

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

HAITI COUNTRY CASE STUDY

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

HAITI COUNTRY CASE STUDY

Reducing Stunting in Children Under Five Years of Age: A Comprehensive Evaluation of UNICEF's Strategies and Programme Performance – Haiti Country Case Study

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

United Nations Children's Fund

Three United Nations Plaza

New York, New York 10017

March 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 for Haiti constitutes part of a global evaluation titled "*Reducing Stunting in Children Under Five Years of Age: A Comprehensive Evaluation of UNICEF's Strategies and Programme Performance*" which includes six country case studies. The Haiti case study report was prepared by a team of independent consultants namely Pepe Monroy and Rachel Kagel from ICF. Krishna Belbase, Senior Evaluation Officer, EO led and managed the overall evaluation process in close collaboration with the UNICEF Haiti Country Office where Emmanuela Durandisse Blain was the lead counterpart. Abdoulaye Seye, Evaluation Specialist in the EO, supported the management of the evaluation including inputs to quality assurance.

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

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 team would like to thank many individuals who gave freely of their time for this evaluation, including staff from UNICEF, the Government of Haiti, UN agencies and several International and National NGOs. In particular, we are grateful to Johanne Desormeaux, Jean Ernst Saint-Fleur, Emmanuela Durandisse Blain for facilitating managerial support for the country visit and for reviewing the draft reports.

Most importantly, we would like to thank 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 the final report.

Table of Contents

ACKNOWLEDGEMENTS	i
ACRONYMS	iii
EXECUTIVE SUMMARY	1
Background.....	1
Case Study and Approach	1
Key Conclusions	2
Recommendations	2
1. Introduction.....	5
1.1 About This Report	5
1.2 Global Context	5
1.3 UNICEF's Focus on Stunting	6
1.4 Need to Assess UNICEF's Strategies and Performance.....	7
2. Global Evaluation Methodology	7
2.1 Methodological Approach	7
2.2 Evaluation Components	8
2.3 Country Selection.....	9
3. Haiti Case Study Methodology	9
3.1 Data Sources.....	10
3.2 Data Analysis	11
3.3 Case Study Limitations.....	11
4. UNICEF Haiti Programme Overview	11
4.1 Overview of Stunting in Haiti	11
4.2 UNICEF Haiti Country Programme	13
4.3 UNICEF Haiti Approach to Addressing Stunting	14
5. Evaluation Findings	15
5.1 Relevance, Appropriateness, Adequacy, and Coherence of Strategies and Plans	15
5.2 Effectiveness of the Country Programme in Addressing Stunting	19
5.3 Efficiency of Management and Operations	21
5.4 Sustainability and Scale-Up	23
5.5 Leadership and Leveraging Partnerships	24
5.6 Equity and Reach of Disadvantaged Children	26
5.7 Knowledge/Data Generation, Management, and Use.....	28
6. Recommendations	30
ANNEXES.....	32
Annex 1: Global Evaluation Methodology	
Annex 2: Documents Reviewed	
Annex 3: Key Informant Interview Respondents	
Annex 4: UNICEF Haiti's Country Programme 2013-2016 and Relevant Contextual Factors	

ACRONYMS

CNSA	Coordination Nationale de la Sécurité Alimentaire
CO	Country Office
CPAP	County Programme Action Plan
CPD	Country Programme Document
DHS	Demographic and Health Survey
DINEPA	Direction Nationale de l'Eau Potable et de l'assainissement
EO	Evaluation Office
FAO	Food and Agriculture Organisation of the United Nations
GOH	Government of Haiti
GTSAN	Food and Nutritional Security Technical Group
HDA	Household Development Agents
HDI	Human Development Index
IYCF	Infant and Young Child Feeding
KII	Key Informant Interview
LDC	Least Developed Country
MSPP	Ministry of Public Health and Population
MTR	Midterm Review
MTSP	Medium-Term Strategic Plan
NNP	National Nutrition Policy
NNSP	National Nutrition Strategic Plan
NGO	Nongovernmental Organisation
PC	Programme Component
PCR	Programme Component Result
RAR	Regional Analysis Report
REACH	Renewed Efforts Against Child Hunger and Undernutrition
RO	Regional Office
ROMP	Regional Office Operations and Management Plan
SAM	Severe Acute Malnutrition

SIDS	Small Island Developing State
SNP	Strategic Nutrition Plan
SP	Strategic Plan
SUN	Scaling Up Nutrition
TOC	Theory of Change
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organisation

EXECUTIVE SUMMARY

Background

Approximately 156 million of the world's children under the age of five are stunted, with an estimated 80% of these children concentrated in only 14 countries. Stunting jeopardises child survival and development by contributing to child mortality, morbidity, and disability, including impaired or non-optimal physical growth and cognitive development. In recent years, the global nutrition community has increased its focus on stunting. Developments in science have supported the causal relationship between stunting and short-term childhood development, as well as with long-term intergenerational effects on families. These relationships highlight the critical 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 has provided evidence identifying effective, cost-efficient, and scalable interventions to address stunting. Concurrently, the international community working to reduce stunting has recognised lessons learned and models to support multi-sectoral approaches to improvements in nutrition.

Case Study and Approach

Given the global commitments, the United Nations Children's Fund (UNICEF) contracted with ICF to conduct an evaluation of UNICEF stunting-reduction 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 the age of five years. The evaluation consists of three related studies: a desk review of documents from 24 globally representative countries, in-depth case studies of UNICEF's stunting reduction efforts and activities in six countries (which is the focus of this report), and a global synthesis of UNICEF efforts. Country selection took 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 case study 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 in addressing 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 organisation is expected to play at the field level in contributing to the sustainable and equitable reduction of stunting.

Key Conclusions

Conclusion 1: The country program included some elements related to stunting reduction; however, upstream approaches were excluded and details on specific strategies and interventions were often limited.

The UNICEF Haiti Country Programme included a number of relevant nutrition-specific and nutrition-sensitive approaches, mostly aligned with the country context, national strategies, and global guidance. Planning included specific approaches to emergency situations and capacity-building actions. However, UNICEF Haiti did not have a theory of change (TOC) to address stunting and relevant outcomes related to complementary feeding and severe acute malnutrition (SAM). There is limited information as to how the programmes will be implemented. Outputs related to strengthening the political commitment were not included in the country plan.

Conclusion 2: While progress in addressing stunting has been achieved, the levels of funding and staff were insufficient to adequately address stunting.

UNICEF Haiti experienced improvements in outcome indicators related to stunting. UNICEF Haiti implemented approaches (including nutrition-specific and nutrition-sensitive interventions) that led to some progress in achieving stated country outputs related to stunting. However, insufficient funding and understaffing threaten UNICEF Haiti's current efforts to address stunting and the successful sustainability and scale-up of the programme.

Conclusion 3: Multi-sectoral approaches need strengthening.

There is evidence that nutrition-sensitive approaches have been implemented. However, during the evaluation period, most activities were limited to water, sanitation, and hygiene (WASH), and were not prominent in other sectors. The activities were often limited to higher-level policy discussions, but not operationalised on the ground. Other gaps in multi-sectoral approaches included lack of coordination within the United Nations (UN), insufficient partnerships with agriculture and other nutrition-sensitive sectors, and lack of clearly-defined partnership activities with other global actors.

Conclusion 4: UNICEF Haiti implemented relevant data collection activities using innovative technologies, but data and knowledge gaps remain.

UNICEF supports the government of Haiti and works with international partners to provide technical leadership to generate and disseminate data and knowledge related to nutrition and stunting. UNICEF's support of commune surveys has been one of the key successes demonstrating targeted and relevant data assessments using innovative technology. However, presently available nutrition data, systems, and research are insufficient.

Recommendations

1. Country programme planning:
 - Develop a TOC for addressing stunting through the UNICEF country programme.

- Include nutrition-specific and nutrition-sensitive approaches and interventions to intentionally impact stunting
 - Clarify approaches and indicators specific to relevant vulnerable groups
 - Utilise results of geographic mapping of WASH and nutrition needs to identify how geographic convergence of WASH and nutrition can be incorporated in the next country programme document (CPD) and existing activities under the current CPD
2. Use of multi-sectoral approaches:
- Conduct capacity-building activities with external stakeholders and partners to build consensus on the multi-sectoral nature of stunting and eliminate conflation of all nutrition interventions with SAM treatment
 - Continue to refine the approach to integrating work across sections within UNICEF Haiti and across UN agencies (e.g., participate in Food and Nutritional Security Technical Group (GTSAN) meetings)
 - Stunting efforts would likely benefit from multi-sectoral advocacy efforts, translating lessons each organisation has learned into concrete ideas for government stakeholders
3. Resource leveraging and staff capacity:
- Leverage the expertise of nutrition staff to focus on behaviour change for stunting interventions. Central to leveraging is the ability to mobilise adequate funding to maintain staff with expertise in stunting-related activities
 - Mobilise global attention on stunting and the new integrated approach to increase funding for stunting research. The scaling-up nutrition (SUN) business network offers a potential opportunity to garner commitment from the private sector.
 - Continue to build staff capacity in the areas of policy, advocacy, and integrated approaches to stunting
 - Mobilise development funding for more long-term planning of nutrition and stunting-related activities
 - Leverage expertise in nutrition to partner with other UN agencies, development partners, and subnational stakeholders to improve coordination mechanisms for nutrition to maximise treatment coverage and reduce the likelihood of stock outs
 - Develop enhanced strategies to ensure adequate procurement of nutrition supplies and limit the likelihood of supply stock-outs
4. Equity and vulnerable population needs:
- Clarify the current strategy and consider tailored interventions to focus on vulnerable populations. In addition to geographic focus, specific groups to consider include children who are poorer, who live in rural areas, whose mothers are less educated; children with disabilities; and children living with HIV
 - Projects such as Kore Fanmi present an opportunity to explore synergies in reaching vulnerable populations in the South East. Lessons learned and potential efficiencies resulting from synergies may help maintain presence and work towards scale-up on other geographic areas

- Improve data availability through mapping pockets of malnutrition and analysis of data for the specific vulnerable groups identified above

5. Data and knowledge management:

- Improve data availability through mapping pockets of malnutrition. Consider analyses to improve targeting specifically vulnerable groups in reducing malnutrition
- Dedicate resources to create summaries and recommended action items for all relevant research published in academic journals. Translate these summaries into French. Develop action items for the government based on these findings
- Address gaps in knowledge, including analysis of Haiti's recently available 2016 Demographic and Health Survey (DHS) to examine the current status of education, nutrition, and health in Haiti, and perform causal analysis on progress or lack thereof in stunting reductions.

1. Introduction

1.1 About This Report

This country report was developed to provide evidence of UNICEF Haiti's accountability, effectiveness, and organisational learning and to advance its work to reduce stunting among young children in Haiti. The report includes six major chapters that discuss the results of the Haiti case study component of the Comprehensive Evaluation of UNICEF's Strategies and Programme Performance. The first chapter provides an overview of the problem of child stunting and the scope and approach of the case study. The second chapter provides an overview of the global evaluation methodology, while the third chapter discusses the Haiti case study methodology. UNICEF Haiti's approaches to the problem of stunting are presented in chapter 4. The fifth chapter presents the findings of the case study evaluation. Chapter 5.1 discusses evaluation findings related to the relevance, appropriateness, adequacy, and coherence of UNICEF Haiti's strategies and plans to reduce child stunting. Chapter 5.2 presents the effectiveness of country programs to address stunting with respect to upstream work, capacity development, nutrition-specific and nutrition-sensitive interventions, and addressing stunting in emergency situations. The efficiency of management and program operations are presented in Chapter 5.3. Sustainability and the scale-up of promising strategies are presented in Chapter 5.4, while Chapter 5.5 presents an assessment of UNICEF's leadership and collaboration with partners as they relate to stunting reduction. Chapter 5.6 describes equity issues related to child stunting and UNICEF's work, and Chapter 5.7 summarises the evaluation findings related to programme knowledge use, data generation, and knowledge dissemination. Finally, Chapter 6 presents recommendations for UNICEF Haiti's future work in child stunting reduction.

1.2 Global Context

Approximately 156 million of the world's children under the age of five are stunted.¹ Stunting, or low height for age, results from chronic undernutrition, frequent infections, and other conditions that reduce absorption of important nutrients. Stunting is most likely to occur within the first 1,000 days, the period from conception through the child's first two years of life.² Stunting is associated with suboptimal mental and physical development, having long-term impact on intellectual functioning, school performance, future earnings, risk of obesity, and risk of chronic diseases.³ These effects are often irreversible, even with improvements in nutrition after age two.⁴

¹ 2016 WHO; de Onis, M., & Branca, F. (2016). Childhood stunting: a global perspective. *Maternal and Child Nutrition*, 12(Suppl 1), 12-26.

² World Health Organisation. (2013). *Global Nutrition Targets 2025: Stunting Policy Brief*. Geneva: World Health Organisation.

³ International Food Policy Research Institute. (2015). *The Global Nutrition Report 2015: Actions and accountability to advance nutrition and sustainable development*. Washington, DC: International Food Policy Research Institute.

⁴ UNICEF. (2013). *Improving Child Nutrition: The achievable imperative for global progress*. New York; UNICEF.

In 2008, *The Lancet* published an important series on maternal and child undernutrition that concluded that more than one-third of child deaths and 11% of the total disease burden worldwide were due to maternal and child undernutrition.⁵ The series characterised nutrition as a desperately neglected aspect of maternal and child health and played a key role in garnering the attention of the global development community to nutrition, especially to the first 1,000 days, the critical period of vulnerability from pregnancy to a child's second birthday. The series quantified the prevalence and consequences of stunting specifically, bringing much-needed attention to the link between chronic undernutrition and development.

The Scaling Up Nutrition (SUN) movement was launched soon thereafter to address *The Lancet's* characterisation of the international architecture to deal with undernutrition as “fragmented and dysfunctional.”⁶ Several UN agencies joined together in 2008 to form the Renewed Efforts Against Child Hunger and Undernutrition (REACH) to assist governments of countries with a high burden of child and maternal undernutrition in accelerating the scale-up of food and nutrition actions.⁷ The World Health Assembly (WHA) endorsed stunting as a key indicator for monitoring maternal, infant, and young child nutrition in 2012.

1.3 UNICEF's Focus on Stunting

With a greater focus on and understanding of the long-term consequences of chronic undernutrition, UNICEF and other international actors shifted their emphasis from efforts to reduce the prevalence of underweight to the prevention of stunting among children.⁸ UNICEF prioritised stunting reduction in its strategic plan (SP) 2014–2017. The SP 2014–2017 includes Outcome 4: Nutrition: “improved and equitable use of nutrition support and improved nutrition and care priorities,” and the corresponding six output statements (Exhibit 1). Impact Indicator 4a measures the “number of children under 5 years who are moderately and severely stunted” and aligns with the WHA Global Nutrition Target 2025 for stunting, which calls for a 40% reduction in the number of children under five who are stunted. These commitments require UNICEF to work in an integrated manner across sections including nutrition, health, water, sanitation and hygiene (WASH), early childhood development, education, and social protection to reduce stunting. Concurrently, UNICEF has increased its funding and investment in nutrition, health, WASH, education, and social protection. In 2015, UNICEF developed its Approach to Scaling Up Nutrition, 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. Although this document has not been formally adopted by UNICEF's Executive Board, it serves as an important resource for country offices (COs).

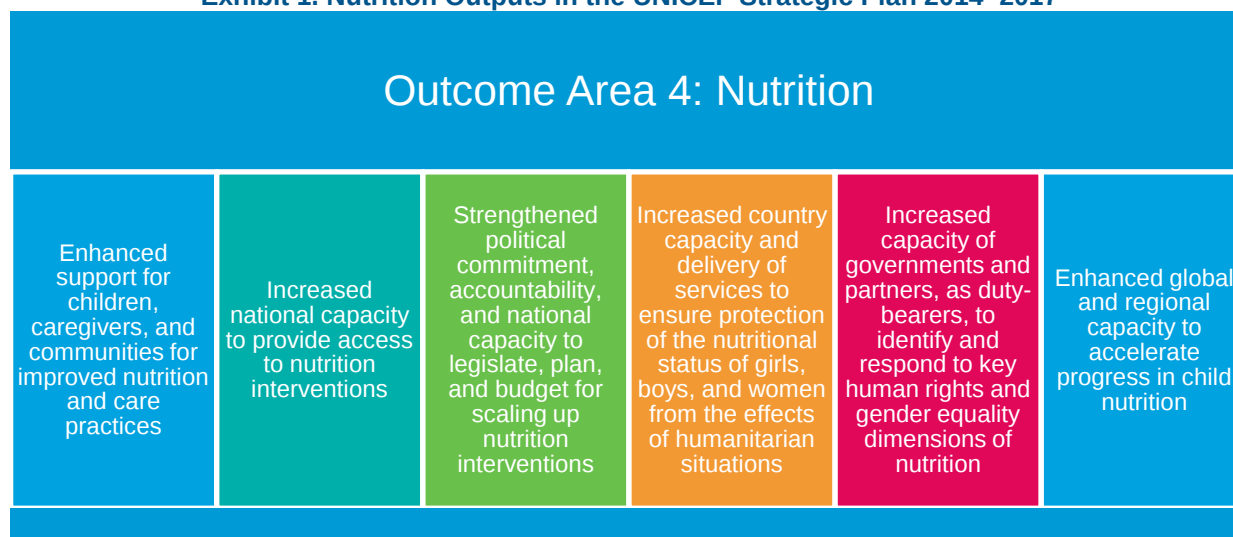
⁵ Maternal and Child Undernutrition. *The Lancet* Web site. Retrieved from: <http://www.thelancet.com/series/maternal-and-child-undernutrition>

⁶ The history of the SUN movement. Scaling Up Nutrition Web site. Retrieved from: <http://scalingupnutrition.org/about-sun/the-history-of-the-sun-movement/>

⁷ About REACH. REACH Web site. Retrieved from: <http://www.reachpartnership.org/about-reach.jsessionid=00D3C0DC189D15E77CBF2447CF2EF026>

⁸ World Health Organisation. (2013). *Global Nutrition Targets 2025: Stunting Policy Brief*. Geneva: World Health Organisation.

Exhibit 1. Nutrition Outputs in the UNICEF Strategic Plan 2014–2017



1.4 Need to Assess UNICEF's Strategies and Performance

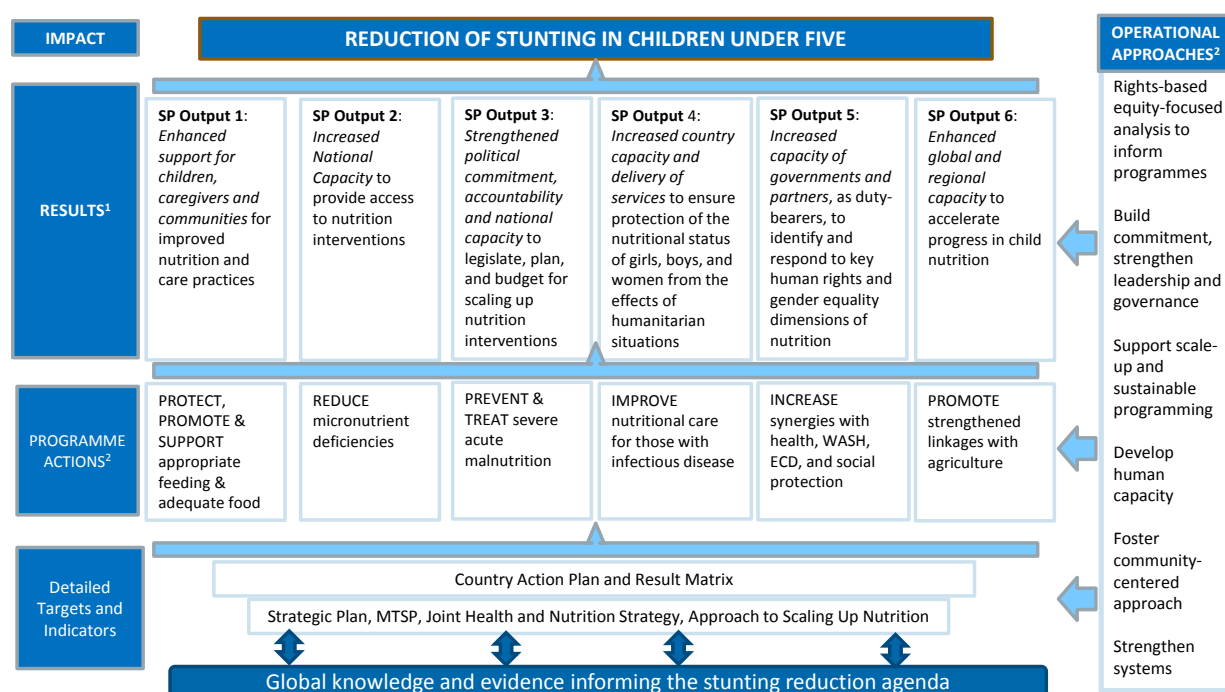
Given these global commitments, UNICEF's Evaluation Office (EO) commissioned a corporate-level external evaluation of UNICEF efforts to reduce stunting, produce concrete policy and programmatic evidence, and inform future global strategies and country programmes. The purpose of the comprehensive evaluation is to provide evidence to enhance UNICEF's accountability, effectiveness, and organisational learning and advance its work to reduce stunting among young children. The evaluation is the first formal, global attempt to assess UNICEF's global strategies and country programme performance in reducing stunting among children less than five years of age. The evaluation was independently managed by the UNICEF EO.

2. Global Evaluation Methodology

2.1 Methodological Approach

The evaluation uses a theory-based approach that examines UNICEF efforts to reduce stunting through nutrition-specific and nutrition-sensitive action (see Evaluation Framework in Exhibit 2). The evaluation explores the relevance, appropriateness, and coherence of UNICEF's global strategic plans; global and regional support; country programmes and plans; the effectiveness, efficiency, and sustainability of country programmes; and UNICEF's leadership, guidance, and technical support at all levels. The evaluation also considers the extent to which UNICEF engages across sectors to reduce stunting, both internally and externally. The full evaluation methodology is presented in Annex 1.

Exhibit 2. Evaluation Framework



¹UNICEF Strategic Plan 2014-2017; ²UNICEF's Approach to Scaling Up Nutrition (2015)

2.2 Evaluation Components

The global evaluation consists of three components: a desk review of 24 countries,⁹ case studies in six countries,¹⁰ and a global synthesis. Each evaluation component is described in Exhibit 3 below.

Exhibit 3. Evaluation Components

Desk review of 24 countries	The desk review is 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 evaluates 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 studies of 6 countries	The case studies provide a more detailed analysis of country programmes and provide greater depth in interpreting the evaluation questions. In particular, the country case studies will allow for a better understanding of subnational situations, strategies, and programmes; operations across organisational levels (subnational, national, regional, global); and relationships with other stakeholders in stunting reduction.
Global synthesis	The synthesis of global findings builds on evidence from the desk review and country case studies to identify outputs being achieved from a global perspective and to provide a comprehensive picture of UNICEF leadership efforts to shape the agenda and drive sustainable results for stunting reduction at a global level.

⁹ Desk review countries considered were Bangladesh, Bolivia, Burundi, Cambodia, Ecuador, Egypt, Ethiopia, Ghana, Guatemala, Haiti, India, Indonesia, Kenya, Madagascar, Mali, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Rwanda, Somalia, Sudan, Tajikistan, Timor Leste, Turkmenistan, Uganda, Vietnam, and Yemen.

¹⁰ Case study countries considered were Cambodia, Haiti, India, Mozambique, Rwanda, and Niger.

The global evaluation uses a mix of qualitative and quantitative data and analytical methods to assess UNICEF's strategies and programme performance for the period 2010–2015. Data was aggregated and triangulated to track common themes, trends, and patterns across key evaluation questions. Both qualitative and quantitative data were utilised, but the qualitative data received more weight in the interpretation of findings.

2.3 Country Selection

Desk review countries were selected to provide a comprehensive picture of UNICEF programming globally while prioritising countries with a high stunting burden. The evaluation team primarily considered current stunting prevalence and change in stunting prevalence, but also considered variations in geographic region; WASH indicators; UNICEF programmatic approaches; and UNICEF funding for nutrition programming, poverty, gender equality, emergencies, and political situations.

Case study countries were selected to explore successful and less successful programmes in varying contexts. Although they are 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. One case study was conducted in each region with the exception of the Middle East and North Africa regions, where no case studies were conducted, and the Eastern and Southern Africa regions, where two case studies were conducted. Consideration was also given to country office staff capacity and willingness to participate in a case study.

3. Haiti Case Study Methodology

This case study examines UNICEF Haiti's efforts to address stunting at the national and subnational levels. It considers the extent to which the country programme and related plans support the effective implementation of programme actions at the national and subnational levels, and the alignment and achievement of outputs to improve nutrition.

This report provides an overview of stunting among children under five years of age in Haiti and findings from the case study in seven areas:

1. Relevance, appropriateness, adequacy, and coherence of strategies and plans
2. Effectiveness of the country programme in addressing stunting
3. Efficiency of management and operations
4. Sustainability and scale-up
5. Leadership and leveraging partnerships
6. Equity and reach of disadvantaged children
7. Knowledge/data generation, management, and use

This report provides conclusions and recommendations for strengthening UNICEF Haiti's approach to reducing stunting. This report may also be useful to other UNICEF country offices interested in adopting parts of UNICEF Haiti's approach.

3.1 Data Sources

The Haiti case study relied on four data sources:

- Document review of UNICEF-provided documents
- Secondary quantitative data
- Key informant interviews (KIIs) with UNICEF Haiti staff and relevant external stakeholders
- CO and external stakeholder survey data

Document Review

Country documents for the evaluation of Haiti included key UNICEF documents: Country Programme Documents (CPD), annual reports, national Country Programme Action Plans (CPAP), and Midterm Reviews (MTRs) for the years 2010–2015. In addition, the evaluation team reviewed Regional Office Operations and Management Plans (ROMPs), Regional Analysis Reports (RARs), and global strategic documents related to stunting reduction. Publicly available documents for review have been extracted from UNICEF web sites. The evaluation team worked with the EO, Regional Offices (RO), and COs to collect additional documents for review. A complete list of documents reviewed is included in Annex 2.

Secondary Quantitative Data

The Haiti Demographic & Health Surveys (DHS) conducted for the years 2005–2006 and 2012 served as the primary source of secondary quantitative data. DHS are nationally representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition. Additional data sources such as the UNICEF Joint Monitoring Programme and the Food and Agriculture Organisation (FAO) of the United Nations' Food Security Statistics were used to inform global and national measures and trends related to stunting reduction efforts. As a proxy for resources, UNICEF shared funding information related to overall and nutrition-related programming for Haiti's CO.

Key Informant Interviews

Twenty-seven KIIs were conducted primarily during a one-week period in May 2016. Respondents included UNICEF Haiti technical staff and leaders, national and subnational policy makers and programme coordinators, donors, other UN agencies, and NGO partners. A full list of KII respondents is included in Annex 3.

Country Office and External Stakeholder Survey

To supplement data collected through document review, KIIs, and secondary data, ICF developed two Web-based survey instruments. Survey questions included a mix of predetermined and open-ended responses across the evaluation subjects. The first Web-based survey was sent to the UNICEF COs in all evaluation countries. A second survey was administered to external stakeholders identified by CO staff.

3.2 Data Analysis

The evaluation team used thematic analysis to systematically review and sort data according to a framework informed by the programme logic and research questions. As issues, patterns, and themes were identified during the review, the evaluation team expanded the framework to incorporate them into the analysis. Interpretation of the data proceeded along with development of the thematic framework and included the identification of associations among, and explanations for, observed phenomena.

The evaluation team used triangulation to provide confirmation of patterns or findings and the identification of important discrepancies across sources of information:

- Triangulation was used to reconcile findings across the multiple sources of data.
- For the interviews and surveys, triangulation was used to identify agreement and discrepancies in responses within and across the individuals' roles.
- Qualitative and quantitative data collected were triangulated to respond to evaluation questions.

Additional information related to the coding and analysis of the KIIs and documents is provided in the Evaluation Methodology (Annex 1).

3.3 Case Study Limitations

The evaluation has made best efforts to triangulate information to follow the agreed-upon evaluation framework and respond to evaluation questions. However, in some cases information was not available to assess particular questions. Case studies were limited to a one-week period in the country and thus primarily focused on the national-level programme. Furthermore, key informants responded to each evaluation subject according to their knowledge and experience with UNICEF in that specific area. Therefore, the depth of information collected in the KIIs varies across evaluation subjects and respondents. The evaluation team triangulated data from other sources to address these limitations of the qualitative data.

Despite these constraints and limitations, the evaluation team addresses the evaluation questions and provides the most accurate findings and recommendations as possible.

4. UNICEF Haiti Programme Overview

4.1 Overview of Stunting in Haiti

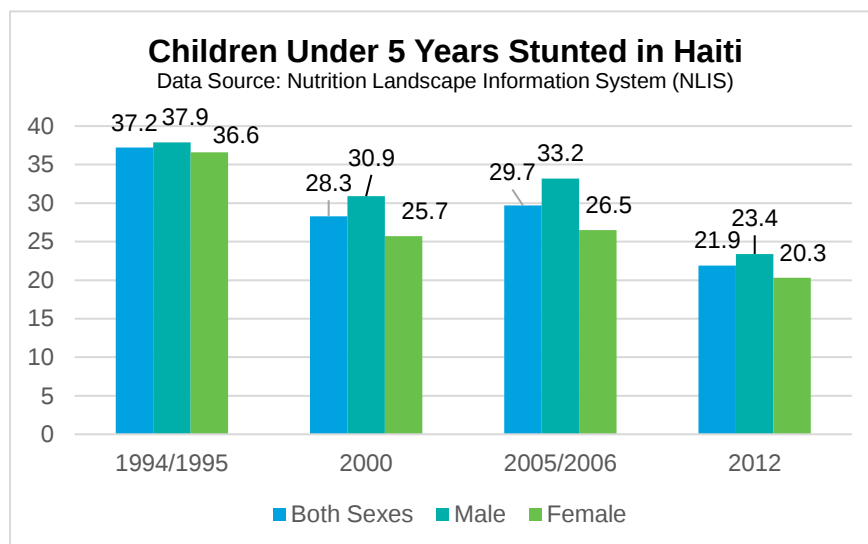
Background and Recent Trends

Located in the Caribbean, Haiti is both a least developed country (LDC) and a small island developing state (SIDS). With a population of 10.3 million (2016), Haiti is one of the most impoverished countries in the American continent: 53.9% of the population lives on less than USD\$1.9 per day, and the country's Human Development Index (HDI) is ranked at 0.483 (163 of

188 countries).¹¹ In 2010, an earthquake with a magnitude of 7.3 on the Richter scale struck Port-au-Prince, the Haitian capital, and the surrounding areas. The effects of the earthquake were devastating: 220,000 people were killed, 300,000 were injured and 1.3 million people lost their homes and were forced to settle in refugee camps.¹²

Although stunting rates have declined in the past 20 years (see Exhibit 4), the 2010 earthquake intensified malnutrition challenges. Following the earthquake, global acute malnutrition was shown to affect 4.1% of children less than five years of age, while severe acute malnutrition affected 1% of children.¹³ Among children less than five years of age, the prevalence of stunting

Exhibit 4: Trends in Stunting in Haiti from 1994–2012



was 24.4%, while the prevalence of severe stunting was 7.1%.¹⁴ There is also significant regional variation in stunting rates, with the most affected areas in the Southeast (28.8%), the Centre (28%), and Artibonite (26.4%). The least affected areas are the Port-au-Prince Metropolitan Area (15.4%), Nippes (17.2%), and the Reste-Ouest (17.3%).¹⁵

These nutrition outcomes are interrelated with factors such as maternal education, provision of public services, food insecurity, and natural disasters. Maternal education and stunting are inversely related. Thirty-four percent of children of mothers who were not formally education are stunted compared with 12% of children of mothers who were formally educated in Haiti.¹⁶ Also, the limited provision of public services, including shortages of healthcare staff, low retention rates, and poor skill development, has considerable impact on nutrition outcomes. Persistent food insecurity is linked to malnutrition. An estimated one-third of the Haitian population is food insecure, with 600,000 people needing external food assistance to meet basic needs. When related to undernutrition and micronutrient shortages, food security and poverty have taken the greatest toll on children and women.¹⁷

¹¹ <http://hdr.undp.org/en/composite/HD>

¹² Haïti: Projet de descriptif de programme de pays 2013–2016. UNICEF. 2013.

¹³ Rapport de l'Enquête Nutritionnelle Nationale avec la Méthodologie SMART. Ministère de la Santé Publique et de la Population, UNICEF & WFP. 2012.

¹⁴ *Ibid.*

¹⁵ Haiti DHS 2014.

¹⁶ Haiti: Nutrition Profile. USAID, 2014.

¹⁷ *Ibid.*

Government Strategies

The government of Haiti has established three major entities to address malnutrition: (1) within the Ministry of Public Health and Population (MSP), the National Coordination Unit for the Nutrition Programme is responsible for malnutrition action, (2) the Consultative Nutrition Committee, which leads discussions on the strategic orientation to nutrition, information sharing, planning and cofinancing, and, (3) the National Technical Committee, which ensures coordination and information sharing as well as contingency planning. These entities are governed by a nutrition policy framework based on the National Nutrition Policy for the years 2013–2018, complemented by a Nutrition Strategic Plan, a National Protocol for the Support of Global Acute Malnutrition, a law on food fortification, and a National Strategy on the Diet of Newborns and Young Children. Documents such as the Action Plan for National Recovery and Development of Haiti and the Haiti Strategic Development include programmes related to acute and chronic malnutrition.

4.2 UNICEF Haiti Country Programme

The overall goal of the Haiti Country Programme is to help reduce child mortality and strengthen an environment that enables fulfilment of children's rights. Immediately following the 2010 earthquake, UNICEF provided emergency support to address the challenges experienced by women and children and then responded to the cholera outbreak that same year. Since then, UNICEF has gradually adapted interventions in areas of health, nutrition, child protection, and WASH to ensure an equitable approach towards improving the lives of women and children.¹⁸

UNICEF's country-specific strategies are organised in three-to-four-year country programmes, usually assessed in an annual review process. Haiti's recent country programmes have run from 2009–2011 and from 2013–2016. The 2009–2011 country programme delineated programmes and strategies focused on young child survival and development, basic education, child protection, and child poverty reduction.¹⁹ However, following the earthquake, UNICEF implemented a two-year 'transitional programme' in 2010 and 2011 primarily focused on post-earthquake emergency response and recovery. During that time, the Haiti CO, backed by UNICEF headquarters, regional offices, and an outpouring of global financial support, transformed from a small CO to one of the largest COs worldwide: the number of staff increased from 53 to 280 and resource targets escalated from USD\$17 million to USD\$285 million in one year. The 2009–2011 country programme, in its second year, continued to provide larger strategic objectives, but most efforts focused on the rapid expansion of emergency response.²⁰

In 2012, the Haiti Country Programme strategically shifted from emergency response and refocused on strengthening institutional capacity, informing policy design, and influencing strategy to tackle arising issues that interfere with children's rights. This shift was captured in the CPD *Haiti: Projet de description de programme de pays 2013–2016*, with the overall goal of

¹⁸ UNICEF: Haiti web site. www.unicef.org/haiti

¹⁹ CPD 2009–2011.

²⁰ *Ibid.*

'nation building by supporting the Government of Haiti to uphold its commitments under the Convention on the Rights of the Child'.²¹ The MSPP assumes overall coordination of the UNICEF Haiti Country Programme.²²

4.3 UNICEF Haiti Approach to Addressing Stunting

UNICEF Haiti's approach to stunting is reflected in the Programme Components (PCs) and Programme Component Results (PCRs) of the 2013–2016 Country Programme and UNICEF Haiti's Strategic Nutrition Plan (SNP) 2014–2016. The planning documents included a number of components relevant to address stunting. These components are summarised in Exhibit 5.

Exhibit 5. 2013–2016 Country Programme Components and Associated Outputs Relevant to Stunting

PCR 1.1: By the end of 2016, Government and communities have the technical capabilities and tools necessary for the effective implementation of quality nutrition interventions based on established scientific evidence

PCR 1.2: By the end of 2016, children, adolescents and women and especially the most vulnerable among them including those with disabilities, those living in rural and urban areas, are regularly dewormed with Albendazole and benefit from adequate supplementation in essential micronutrients (Vitamin A, folic acid, iron, iodine and zinc)

PCR 1.3: By the end of 2016, infants and young children benefit equitably from improved feeding and nutritional care practices

PCR 1.4: By the end of 2016, the Government and its partners have the means and adequate technical capacity to reduce vulnerability to disasters and provide adequate nutrition and coordinated response to emergency situations

PCR 4.1: Children, women and their families in rural areas and poor urban areas, especially the most vulnerable, have equitable and sustainable access to the supply of drinking water, basic sanitation and hygiene education

Stunting reduction among young children in Haiti is directly targeted through PC 1—Young Child Survival and Development. This component's objective is to reduce child mortality and addresses three PCRs focused on (1) equal access to preventative and curative nutrition interventions, (2) equal access to and use of integrated health services, and (3) sustainable access to safe water supplies, basic sanitation, and hygiene education. UNICEF Haiti's SNP presents main actions in the field of nutrition, which include strengthening the capacity of the MSPP National Coordination Unit, providing technical support related to food security surveys, and ensuring the availability of nutrition inputs and supplies for the support of acute malnutrition.

²¹ CPD 2013–2016.

²² CPD 2011–2015.

However, neither the Country Programme nor the SNP has an intentional strategy, target, or approach. Given the relevance to stunting activities, for the evaluation purposes we refer to these documents together as UNICEF Haiti's Plan to address stunting.

5. Evaluation Findings

5.1 Relevance, Appropriateness, Adequacy, and Coherence of Strategies and Plans

This chapter explores the evaluation question: How relevant, appropriate, adequate, and coherent are UNICEF's country programme strategies and actions to reduce stunting?

Relevance to Country Context and Needs

During the evaluation period, UNICEF Haiti undertook several analyses to inform country programming. UNICEF Haiti conducted a situational analysis to inform the country programme 2013–2016. The *Situation Analysis of Structural Faults in the Architecture for the Realisation of Children and Women's Rights in Haiti* was developed based on review and analyses of available data to understand the determinants of inequity, and to inform policy advocacy and planning and to make decisions.²³ Although this situation analysis (and the more general situation analysis) was not available to the evaluation team for review, relevance of the CPD and SP to the country context was gleaned from annual reports and other documents.

This evaluation finds that UNICEF Haiti's 2011–2015 Plan to Reduce Stunting was in many ways relevant and tailored to the context. In Annex 4, the evaluation team presents key contextual factors and evidence whether these factors were adequately addressed in the plan. Contextual factors are found in the background section of the 2013-2016 CPD and analysis of KII and survey data.

The key contextual factors include:

- Exposure to multiple hazards including earthquakes, hurricanes, floods, and droughts.
- High prevalence of anaemia and low coverage of Vitamin A supplementation for children aged 6–23 months. Anaemia in the first two years of life can impact child survival and growth.
- Breastfeeding practice rates in Haiti are suboptimal, with low rates of early initiation of breastfeeding and exclusive breastfeeding.
- Poor sanitation and unsafe drinking water cause intestinal worm infections leading to malnutrition, anaemia, and retarded growth among children.

The evaluation finds that UNICEF Haiti indicates plans to conduct stunting and nutrition-related activities, but does not provide details on how the program will be implemented.

²³ Haiti, Annual Report 2011.

Strengthened political commitment and national capacity to legislate, plan, and budget for scaling up nutrition interventions

UNICEF Haiti did not include specific upstream approaches relevant for stunting in the country planning documents.

Increased national capacity to provide access to nutrition interventions

UNICEF Haiti Plan included two components directly relevant to capacity building. These included provision of support to ensure that

1. the government and communities have the technical capabilities and tools necessary to effectively implement quality nutrition interventions based on established scientific evidence, and
2. the government and its partners have the means and adequate technical capacity to reduce vulnerability to disasters and provide adequate nutrition and coordinated response to emergency situations.

The documents, however, did not provide further details as to how UNICEF planned to implement the capacity-building approaches.

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

Addressing stunting requires a multisectoral approach, which includes delivery of nutrition-specific and nutrition-sensitive interventions. Nutrition-specific interventions address the immediate causes of undernutrition, such as inadequate dietary intake and underlying causes, including 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.

Support of Nutrition-Specific Service Delivery Approaches

UNICEF Haiti's nutrition-specific service delivery approaches are

1. Access to and use of an essential package of high-impact preventative and curative nutrition interventions (vaccinations, micronutrient supplementation, and promotion of breastfeeding), and plans for how these services will be delivered
2. The plan suggests that breastfeeding will be promoted, and exclusive breastfeeding is included as an indicator. Details about the actual plan were not present.
3. The plan describes the need to support the delivery of micronutrients (Vitamin A, iron, and iodine) but does not include details on how this will be accomplished.

Support of Nutrition-Sensitive Service Delivery Approaches

The plan specifies a WASH strategy to influence the decentralisation of service provision and the scale-up of household water treatment and safe storage, as well as the establishment of national actions schools to meet water, sanitation, and hygiene minimum standards. WASH indicators are included. However, UNICEF's Plan to Reduce Stunting did not provide specific details about what these strategies entail and how they will be implemented. KIIs indicate the

intent to adopt ‘geographical convergence’ to maximise the efficiency nutrition and WASH programmes in areas of greatest need.

Nutrition in Humanitarian Situations

At the beginning of the evaluation period in 2010, Haiti experienced a category three earthquake that resulted in high fatality rates and extensive geographic damage, creating further economic and political instability in an already impoverished, post-crisis nation. Immediately following the earthquake, UNICEF Haiti focused on the response to acute malnutrition. But the country programme has shifted to address nutrition and food insecurity that results in chronic malnutrition and stunting among children under the age of five.²⁴ As mentioned previously, the plan adequately addresses this emergency context and includes components that will support acceleration of disaster-risk reduction measures to improve emergency preparedness and response in communities, schools, and other institutions that provide services to children.

Theory of Change and Outcomes

An explicit TOC for stunting reduction was not included in the 2013–2016 CPDs. Within PC 1, there is a stunting indicator titled ‘Percent of girls and boys under five that are underweight and stunted’.

Alignment with National Strategies

Country Programme 2013–2016 is aligned with Haiti’s National Nutrition Policy (NNP) and its National Nutrition Strategic Plan (NNSP). The goals of the NNP are to improve the nutritional state and general well-being of the population and to strengthen the strategies to address malnutrition and micronutrient shortages.²⁵ The NNSP specifies 20 objectives associated with six strategic axes in the NNP, which include: malnutrition prevention, support against nutritional diseases, nutritional protection in emergency situations, improvement of nutrition information systems, intra and intersectoral coordination, and nutrition capacitation and applied research. The UNICEF Strategic Nutrition Plan 2014–2016 is aligned to the NNP as the six strategic axes present in the UNICEF SP correspond to those set forth in the NNP, and the UNICEF budget is allocated along the lines of the strategic axes.

Alignment with Global Strategies

Three of the five nutrition outputs of the global strategic plan are relevant to the Haiti UNICEF Programme. The stunting-related PCRs for the Haiti Country Programme are mapped to the global outputs in Exhibit 6 below. PCRs specified in the Haiti Country Programme did not have a one-to-one correspondence to the global outputs. Through review of intermediate output of the PCRs, evaluation mapped the most relevant country outputs to each global output.

²⁴ CPD 2013–2016.

²⁵ Plan Stratégique de Nutrition 2013–2018. Unité de Coordination du Programme.

National d’Alimentation et de Nutrition—UCPNANU. Ministère de la Santé Publique et de la Population, République d’Haïti. 2013.

Exhibit 6: Alignment of UNICEF Global Strategic Plan and 2013–2016 Country Programme

1. Enhanced support for children, caregivers, and communities for improved nutrition and care practices	PCR 1.1
2. Increased national capacity to provide access to nutrition interventions	PCR 1.2
3. Strengthened political commitment, accountability, and national capacity to legislate, plan, and budget for scaling up nutrition interventions	
4. Increased country capacity and delivery of services to ensure protection of the nutrition status of girls, boys, and women from the effects of humanitarian situations	PCR 1.4 PCR 4.1
5. Increased capacity of governments and partners, as duty bearers, to identify and respond to key human rights and gender equality dimensions of nutrition	

Evaluation also found that the UNICEF Haiti Country Programme incorporated strategies specified in UNICEF's [Approach to Scaling Up Nutrition](#) and considered nutrition-sensitive and nutrition-specific interventions that are suggested in global guidance, such as infant and young child feeding (IYCF), nutritional support to those with HIV, SAM treatment, and iron supplementation and fortification of foods. However, with the gaps in global outputs 3 (strengthening political commitment) and 5 (capacity to respond to dimensions of nutrition), evaluation could not completely assess alignment with this strategy document.

Conclusion

The UNICEF Haiti Country Programme included both nutrition-specific and nutrition-sensitive approaches, which were mostly aligned with the country context, national strategies, and global guidance. In addition, planning included approaches specific to emergency situations. However, the evaluation identified several remaining gaps in country planning:

- UNICEF Haiti did not have a TOC to address stunting and relevant outcomes related to complementary feeding and SAM. Also, there is limited information about how the programmes will be implemented. Specific outcomes for vulnerable populations were not included.
- Relevant global outputs related to strengthening the political commitment and identifying and responding to key human rights and gender issues related to nutrition were not included in the results matrix.
- Geographic convergence between nutrition programmes and WASH strategies were not specified in the plan.

5.2 Effectiveness of the Country Programme in Addressing Stunting

This chapter starts with an analysis of Haiti's progress in reducing stunting in children less than five years old and related indicators. The analysis of effectiveness focuses on four main SP output areas that are relevant for Haiti: 1) strengthened political commitment, accountability, and national capacity to legislate, plan, and budget for scaling up nutrition interventions; 2) increased national capacity to provide access to nutrition interventions; 3) enhanced support for children, caregivers, and communities for improved nutrition and care practices; and 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. As per the evaluation framework, the analysis considers both nutrition-specific and nutrition-sensitive interventions included within the Haiti programme, and focuses on the 2010–2015 period.

Changes in Performance of Stunting Indicators

The prevalence of stunting in Haiti declined from 37% to 22% between 1994 to 2012. However, given the limited time frame for the DHS data, the change in stunting prevalence over recent years could not be determined. Over the evaluation period, there was a decline in Vitamin A supplementation and there appears to be some improvement in nutrition indicators, including early initiation of breastfeeding, exclusive breastfeeding for less than six months, complementary feeding practices, Vitamin A supplementation, and iodised salt consumption.

Achievements Towards Addressing Strategic Plan Outputs

This section provides an analysis of UNICEF Haiti's programme toward the relevant outputs of UNICEF's SP mentioned above.

Strengthened political commitment and national capacity to legislate, plan, and budget for scaling up nutrition interventions

Stakeholders indicate that UNICEF Haiti has supported the development of policy and cross-cutting strategies, while advocating the enhancement of nutrition policies within the government and encouraging other sectors such as WASH, education, food security and health to adopt and promote nutrition sensitive interventions. Evaluation could not assess performance based on reporting of the PCR outputs because the UNICEF Haiti Country Programme PCR outputs did not directly align.

KIs indicate that UNICEF has supported the progress made on the nutrition policy framework to inform the NNP for the period 2013–2018 complemented by a NNSP. In addition, UNICEF has facilitated adoption of malnutrition as a priority in national policy and programming. It is present in national strategic policy documents such as the Action Plan for National Recovery and Development of Haiti and the Haiti Strategic Development Plan. The Haiti Strategic Development Plan defines specific policy programmes and sub-programmes under each pillar. Programmes to address malnutrition are embedded in this Strategic Development Plan, under the Social Reconstruction component, which include Programme 3.2 (increase access to

education) and Programme 3.3 (increase access to health services).²⁶ These two programmes align with PC 2.2 (equitable access to and use of quality integrated health services) in the Country Programme 2013–2016.²⁷ External stakeholders confirmed that UNICEF Haiti has supported the adoption of these plans by the government of Haiti to ensure programmes are addressing chronic and acute malnutrition in a sustainable manner.

Increased national capacity to provide access to nutrition interventions

UNICEF Haiti supported the appointment of 20 departmental nutrition focal points: the presence of the nutritional focal points facilitated coordination and adequate provision of services at departmental levels within community services. Also, community staff members were trained in the management of severe acute malnutrition.

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

Over the evaluation period, UNICEF Haiti supported a number of nutrition-sensitive and nutrition-specific interventions.

Nutrition-Specific Interventions

Through a network of national and international NGOs, and through direct financial support to the MSPP, UNICEF delivered complete packages of preventive and curative nutrition to health facilities across the country. UNICEF supported MSPP for household salt iodisation programmes and routine micronutrient services. Stakeholders indicate success with prevention of micronutrient deficiencies through deworming and supplementation of Vitamin A, iron, folic acid, and iodised salt. UNICEF Haiti supported these efforts through school feeding programmes on deworming and micronutrient supplementation and procurement of micronutrient supplementation. Despite significant funding shortfalls throughout the evaluation period, UNICEF Haiti ensured the preventive and curative interventions for SAM were properly delivered. However, Vitamin A coverage declined during the evaluation period from 68% to 62%, and the percentage of women receiving iron and folic acid supplementation (47.5%) and oral rehydration salts (ORS) treatment for diarrhoea (44%) was relatively low.

Nutrition-Sensitive Interventions

In 2014, UNICEF supported the Direction de L'Eau Potable et de l'Assainissement (DINEPA), the MSPP, and others to partner with NGOs to implement the WASH programme. Partnerships were established for an integrated community approach (nutrition, WASH, and health sectors). Stakeholders indicate that UNICEF supports hygiene promotion, community led total sanitation, handwashing, and increased access to improved water. Support by UNICEF Haiti to eliminate cholera decreased the number of suspected cholera cases and deaths by one-half, leading to a decline in the case fatality rate from 1.3 percent in 2013 to 1.04 in 2014. UNICEF Haiti also supported MSPP and DINEPA on the implementation of the National Strategy on Household Treatment and Storage, and the use of latrines in households and schools.

²⁶ Action Plan for National Recovery and Development of Haiti. Government of Haiti. 2010.

²⁷ CPD 2013–2016.

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

MSPP improved its capacity to implement a nationwide nutrition programme by managing 60% of inpatient care units in the country with the support of UNICEF Haiti. Six national and international NGO partners continued to support preventive and curative interventions in remote areas. Also, the REACH interagency initiative included Haiti CO as a member to support the MSPP. However, financial constraints and supply stock-outs undermined performance of the nutrition programme.

Conclusion

UNICEF Haiti experienced improvements in outcome indicators related to stunting and implemented approaches leading to progress in achieving stated country outputs related to stunting. The support provided by UNICEF to government systems—necessary resources to implement programmes, strong convening power, and technical assistance—were key success factors. Although there was no direct PCR output to assess global output 3 on political strengthening, stakeholder interviews suggest that UNICEF had significant input to ensure that acute and chronic malnutrition are included in the national agenda for nutrition policy and in a development context. Despite progress, evaluation identified the following challenges to UNICEF Haiti's continued progress in addressing stunting:

- UNICEF Haiti has made efforts to secure supplies, but supply stock-outs were a concern for micronutrients and nutrition-specific interventions.
- Turnover of trained professionals and lack of qualified staff at all health care levels was a barrier to the delivery of health services for children and women
- Approaches to identify and respond to disparities, as outlined in global output 5, are not possible due to weak health information systems
- Although one of UNICEF Haiti's goals is to ensure inclusion of nutrition-specific interventions across sectors, its experience with multisectoral approaches remains limited

5.3 Efficiency of Management and Operations

This chapter addresses the evaluation question: Are UNICEF's management and operational approaches and resources adequate and efficiently utilised for its stunting reduction strategies and programmes?

Utilisation of Available Resources to Achieve Programme Outputs

Staff

The UNICEF Haiti country office has three permanent staff members: one national consultant, one nutrition officer, and one international nutrition specialist. Country surveys indicate that no staff from other sectors contributed to the nutrition sector. Integrated efforts across multiple sectors were challenging because of competing priorities of other sections. There is a need to strengthen planning and coordination structures specifically designed to facilitate multisectoral work within UNICEF Haiti.

Evaluation found indications of an inadequate number of staff to reach intended stunting outcomes. Stakeholders note a need for specific staffing for emergency response and long-term development planning. In addition, there were gaps in staff capabilities related to stunting as well as to monitoring and evaluation and data management.

Funding

Overall funding for UNICEF in Haiti declined significantly, from USD\$68.2 million in 2012 to USD\$27.7 million in 2015. Nutrition funds also decreased from USD\$6.3 million in 2012 to approximately USD\$1.8 million in 2015, accounting for 9.2% and 6.4% of the total funds, respectively. The country office reported funding shortfalls, which resulted in gaps in staffing, implementation, and monitoring, and shortages in supplies, such as IYCF tools and materials.

The programme documents indicate that a number of actions are being performed to achieve efficiency gains and cost savings despite decreased funding, including reassessment of warehouses for supply storage, repeated negotiations for construction of the Debussy office, securement of long-term agreements for supplies, reduction in communication costs (using digital phone contracts), and reductions in nine positions in 2014. Despite these cost-saving measures, responses from the country survey indicate that declines in funding affected stunting-related activities such as staffing, implementation, monitoring, supplies, and IYCF tools and materials.

Stakeholders also believe that financial resources were scattered across multiple activities and should perhaps be reprioritised to fund two to three core objectives. Stakeholders also report that funding is not structured in a manner to promote multisectoral work. Instead, the existing funding structure encourages sectoral silos. Evaluation found that in practice, integrated working groups often feel or appear inefficient at the beginning of a project, but that, over time, these groups become more effective and efficient as staff members become more versed in the language of other technical areas and joint programming.

Organisational Policies

Stakeholders indicate that the use of emergency funds limited use of the funds for structural impact and development planning. According to stakeholders, all presently available funds would be best used to advance development, but emergency funding focuses on short-term outputs. Therefore, there are significant limitations as to what can be achieved with these funds. Other stakeholders discuss the need to leverage the interconnectedness between resources and funding in other areas to achieve efficiencies. One potential strategy includes implementing 'geographic convergence' in programme activities, for example, joint WASH, health, and nutrition programming in cholera hot spots. However, this strategy has not yet been fully implemented by UNICEF Haiti.

Conclusion

Evaluation found that a number of challenges related to both insufficient funding and staffing interfere with UNICEF Haiti's stunting efforts. UNICEF Haiti has started to develop several solutions to support the efficient implementation of programme actions despite decreased funding. For example, one solution is to integrate WASH and nutrition programming if such needs overlap

in specific geographic areas. In addition, the leveraging of all funds, including emergency funds, toward more long-term impact can help with staff investment and reduce turnover.

5.4 Sustainability and Scale-Up

This chapter answers the evaluation question: Is there evidence that UNICEF's strategies and programmes to reduce stunting are likely to be sustained or scaled up?

Sustainability

As described in other sections of this report, UNICEF Haiti's activities during the evaluation period included institutional reinforcement, capacity building, and development of health information management systems. However, sustainability remains a major challenge for UNICEF Haiti as it transitions from emergency response toward development, especially in the context of ongoing vulnerability to future emergencies. Stakeholders report that Haiti received emergency funding expected to address humanitarian actions but received limited funding for development activities. Bridging the gap between humanitarian and development actions and transitioning toward achieving long-term goals, such as those defined by the Millennium Development Goals, have the potential for guiding more sustainable efforts.

There are several notable challenges to sustainability:

- **Government factors:** There is little continuity in policy due to political instability. Sustainability is also weakened due to high turnover in ministries, lack of prioritisation/visibility of stunting, and virtually nonexistent budget allocations for nutrition. In addition, no multisectorial platform exists within the government to coordinate programming at the operational level.
- **Funding:** As previously mentioned, Haiti has received emergency funding in response to the 2010 earthquake. Since then, funding has been reduced, and according to stakeholders, could not be mobilised to development actions or structural impacts. Furthermore, UNICEF Haiti has needed to rely on donor funding, which can be difficult to obtain and unpredictable. Documents indicate that government and private-sector resources were often inadequate to meet funding needs. These factors also contributed to delays and stock outs.
- **Staff turnover:** Stakeholders report that cuts in funding led to a reduction in staff at UNICEF Haiti, including jobs related to monitoring and evaluation, mapping, and an officer focused on stunting. Further exploration of the effect of staffing on the sustainability of stunting efforts is needed.

Scale-Up

UNICEF Haiti has been successful in scaling up programming, particularly SAM treatment and other health interventions. The focus on the Southeast areas of Martissant and Thiotte has the potential to generate lessons for programming at scale in the most isolated areas, and also reflects the infrastructure challenges in bringing programmes to scale. Mapping capabilities and conducting surveys may also help identify vulnerable populations and enhance capability to

scale-up. UNICEF also supports government in working at scale. UNICEF 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 2020.²⁸

However, there are three notable challenges to scale-up:

- **Funding:** Internal and external stakeholders all agree that funding is the most significant challenge to scaling up UNICEF-supported interventions to address stunting, exacerbated by vulnerability related to climate, emergencies, and potential political instability.
- **Human resources:** Loss of human resources following the 2010 earthquake presents challenges for scale-up due to severe lack of qualified personnel in the country.
- **Programming silos:** Stakeholders state that different UNICEF sections need to unite to implement multisectoral approaches, though this organisational shift has been challenging to implement. Kore Fanmi, structured as an integrated approach that combines nutrition, WASH, and education, provides an opportunity to further investigate and replicate the multisectoral approach.
- **Commitment:** Although Haiti has been part of the SUN movement since 2012, there has been little progress in the four areas (i.e., bringing people together, coherent policy and legal framework, aligning programmes around a common results framework, and financial tracking and resource mobilisation).

Conclusion

UNICEF Haiti has considered sustainability and scale-up when designing and implementing its country programme by shifting the focus from emergency response to more long-term programming. Stakeholders indicate that scale-up will rely on multisectoral approaches that require cooperation beyond policy-level discussions to operationalisation on the ground. Long-term funding predictability, staffing, and political shifts are the primary challenges to both sustainability and scale-up.

5.5 Leadership and Leveraging Partnerships

This chapter assesses the evaluation question: Is UNICEF effective in leading and leveraging partnerships to reduce stunting? Below, an overview of the types of partnerships and leadership activities conducted by UNICEF is presented, followed by successes and challenges experienced during the evaluation period.

Types of Partnerships and Leadership Activities

As mentioned earlier in this report, UNICEF Haiti partners with the MSPP and works in cooperation with the government and other partners to address nutrition-related issues. According to the country survey, the key counterpart institutions with which UNICEF Haiti

²⁸ Annual Report 2014

collaborates to implement country programme interventions to address stunting include the directorate of nutrition, the directorate of health, and a number of national and international NGOs. Also, UNICEF Haiti has supported SUN since 2012 and REACH since 2013.

Successes

A complete package of preventive and curative nutrition interventions was delivered through UNICEF's partnerships with national and international NGOs, which included GHESKIO, FONDEFH, SHASSMEPPE, St Bonface Foundation, and AVSI and through direct technical and financial support to MSPP and department levels. UNICEF is also frequently called upon by the government for advice and, in Haiti, this requires interacting with the nutrition focal point who serves as the coordinator for the nutrition efforts from MSPP. While other organisations and individuals may have the ability to advise publicly through formal forums, UNICEF is called upon directly for its technical expertise. According to respondents, UNICEF started partnerships in 2009 to help establish the NNP and funded two assistant focal points to address nutrition issues. UNICEF played a key role in preparation of the Law on Nutrition Strengthening and ensured that the thematic discussion on stunting continues in the country. Stakeholders report that UNICEF has a strategic vision for partnerships implemented mostly through a nutritional technical committee that serves as a platform for sharing points of view from UNICEF and other partners.

Challenges

Evaluation noted several gaps in UNICEF Haiti leadership and partnership activities. Nutrition-sensitive sector partnership activities were lacking. While UNICEF partners with Coordination Nationale de la Sécurité Alimentaire (food security coordinating body), UNICEF's role is not well defined. UNICEF Haiti also does not participate in GTSAN (Food and Nutritional Security Technical Group) meetings coordinated by the UN Office for the Coordination of Humanitarian Affairs. Stakeholders view this absence of participation as a significant missed opportunity. However, the lack of adequate human resources described above can explain UNICEF Haiti's selectivity. More general issues concerning lack of coordination between UN agencies were related to the overlap in nutrition-related mandates between UNICEF and other UN agencies and funding shortages across UN agencies.

In addition, further collaborative partnerships could be implemented with other development partners and existing relationships and roles could be better defined. UNICEF participates in the Government's Nutrition Cluster alongside the World Food Programme (WFP), the U.S. Agency for International Development (USAID), Inter-American Development Bank, World Bank, and World Health Organisation (WHO). USAID and UNICEF are now both working on stunting in a multisectoral manner (USAID through the Feed the Future programme). UNICEF Haiti sought additional funding through USAID to accelerate the delivery of preventive and curative interventions for SAM, including the availability of necessary therapeutic and medical supplies.²⁹ To date, development partners meet occasionally and or participate in the same working groups, but a more explicit attempt to participate in bilateral learning and work may be

²⁹ Haiti Annual Report 2014.

beneficial. Stunting efforts would likely benefit from joint advocacy efforts, translating each organisation's lessons into concrete ideas for government stakeholders. However, respondents report that collaboration of this nature may be difficult because financial incentives do not facilitate this type of arrangement.

Conclusion

Evaluation findings were mixed on UNICEF's Haiti effectiveness in leading and leveraging partnerships to reduce stunting. UNICEF's work with MSPP through focal points and its partnerships with NGOs were clearly successful. However, lack of coordination within the UN, insufficient partnerships with agriculture and other nutrition-sensitive sectors, insufficient levels of expertise, and lack of clearly defined partnership activities with other global actors were significant gaps in UNICEF's approach.

5.6 Equity and Reach of Disadvantaged Children

In its mission statement, UNICEF states that it is committed to ensuring special protection for the most disadvantaged children—victims of war, disasters, extreme poverty, and all forms of violence and exploitation, and those with disabilities. This chapter identifies the disadvantaged groups in Haiti and assesses the evaluation question: Are UNICEF's strategies and programmes to reduce stunting equitable and effective in reaching disadvantaged children, including children with disabilities?

Approach to Reaching Vulnerable Populations

The UNICEF Haiti country programme emphasises the importance of the 'gender equality approach' in terms of access, but the plan does not specify targeted efforts taken on behalf of vulnerable or marginalised communities. An update to the plan specifies using nutrition interventions for those with disabilities, and those living in rural and urban areas.

Stakeholders identify that females and those residing within the Southeast Departments, considered geographically isolated compared to other departments, were disproportionately affected by stunting, as evidenced in the DHS 2010 and 2014.³⁰ Also, the country surveys indicated that children under the age of two and pregnant and lactating women living in rural and geographically disadvantaged areas represent the vulnerable populations. Stakeholders indicate that the use of survey and mapping techniques will provide more specifics about those who are in need. However, DHS data from Haiti indicates that disparities in stunting rates exist for the following groups:

- **Children from the poorest households:** In 2005 and 2006, children living in the poorest households experienced higher stunting levels (33.6%) than children in the richest households (5.3%). This disparity persisted in 2014, with very little deviation in stunting rates between these two segments.

³⁰ DHS Haiti 2005/2006, 2012.

- **Rural children:** In general, data shows that children living in rural areas are worse off than their urban counterparts. Stunting prevalence for urban children was 15.1% in 2010, compared with 28.1% for rural children. These disparities persisted into 2014 and remained relatively consistent: 15.8% in urban areas, 24.7% in rural areas.
- **Children living in specific provinces:** In 2012, stunting prevalence was higher in the Southeast (28.8%) and Central (28%) Departments, compared with Air Metropolitaine (15.4%) and Nippes (17.2%).
- **Children from less-educated households:** DHS data shows that 33.6% of children whose mothers had no education were stunted in 2014, compared with 11.5% of children whose mothers received secondary educations.

Successes

- UNICEF supported the Kore Fanmi programme that applies a community-based philosophy to ensure regular interactions with the most vulnerable and marginalised families, currently targeting families in the South East. Although stakeholders identify certain limitations with this project, including that its focus is on referral rather than on actual service provision, Kore Fanmi offers an opportunity to learn about the effectiveness of the multisectoral approach in vulnerable populations.
- UNICEF conducted socioeconomic commune surveys in six communes in the Centre and South East Departments to establish baseline data on multidimensional household vulnerability for identifying and targeting the most vulnerable families. The survey results also supported implementation of the Household Development Agents (HAD) initiative through identification of key determinants of household vulnerability and bottlenecks. Data were collected using a mobile application and an open-source technology. Introduction of the tablet-based data collection by UNICEF Haiti has convinced other partners (e.g., DINEPA, UN Habitat, CNSA, and WHO) to adapt a similar methodology for data collection in Haiti.
- For several years, six Haiti departments were affected by drought, affecting food security of the most vulnerable households. UNICEF supported the treatment of children with SAM and trained healthcare workers in the management of SAM in drought-affected areas.
- Multiple WASH interventions support by UNICEF Haiti focused on rural communities.

Challenges

The primary challenge identified by the evaluation team was related to the approach to geographic targeting. Although the South East Department shows the highest stunting prevalence, other departments show lower rates for nutrition indicators (such as Vitamin A supplementation, salt iodisation, IYCF policies, and handwashing), with limited progress shown from 2005 to 2012.

The success of the Kore Fanmi programme is dependent on the multisectoral approach, which as mentioned previously, is a challenge. Although stakeholders are interested in looking toward the lessons learned from Kore Fanmi in terms of reaching vulnerable populations, the stakeholders recognise the dependency on the adoption and success of the multisectoral strategy.

Stakeholders indicate that more resources are needed to fund mapping efforts to identify vulnerable pockets, but that diminished funding has limited these efforts. Stakeholders also feel that a stronger focus on gender within nutrition is warranted.

Conclusion

Stunting disproportionately affects children who are poorer, who live in rural areas and or certain departments, and whose mothers are less educated. UNICEF Haiti undertook several activities to target relevant groups by focusing on more vulnerable geographic areas and supporting the government in measuring vulnerabilities for better service provision and addressing bottlenecks. In addition, UNICEF Haiti provided support in areas experiencing food insecurities. However, evaluation could not determine whether any of the nutrition-specific activities were clearly focused on rural populations.

5.7 Knowledge/Data Generation, Management, and Use

This chapter explores the evaluation question: Does UNICEF generate and utilize knowledge and data sufficiently and appropriately to realize its stunting reduction strategies and programmes? Below, we present an overview of knowledge and data generation activities that UNICEF Haiti conducted, followed by a summary of successes, including an assessment of how effective these activities have been and challenges around knowledge and data generation.

Knowledge and Data-Generation Activities

During the evaluation period, UNICEF was successful at conducting the following knowledge and data-generation activities:

Data Generation

- Stakeholders indicate that UNICEF Haiti has helped the government and NGOs in creating databases and collecting survey data through technical assistance and capacity building. Through UNICEF advocacy, MSPP was able to put in place key nutrition indicators for the health and nutrition sector.
- UNICEF Haiti also supports data collection activities in Kore Fanmi to learn about vulnerable populations and has provided support for SMART 2016 and DHS/EMMUS 2016.
- Haiti UNICEF partnered with Surtab to use customised mobile devices to collect data for the socioeconomic commune surveys.

Knowledge Generation

- To understand the current situation, the Strategic Reflection 2015 document reveals that several studies are underway in areas such as education, domestication, cholera, and water and sanitation.³¹

³¹ Haiti Strategic Reflection 2015.

- A publication on child malnutrition titled *Child Malnutrition in Haiti: Progress Despite Disasters* reviewed DHS data to assess changes in children's nutrition status using the DHS data since the earthquake occurred. Although some declines were noted, stunting levels remained unchanged.³²
- A study on complementary feeding practices using secondary DHS data described the feeding practices among children 6–23 months of age, identified the determinants, and assessed their impact on child growth outcomes in Haiti. Breastfeeding was significantly associated with achieving the minimum dietary diversity for children ages 6–23 months.³³

Successes

From the annual reports, the evaluation found that UNICEF Haiti is playing a significant role in providing technical leadership on data-generation activities and implementing innovative approaches for data collection. According to stakeholders, UNICEF Haiti provides technical assistance to the government and NGOs in all aspects of data collection and analysis. This support is crucial to identifying communes and areas with pockets of malnutrition.

A few publications based on Haiti DHS focus on nutrition, especially on changes in nutrition since the earthquake of 2010. The recent Strategic Reflection 2015 indicates that UNICEF Haiti will help in studies to understand the current situation related to education, domestication, cholera, and water and sanitation.

Challenges

There is consensus among stakeholders that available nutrition data in Haiti is not sufficient: survey data collection is irregular, and national surveillance system does not exist. The mapping activities are expected to provide greater insight on the geographic pockets of malnutrition. However, these activities are highly dependent on consultants, and almost three-quarters of the support was available for only a six-month period. To build greater capacity, the Strategic Reflection 2015 recommends short-term and long-term goals for investing in coaching staff and transferring mapping and data expertise to UNICEF staff and partners.³⁴

In addition, while stakeholders acknowledge that existing data are made available through online platforms, there is little follow-up on whether the data are actually being used for programme planning. As mentioned previously, the Strategic Reflection calls for a greater understanding of the current situation in many nutrition-related areas. For example, it is unknown why trends in stunting prevalence have not significantly improved prior to 2012 (the most recent year for which national estimates are available). In addition, UNICEF nutrition staff report experiencing gaps in knowledge and skills in the areas of monitoring systems and training staff for data collection.

³² Ayoyga, M., et al. (2013). Child malnutrition in Haiti: progress despite disasters. *Global Health: Science and Practice*, 1(3), p 389-396.

³³ Heidkamp, R., et al. (2015). Complementary feeding practices and child growth outcomes in Haiti: An analysis of data from Demographic Health Surveys. *Maternal and Child Nutrition*, 11(4): 815-828.

³⁴ Haiti Strategic Reflection 2015.

Conclusion

UNICEF supports the government of Haiti and works with international partners providing technical leadership on generating and disseminating data and knowledge related to nutrition and stunting. UNICEF's support to commune surveys has been one of the key successes demonstrating targeted and relevant data assessments using innovative technology. However, presently available nutrition data, systems, and research are not sufficient.

6. Recommendations

1. Country programme planning:
 - Develop a TOC for addressing stunting through the UNICEF country programme.
 - Include nutrition-specific and nutrition-sensitive approaches and interventions to intentionally impact stunting
 - Clarify approaches and indicators specific to relevant vulnerable groups
 - Utilise results of geographic mapping of WASH and nutrition needs to identify how geographic convergence of WASH and nutrition can be incorporated in the next CPD and existing activities under the current CPD
2. Use of multi-sectoral approaches:
 - Conduct capacity-building activities with external stakeholders and partners to build consensus on the multi-sectoral nature of stunting and eliminate the conflation of all nutrition interventions with SAM treatment
 - Continue to refine the approach to integrating work across sections within UNICEF Haiti and across UN agencies (e.g., participate in GTSAN meetings)
 - Stunting efforts would likely benefit from multi-sectoral advocacy efforts, translating lessons each organisation has learned into concrete ideas for government stakeholders
3. Resource leveraging and staff capacity:
 - Leverage the expertise of nutrition staff to focus on behaviour change for stunting interventions. Central to leveraging is the ability to mobilise adequate funding to maintain staff with expertise in stunting-related activities
 - Mobilise global attention on stunting and the new integrated approach to increase funding for stunting. The SUN business network offers a potential opportunity to garner commitment from the private sector.
 - Continue to build staff capacity in the areas of policy, advocacy, and integrated approaches to stunting
 - Mobilise development funding for more long-term planning of nutrition and stunting-related activities
 - Leverage expertise in nutrition to partner with other UN agencies, development partners, and subnational stakeholders to improve coordination mechanisms for

nutrition to maximise treatment coverage and reduce the likelihood of supply stock-outs

- Develop enhanced strategies to ensure the adequate procurement of nutrition supplies and limit the likelihood of stock-outs

4. Equity and vulnerable population needs:

- Clarify current strategy and consider tailored interventions to focus on vulnerable populations. Focus can be geographic and or based on specific groups (children who are poorer, who live in rural areas, whose mothers are less educated, children with disabilities, and children living with HIV)
- Projects such as Kore Fanmi present an opportunity to explore synergies in reaching vulnerable populations in the South East. Lessons learned and potential efficiencies resulting from synergies may help maintain presence and work toward scale-up in other geographic areas
- Improve data availability through mapping pockets of malnutrition and analysis of data for the specific vulnerable groups identified above

5. Data and knowledge management:

- Improve data availability through mapping pockets of malnutrition. Consider analyses to improve targeting specifically vulnerable groups to reduce malnutrition
- Dedicate resources to create summaries and recommended action items for all relevant research published in academic journals. Translate these summaries into French. Develop action items for the government based on these findings
- Address gaps in knowledge, including analysis of the recently available 2016 DHS Haiti to examine the current status related of education, nutrition, and health in Haiti, and causal analysis on progress or lack of progress in stunting reductions

ANNEXES

Annex 1

Global Evaluation Methodology

Detailed 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 Survey (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.³⁵

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 utilised if an appropriate methodology can be determined and the appropriate data (i.e., variables, data size, and data quality) are available. Further categorisation 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.

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

³⁵ For fragile settings (both natural and man-made) FEWs and other surveillance sentinel data may be important in assessing responsiveness to early warning systems and may be potential data sources for this evaluation.

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 Haiti included UNICEF Country Programme Documents (CPD), annual reports, national Country Programme Action Plans (CPAP), and Mid-Term Evaluations (MTRs) for the years 2010-2015. In addition, the evaluation team reviewed Regional Office Operations and Management Plans (ROMPs) and Regional Analysis Reports (RARs), and global strategic documents related to stunting reduction. Publicly available documents for review have been extracted from UNICEF web-sites. 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 Advisors 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-Haiti staff including local-level personnel involved in managing and supporting UNICEF programmes, representatives and/or deputies, and programme managers and advisors 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 UN agencies and organisations 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 standardisation of cross-collaboration across programme areas being important to implementation. Subcodes 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 Haiti Country Office identify as key to reducing stunting?

What national priorities inform the Haiti Country Programme?

These team-generated questions were transformed into queries readable by the data management software. Team members read the various outputs, notating 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 2

Documents Reviewed

The following documents were reviewed as part of this case study:

1. Action Plan for National Recovery and Development of Haiti. Government of Haiti. 2010.
2. Haiti: Nutrition Profile. USAID, 2014.
3. Haiti Progress Report. SUN Secretariat. 2015.
4. Haiti UNICEF Annual Report 2014. UNICEF, 2014.
5. Haïti: Projet de descriptif de Programme de pays 2013-2016. UNICEF. 2013
6. Plan Stratégique de Nutrition 2013 – 2018. Unité de Coordination du Programme National d’Alimentation et de Nutrition – UCPNANU. Ministère de la Sante Publique et de la Population, République d’Haïti. 2013.
7. Plan Stratégique de Nutrition UNICEF-Haïti (Power Point presentation). UNICEF. N.D.
8. Rapport de l’Enquête Nutritionnelle Nationale avec la Méthodologie SMART. Ministère de la Santé Publique et de la Population, UNICEF & WFP. 2012.
9. Résumé de la Stratégie de Nutrition 2014-2016. UNICEF. 2014.
10. Summary Results Matrix: Government of Haiti – UNICEF Country Programme, 2013 – 2016. UNICEF. N.D.
11. UNICEF Annual Report 2012 for Haiti, TACRO. UNICEF, 2012.
12. UNICEF Annual Report 2010 for Haiti, TACRO. UNICEF, 2010.
13. UNICEF Annual Report 2010 for Haïti. UNICEF, 2010.
14. UNICEF Annual Report 2013 for Haiti. UNICEF, 2013.
15. UNICEF Annual Report 2014 for Haiti. UNICEF, 2014.

Annex 3

Key Informant Interview Respondents

The evaluation expresses our thanks to all of the key informant interview respondents who participated in the evaluation:

Natacha Jean Baptiste

Daniel Milbin

Lesly Etienne

Guerzeline Pubien

Francine Kimanuka

Evelyne Degraff

Elisme Marie Petuelle

Murielle Bonostro

Joseline Marhone Pierre

Agnes Solano

Jean Corvington

Hamidou Maiga

Francine Kumanuka

Emmanuela Durandisse Blain

Navy Kieng

Andree Fontin

Andrew Hill

Nadeline Jean Simone

Jean Ludovic Metenier

Dr. Olbeg Desinor

Anne Rose Saint Preux

Sean Morulin

Annex 4

UNICEF Haiti's Country Programme 2013-2016 and Relevant Contextual Factors

Contextual Factor	How Factor is Addressed in the Stunting Reduction Plan	Rating
GENERAL CONTEXTUAL FACTORS		
1. Haiti is exposed to multiple hazards including earthquakes, hurricanes, floods and droughts.	The Plan includes components that will support acceleration of disaster-risk reduction measures in communities, schools, and other institutions that provide services to children, to improve emergency preparedness and response. UNICEF had a response to the cholera outbreak. Furthermore, UNICEF's Strategic Plan describes the need to concentrate efforts in the establishment of an emergency nutrition operational strategy, strengthening intersectoral collaboration for the execution of nutrition support strategy, and support the prevention of mortality among vulnerable groups.	Addressed
CONTEXTUAL FACTORS RELATED TO NUTRITION		
2. Malnutrition contributes to 30 percent of deaths among children under-5. Thirty percent are stunted, 18 percent are underweight and 80 percent are wasted. Rural communities are experience higher rates of chronic and acute malnutrition.	Programme Component 1.1 addresses the access to and use of an essential package of high impact preventative and curative nutrition interventions (vaccinations, micronutrient supplementation, and promotion of breastfeeding), and Programme Component 1.2 focuses on the how these services will be delivered. In the Strategic Plan, objectives related to malnutrition prevention include the promotion of appropriate diet during the life cycle, improved nutrition practices of newborns, and opportunities for micronutrient shortages. Nutritional diseases can be supported through effective support of acute malnutrition.	Somewhat addressed
3. In 2005/2006, the DHS indicated that the exclusive breastfeeding rate was 41 percent, much lower than the target of 60 percent.	Programme Component 1.1 indicates that breastfeeding will be promoted, and exclusive breastfeeding is included as an indicator. The Plan does not offer further details on <i>how</i> UNICEF planned to support breastfeeding promotion, and it was not a topic discussed extensively through the KIIs.	Somewhat Addressed
4. Three-quarters of infants aged 6 to 23 are anaemic and Vitamin A supplementation reaches less than 40 percent of children, and is at the lowers level in the South (19.5 percent).	Programme Component 1.1 describes the need to support the delivery of micronutrients (Vitamin A, iron, and iodine) but it does not include details on how this will be accomplished. The plan however does not offer further details on how UNICEF planned to implement Vitamin A coverage in Haiti.	Somewhat Addressed
5. Vaccination of the hardest-to-reach children, particularly those who have not received any vaccination, continues to present as a challenge.	Again, Programme Component 1 refers to strategies for increasing immunization rates but no specific details are provided about how it will occur. Further information about immunization strategies were not mentioned in KIIs.	Somewhat Addressed

Contextual Factor	How Factor is Addressed in the Stunting Reduction Plan	Rating
CONTEXTUAL FACTORS RELATED TO NUTRITION-SENSITIVE SECTORS		
6. From 1990 to 2009, sanitation coverage declined from 26 percent to 17 percent, and among the rural population, more than half of the population practice open defecation and 31 percent lack access to safe water. Also 40 percent of schools lack drinking water, and 60percent lack sanitation facilities. Poor sanitation practices linked to the cholera outbreak that occurred in 2010 following the earthquake.	Programme Component 1.3 focuses on the WASH strategy to influence the decentralization of service provision and the scale up of household water treatment and safe storage, which have been shown to be effective. Within schools, the Alliance for WASH will drive national action for schools to meet water, sanitation, and hygiene minimum standards. WASH indicators are included. However, UNICEF's Plan to Reduce Stunting does not provided specific details about what these strategies entail and how they will be implemented. KIIs indicated that they intend to adopt 'geographical convergence' to maximize the efficiency nutrition and WASH programmes in areas of greatest need.	Somewhat Addressed
CONTEXTUAL FACTORS RELATED TO EQUITY		
7. The HIV prevalence rate is about 1.9 percent and 12,000 children under the age of 14 are infected.	Although in the Plan, there is mention of Programmes focused on HIV/AIDS prevention, treatment, and care, it does not include any specific provisions for providing nutrition services to children living with HIV. Doing so may have better addressed the needs of this highly vulnerable population, part of UNICEF's mandate.	Not Addressed

