. Publicly available documents for review have been extracted from UNICEF websites. The ICF evaluation team has been working with the EO, ROs and COs to collect additional documents for review.

[Key Informant Interviews](#)

Key Informant Interviews (KIIs) were conducted at the global, regional and country levels. Key staff from HQ, ROs and selected COs were interviewed during the inception phase to ascertain regional and country programme highlights. The evaluation team conducted KIIs with UNICEF Regional Nutrition Advisers during the inception phase. Findings from the interviews informed the inception report and will be utilised during the desk review to better target document and data collection and to better inform and target the questions being asked in case-study countries.

During the implementation phase, interviews were conducted at the country level with UNICEF-India staff including local-level personnel involved in managing and supporting UNICEF programmes, representatives and/or deputies, and programme managers and advisers at various levels. National policy makers and programme coordinators (including subnational staff) were also interviewed. Additional KIIs were conducted with external experts and stakeholders, and staff of other United Nations agencies and organizations that contribute to and partner in relevant sectors at the global and national levels.

Data Management and Analysis

Qualitative analysis is an iterative process. Through coding and text retrieval, data moves from abstract (thick description) to drawing concrete conclusions and developing targeted recommendations. This method adopts the emic perspective in which participants relate personal narratives. Through individual stories, evaluators identify patterns of meaning that evolve into targeted and specific insights and recommendations.

The interviewers responsible for the KIIs and the individuals identified to review the collected documentation were designated as coders. If more than one interviewer was present during a KII, the individual tasked to take notes was designated as the primary coder and the interviewer

acted as a secondary coder, to review and refine the primary coder's results. For each of the KIIs, the case-study interviewer or notetaker typed up the notes and used the recordings to corroborate the notes. All notes were coded using qualitative data analysis. The seven Evaluation Areas were used as the "deductive" or *a priori* codes. Multiple codes were applied to the same text excerpt from the notes if the segment conveyed multiple concepts that should be captured. Similarly, as documents were reviewed, codes were mapped onto information that addressed an aspect of the seven identified evaluation questions.

During coding, the evaluation team employed a rating-scale rubric of measures corresponding to select indicators to score elements of the document, including the DAC criteria of relevance, effectiveness, efficiency, and sustainability as applicable, and cross-cutting areas of leadership, equity, and knowledge management and use.

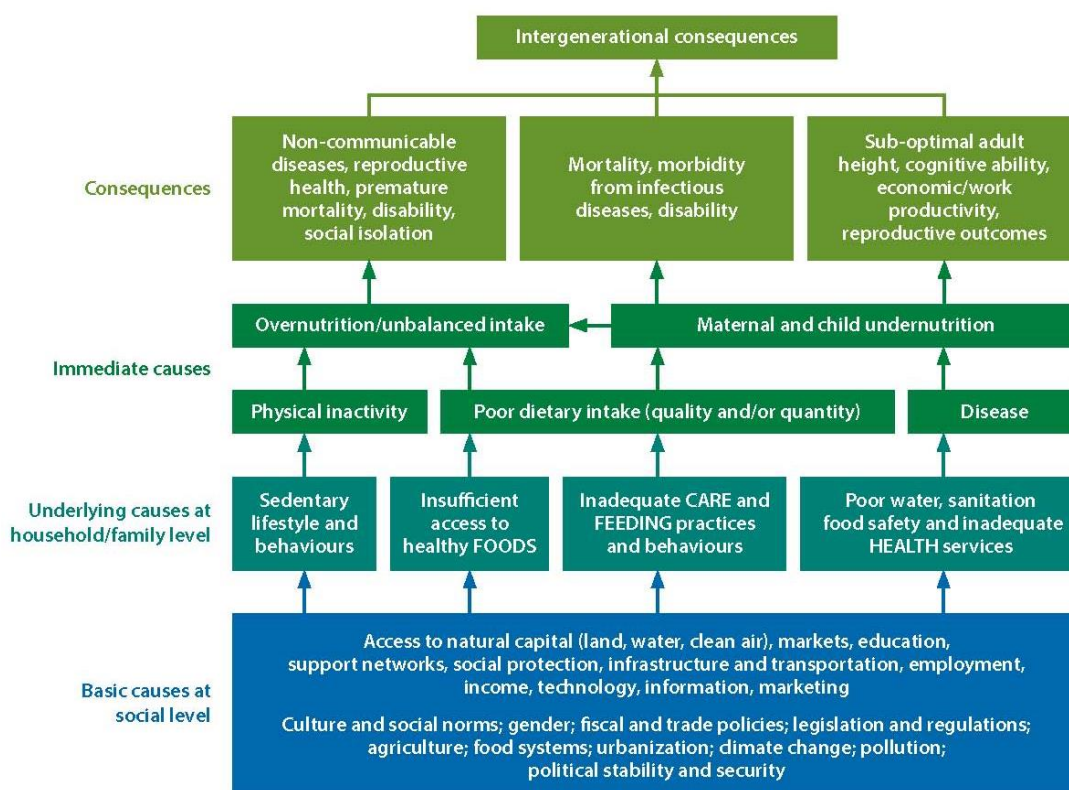
The evaluation team noted any emerging themes from the documents and KIIs. These themes were aggregated conceptually and transformed into 'inductive' codes. For example, ICF may develop a new code if careful readings of the notes point to discussions across multiple participants about standardization of cross-collaboration across programme areas being important to implementation. Sub-codes were developed and linked to these main deductive and inductive codes to capture different nuances of the central themes. Based on the notes and conversations with each of the coders, the task lead drafted definitions and exclusion/inclusion criteria for each code.

Data analysis proceeded in two steps. First, coders constructed focused queries in the qualitative data management software ATLAS.ti, to retrieve specific text segments. To accomplish this task, team members developed lists of questions that speak to different components of the evaluation questions. Examples include:

- What are the activities that the India Country Office identify as key to reducing stunting?
- What national priorities inform the India Country Programme?

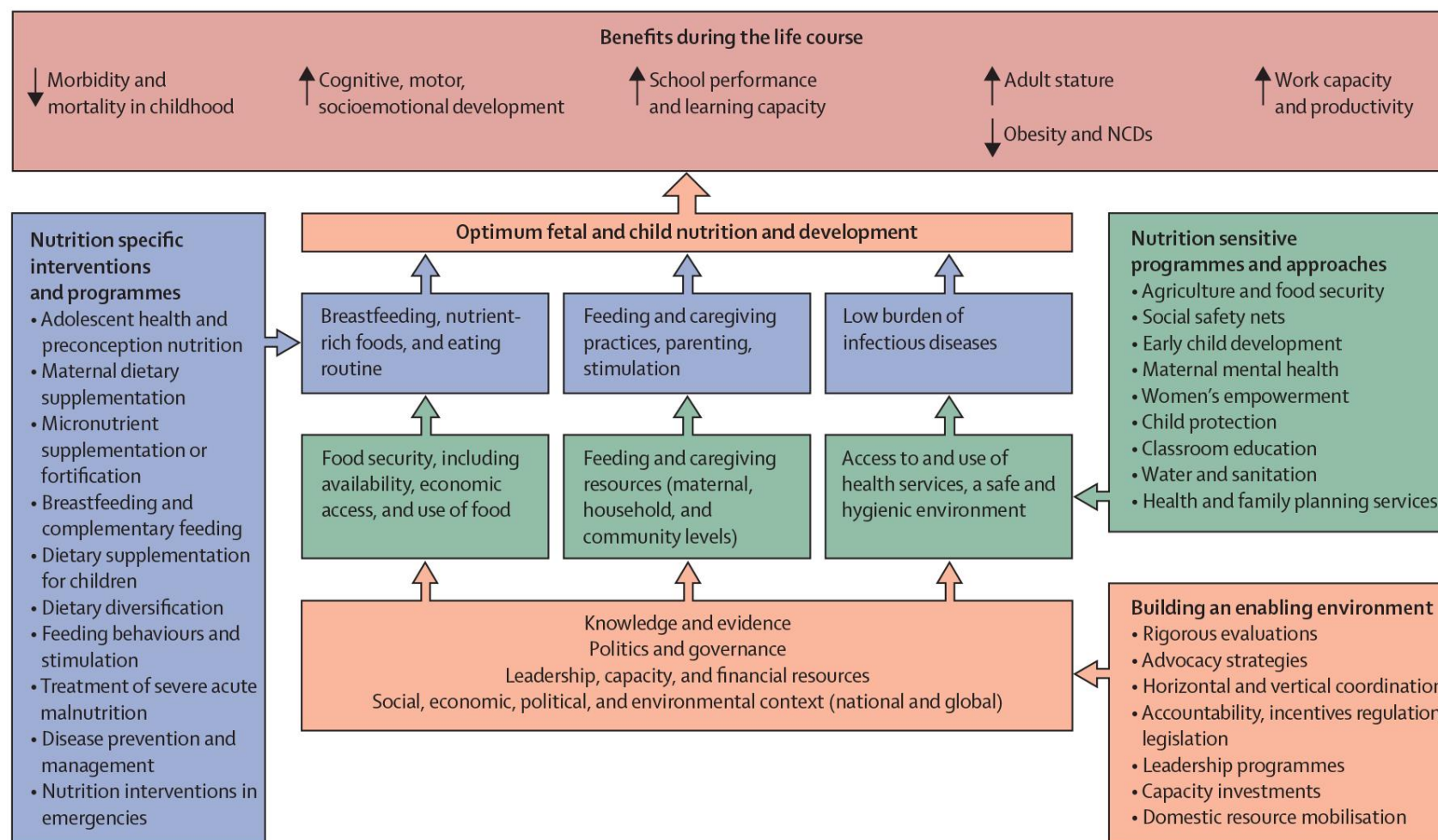
These team-generated questions were transformed into queries readable by the data management software. Team members read the various outputs, noting themes or patterns that develop. They also developed new questions that arose from the data and transformed them into new queries. Team members involved in the queries met regularly to share findings and discuss analysis strategies. The cycle of question creation, output, theme notation and team analysis discussion was repeated until the study's research questions are satisfactorily answered. In addition, the team used other analytic tools to examine inductive themes (e.g., exploring which codes tend to co-occur) and whether any patterns emerge through these networks. For example, by looking at the data points where evaluation areas intersect, themes may emerge. Thus, for the report, findings may be obtained by combining retrieved segments from the deductive inquiries with the patterns that arise through the inductive networks.

Annex 4. UNICEF Conceptual Framework on Malnutrition



Note: Basic, underlying and immediate causes are included in this figure, as well as outcomes of malnutrition. Figure adapted by ASEAN, UNICEF and WHO for publication in ASEAN/UNICEF/WHO (2016) Regional Report on Nutrition Security in ASEAN, Volume 2, from the 1997 UNICEF Conceptual Framework of Malnutrition. Not to be reproduced without permission.

Annex 5. Lancet Framework for Action



Annex 6. References

Adair, L. S., et al., 'Associations of Linear Growth and Relative Weight Gain during Early Life with Adult Health and Human Capital in Countries of Low and Middle Income: Findings from five birth cohort studies', *The Lancet*, vol. 382, no. 9891, 2013, pp. 525–534.

Bhutta, Z., et al., 'Evidence-Based Interventions for Improvement of Maternal and Child Nutrition: What can be done and at what cost?', *The Lancet*, vol. 382, no. 9890, 2013, pp. 452–477.

Black, R., et al., 'Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries', *The Lancet*, vol. 382, no. 9890, 2013, pp. 427–451.

International Food Policy Research Institute, 'Global Nutrition Report 2014: Actions and accountability to accelerate the world's progress on nutrition', IFPRI, Washington, D.C., 2014.

Olofin, I., et al., 'Associations of Suboptimal Growth with All Cause and Cause Specific Mortality in Children Under Age 5: A pooled analysis of 10 prospective studies'. *PLoS One*, vol. 8, no. 5, 2013, e64636.

Prendergast, A. J., and J. H. Humphrey, 'The Stunting Syndrome in Developing Countries', *Paediatric and International Child Health*, vol. 34, no. 4, 2014, pp. 250–265.

United Nations Children's Fund, 'UNICEF's Approach to Scaling Up Nutrition for Mothers and Children', Discussion Paper, Programme Division, UNICEF, New York, June 2015.

— *Improving Child Nutrition: The Achievable Imperative for Global Progress*, UNICEF, New York, 2013.

— *Revised Supplementary Programme Note on the Theory of Change for the UNICEF Strategic Plan, 2014–2017*, Report to Executive Board Annual Session, UNICEF, New York, 3–6 June 2014.

— *2015 Annual Results Report Nutrition*.

— *2014 Annual Results Report Nutrition*.

— *2006–2015 Health and Nutrition Strategy*.

— *1990 Nutrition Strategy*.

— *Strategic Plan 2014–2017*.

United Nations Children's Fund, World Health Organization and World Bank, *Joint Health and Nutrition Strategy for 2006–2015*, UNICEF, New York, 2005.

World Health Organization, *World Health Assembly Global Nutrition Targets 2025: Stunting Policy Brief 2013*.

United Nations Economic and Social Council, UNICEF Medium-Term Strategic Plan 2006–2009, *Investing in Children: The UNICEF contribution to poverty reduction and the Millennium Summit agenda*, UNICEF Executive Board, July 2005.

