

EVALUATION REPORT

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

**INDIA COUNTRY CASE STUDY**

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# **Reducing Stunting in Children Under Five Years of Age: A Comprehensive Evaluation of UNICEF’s Strategies and Programme Performance – India Country Case Study**

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United Nations Children’s Fund  
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New York, New York 10017

March 2017

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This report for India 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 India case study report was prepared by a team of independent consultants, namely Helen Connolly and Rachel Kagel from ICF. Krishna Belbase, Senior Evaluation Officer, EO led and managed the overall evaluation process in close collaboration with the UNICEF India Country Office where Saba Mebrahtu and Gayatri Singh, were the lead counterparts. Abdoulaye Seye, Evaluation Specialist in the EO, supported the management of the evaluation including inputs to quality assurance.

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## ACRONYMS

ADB	Asian Development Bank
AusAID	Australian Agency for International Development
BMI	Body Mass Index
C4D	Communication for Development
CARD	Council for Agricultural and Rural Development
CDB	Commune Data Base
CHAI	Clinton Health Access Initiative
CMAM	Community Management of Acute Malnutrition
CO	Country Office
COMBI	Communication for Behavioural Impact
CPAP	County Programme Action Plan
CPD	Country Programme Document
CSO	Civil Society Organisation
DHS	Demographic Health Survey
DRR	Disaster Risk Reduction
ROSA	UNICEF Regional Office for South Asia
EO	Evaluation Office
EU	European Union
FAO	Food and Agriculture Organisation of the United Nations
GoI	Government of India
GRET	Groupe de Recherche et d'Echanges Technologiques
GTZ	German Technical Corporation
HKI	Helen Keller Institute
HRBA	Human Rights-Based Approach
IAP	Indian Academy of Paediatrics
ICDS	Integrated Child Development Services
IYCF	Infant and Young Child Feeding
KII	Key Informant Interview
M&E	Monitoring and Evaluation

MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MIYCN	Maternal Infant and Young Child Nutrition
MODA	Multiple Overlapping Deprivations Analysis
MOH	Ministry of Health
MoHFW	Ministry of Health and Family Welfare
MRD	Ministry of Rural Development
MTR	Mid-Term Review
MWCD	Ministry of Women and Child Development
NGO	Nongovernmental Organisation
NHM	National Health Mission
NRC	Nutrition Rehabilitation Centres
NRHM	National Rural Health Mission
PCR	Program Component Results
RACHA	MAGNA Children at Risks, Reproductive and Child Health Alliance
RARs	Regional Analysis Reports
RCH	Reproductive and Child Health
REACH	Renewed Efforts Against Child Hunger and Undernutrition
RO	Regional Offices
ROMPS	Regional Office Operations and Management Plans
RSOC	Rapid Survey on Children
SAM	Severe Acute Malnutrition
SNM	State Nutrition Mission
SP	Strategic Plan
SUN	Scaling Up Nutrition
ToC	Theory of Change
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

USAID	United States Agency for International Development
USI	Universal Salt Iodization
VAS	Vitamin A Supplement
WFP	World Bank, World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
WIFS	Weekly Iron Folic Acid Supplementation

# EXECUTIVE SUMMARY

## Background

Approximately 156 million of the world's children under the age of 5 are stunted, with an estimated 80% of these children concentrated in only 14 countries. Stunting jeopardizes child survival and development by contributing to child mortality, morbidity, and disability, including impaired or 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 2nd 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 recognized 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 5. 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 Programme demonstrated strong progress towards adopting a more integrated, intentional, and effective approach to stunting, but some gaps in country planning remain.**

The UNICEF India Country Programme balanced the focus on the upstream approaches with the provision of support to build capacity and provide key nutrition services. The UNICEF India Country Programme included both nutrition specific and nutrition sensitive interventions. The approach is aligned to the desired outputs of the global Strategic Plan (SP), adapted to the country context, and responsive to thorough situation analyses, as well as government plans and priorities. While the Stunting Priority Plan of Action developed in 2015 focused on multi-sectorial approaches to stunting reduction, more clarity on linkages with other nutrition sensitive sectors is needed. In addition results matrices did not include indicators specific to relevant vulnerable groups and humanitarian situations.

**Conclusion 2: UNICEF India has made considerable progress towards achieving stated outputs related to stunting.**

UNICEF India was successful in improving multi-sectoral governance for nutrition, selected upstream policy actions (e.g., advocacy and support to the universal anaemia control programme), capacity building at multiple levels, and support to multiple nutrition specific interventions. UNICEF's strengthening of government systems and programmes to improve coverage and quality of essential nutrition services; and expansion of Nutrition Missions represented key successes in addressing stunting. In addition, UNICEF's activities were tailored towards relevant vulnerable populations and emergency contexts although much work remains in translating strategies into concrete outcomes.

**Conclusion 3: Multi-sectoral approaches need further strengthening.**

While there is evidence of implementation of nutrition sensitive approaches, during the evaluation period majority of activities were limited to WASH, and not prominent in other sectors. Additionally, while State Nutrition Missions were successful, a platform for multi-sectoral governance, UNICEF India's experience with multi-sectoral approaches remains limited, and the accountability of Nutrition Missions is weakened due to the lack of consistent target setting. Internal to UNICEF India, while staff members from other sections are involved in stunting reductions efforts, gaps in coordination and planning exists. In addition, the roles of various UNICEF partners and nutrition stakeholders are not always well-defined.

**Conclusion 4: UNICEF India plays a pivotal role in generating and disseminating knowledge and data related to stunting, however, gaps in data and knowledge remain.**

UNICEF India has contributed to knowledge and data generation through a demonstrated commitment to using research, evaluation, and documentation to generate evidence for policy and strategy formulation. UNICEF has supported large-scale nutrition surveys to assess prevalence of malnutrition, development and application of disaggregated databases, and planning and monitoring tools in its effort to systematically monitor outcomes. The evaluation also found UNICEF India to be successful in bringing different constituencies together through research collaboration and data use, and leading seminars and knowledge networks at the

country and regional level. However, additional informational needs exist both in data generation (e.g., allowing more specific targeting of vulnerable groups, more regular data collection, mapping of nutrition systems, generation of district-level data), and operations and effectiveness studies to support evidence-informed planning with a focus on stunting reduction, efficient use of resources, transfer and adaptation of successful strategies and interventions to other states, and more successful advocacy and stakeholder engagement. Another theme observed by the evaluation was a need to better use technology to provide real-time data.

## Recommendations

### 1. Country Programme Strategy and Approaches:

- Build on the 2015 Stunting Priority Plan of Action to develop a clearly formulated theory of change that guides the UNICEF programme for addressing stunting.
- Further align results matrix with related global outcome indicators with focus on indicators specific to relevant vulnerable groups.
- Clarify pathways for incorporating nutrition sensitive approaches, such as integration of WASH and nutrition and working with other sectors, including health, social protection and education.
- Increase focus on scalable innovations rather than interventions in designing and implementing future pilot initiatives.
- Advocate for and support consistent inclusion of specific targets for improvements in nutrition status indicators for the State Nutrition Missions and regular monitoring of progress.

### 2. Resources and Coordination:

- Continue to build staff capacity to strengthen programming for integrated approaches to addressing stunting, selective data analysis, policy advocacy / influence, public finance, and knowledge management. Further mobilize the expertise of regional and global staff and gain from cross-country learning.
- Strengthen planning and coordination structures specifically designed to facilitate multi-sectoral work within UNICEF India CO.
- Engage more regularly with external stakeholders with a focus on mapping stakeholder mandates and priorities, and improving financial and technical resource allocations to country programme needs.

### 3. Data and Knowledge Generation:

- Improve evidence generation by engaging in formative research and effectiveness studies, to better understand success factors and challenges of specific approaches and interventions supported by the country office, and for ensuring their viable replication in varying state contexts.
- Explore better use of information technology to provide real time data for decision making (e.g., use of online systems).

- Explore additional analysis on determinants of nutrition outcomes for tribal and non-tribal children, as well as analysis of district-level data to facilitate evidence-based advocacy and to better target disadvantaged population groups.

# 1. Introduction

## 1.1 About This Report

This country report was developed to provide evidence of UNICEF India's accountability, effectiveness, and organisational learning and to advance its work to reduce stunting among young children in India. The report includes six major chapters that discuss the results of the India 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 India case study methodology. UNICEF India'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 India'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 summarizes the evaluation findings related to programme knowledge use, data generation, and knowledge dissemination. Finally, Chapter 6 presents recommendations for UNICEF India's future work in child stunting reduction.

## 1.2 Global Context

Approximately 156 million of the world's children under the age of 5 are stunted.<sup>1</sup> 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.<sup>2</sup> Stunting is associated with sub-optimal mental and physical development, having long-term impact on intellectual functioning, school performance, future earnings, risk of obesity, and risk of chronic diseases.<sup>3</sup> These effects are often irreversible, even with improvements in nutrition after age 2.<sup>4</sup>

In 2008, *The Lancet* published an important series on maternal and child undernutrition that concluded that more than a third of child deaths and 11% of the total disease burden worldwide

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

<sup>2</sup> World Health Organization. (2013). *Global Nutrition Targets 2025: Stunting Policy Brief*. Geneva: World Health Organization.

<sup>3</sup> 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.

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

were due to maternal and child undernutrition.<sup>5</sup> The series characterized 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* characterization of the international architecture to deal with undernutrition as “fragmented and dysfunctional.”<sup>6</sup> 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.<sup>7</sup> 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.<sup>8</sup> UNICEF prioritized stunting reduction in its 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 5 who are stunted. These commitments require UNICEF to work in an integrated manner across sections including nutrition, health, 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).

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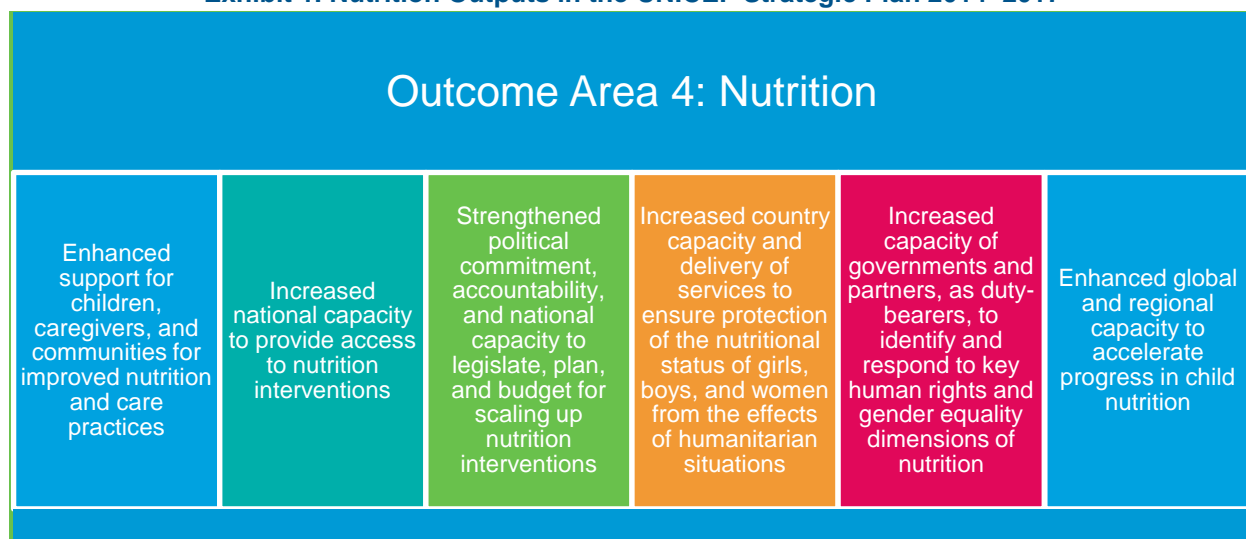
<sup>5</sup> Maternal and Child Undernutrition. *The Lancet* Web site. Retrieved from: <http://www.thelancet.com/series/maternal-and-child-undernutrition>.

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

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

<sup>8</sup> World Health Organization. (2013). *Global Nutrition Targets 2025: Stunting Policy Brief*. Geneva: World Health Organization.

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



## 1.4 Need to Assess UNICEF’s Strategies and Performance

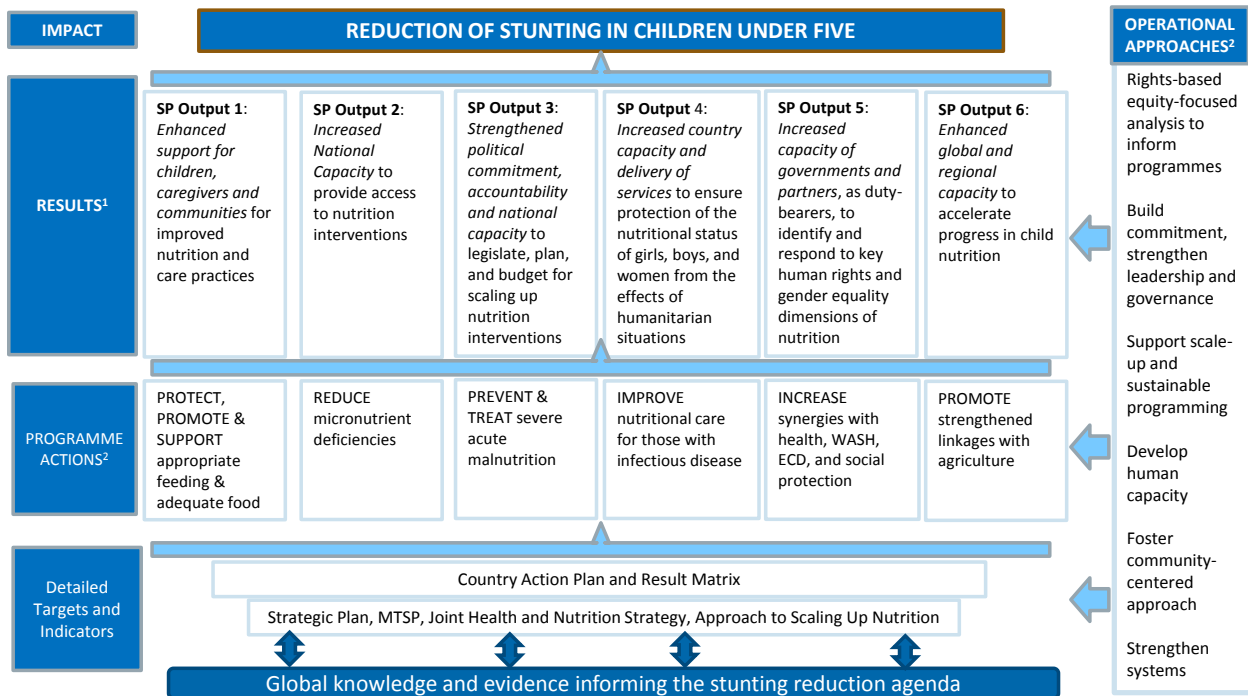
Given these global commitments, UNICEF’s Evaluation Office (EO) commissioned a corporate-level external evaluation of UNICEF efforts to reduce stunting, produce concrete policy and programmatic evidence, and inform future global strategies and country programmes. The purpose of the comprehensive evaluation is to provide evidence to enhance UNICEF’s accountability, effectiveness, and organizational 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 under 5. The evaluation was independently managed by the UNICEF Evaluation Office.

## 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

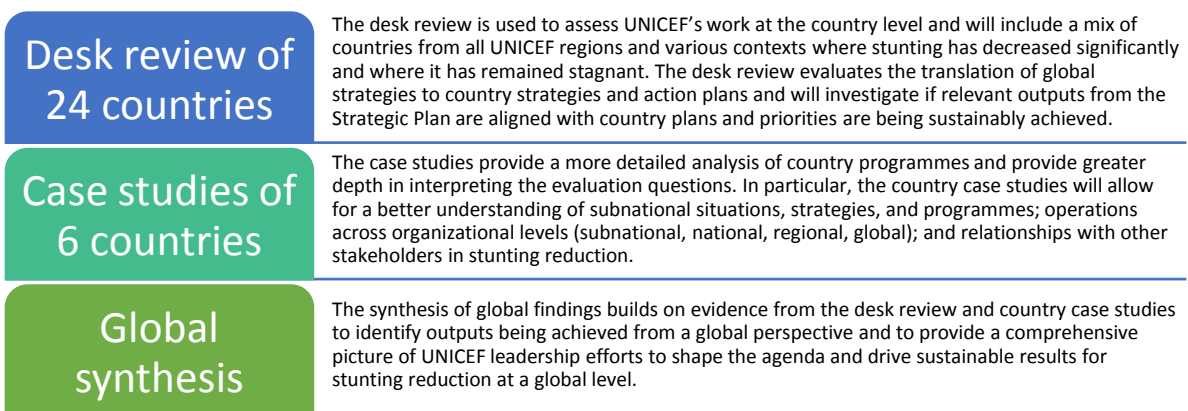


<sup>1</sup>UNICEF Strategic Plan 2014-2017; <sup>2</sup>UNICEF's Approach to Scaling Up Nutrition (2015)

## 2.2 Evaluation Components

The global evaluation consists of three components: a desk review of 24 countries,<sup>9</sup> case studies in 6 countries,<sup>10</sup> and a global synthesis. Each evaluation component is described in Exhibit 3 below.

### Exhibit 3. Evaluation Components



<sup>9</sup> 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.

<sup>10</sup> 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 were aggregated and triangulated to track common themes, trends, and patterns across key evaluation questions. Both qualitative and quantitative data were utilized, 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 prioritizing 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 programs in varying contexts. Although they are intended to represent diverse program implementation circumstances and outcomes, the selected case study countries are not intended to represent all UNICEF stunting reduction programs 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 East 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. India Case Study Methodology

This case study examines UNICEF India'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 5 in India 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 India's approach to reducing stunting. This report may also be useful to other UNICEF country offices interested in adopting parts of UNICEF India's approach.

## 3.1 Data Sources

The India case study relied on four data sources:

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

### Document Review

Country documents for the evaluation of India included key UNICEF documents – Country Programme Documents (CPD), annual reports, national Country Programme Action Plans (CPAP), and Mid-Term Reviews (MTRs) for the years 2010-2015 – as well as key research reports and journal articles related to nutrition in India.<sup>11</sup> 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 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 Rapid Survey on Children (RSOC) 2013-2014, a nationwide household and facility survey conducted in 28 states and Delhi, provided insight on subnational measures of the wellbeing of children below 6 years, and their mothers. RSOC covers indicators related to child development, maternal health, school attendance, and enabling environments like access to drinking water and use of toilet facilities. Additional data sources such as the Demographic Health Survey, the Multiple Cluster Indicator Survey, and the UNICEF Joint Monitoring Program were used to inform 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 India's CO.

### Key Informant Interviews

Forty-five KIIs were conducted primarily during a two-week period in April 2016. Respondents included UNICEF India local level personnel involved in managing and supporting UNICEF programmes, representatives and/or deputies, programme managers and advisors at various levels, national policy makers and programme coordinators (including subnational staff), external experts and stakeholders, and staff of other UN agencies and organizations that contribute to and partner in relevant sectors at the global and national levels. A full list of key informant interview respondents is included in Annex 3.

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<sup>11</sup> This includes key publications related to the reduction in stunting in Maharashtra (Haddad et al, 2014).

## 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. Due to limited time and resources, the evaluation team visited only Maharashtra and Uttar Pradesh.

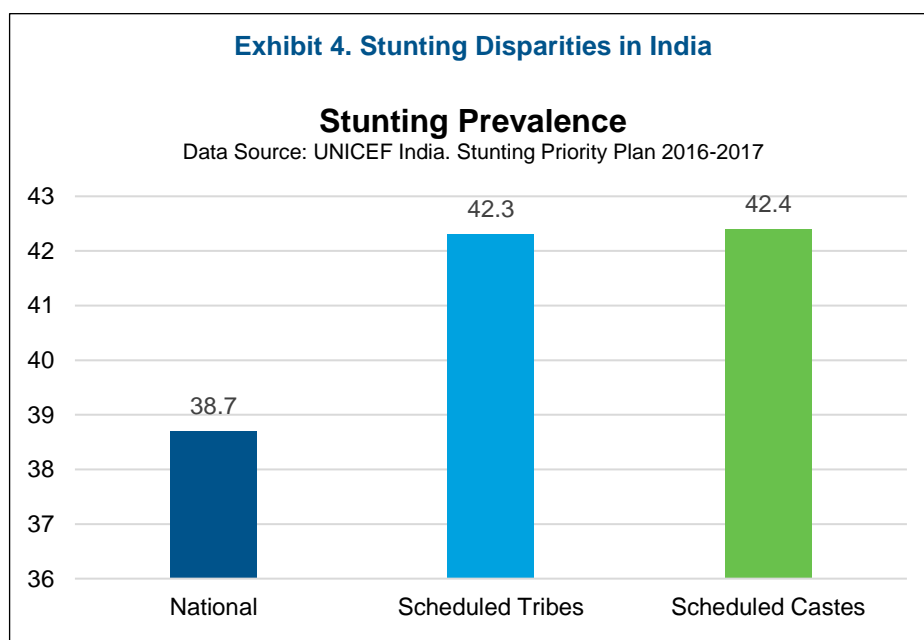
Despite these constraints and limitations, the evaluation team addresses the evaluation questions and provides the most accurate findings and recommendations from them as possible.

## 4. UNICEF India Programme Overview

### 4.1 Overview of Stunting in India

#### Background and Recent Trends

India is home to the second largest population in the world. Approximately 40% of the total population of India is under the age of 18, and about half of them belong to nationally Scheduled Tribes and Castes.<sup>12</sup> Although India has experienced rapid economic growth, inequalities in the distribution of new wealth and existing



poverty persist. The nation is vulnerable to droughts, flash floods, severe thunderstorms, and earthquakes. It faces several environmental and health challenges associated. As a result of the huge national population combined with inequalities among disadvantaged groups and environmental vulnerabilities, India faces several complex development challenges. Although the rate of stunting has decreased nationally in India from 48% in 2005-2006 to just under 39% in 2013-2014, the stunting burden remains high nationally.<sup>13</sup> In 2011, nearly 62 million children were stunted. More recent data shows that 46.8 million children were stunted in 2013-2014.<sup>14</sup> Despite recent reductions in the stunting prevalence and burden nationally, 53% of stunting children live in four states: Uttar Pradesh, Bihar, Maharashtra, and Madhya Pradesh. Furthermore, as compared with the earlier survey data, the 2013-2014 Rapid Survey on Children (RSOC) results indicate that stunting reduction gains are greater among the scheduled tribes and scheduled castes than nationally. However, stunting prevalence among these groups remains higher than the national level (see Exhibit 4).<sup>15</sup> Therefore, despite recent gains in stunting reduction and other nutrition outcomes, stunting remains a critical challenge for India based on the burden among its large population.

<sup>12</sup> Provisional figures, Census 2011.

<sup>13</sup> UNICEF India. Stunting Priority Plan 2016-2017.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

## Government Strategies

The Government of India (GoI) has invested in stunting reduction among children through multiple activities and programs. The Ministry of Women and Child Development (MWCD) and Ministry of Health and Family Welfare (MoHFW) each operate national nutrition specific programs implemented through each ministry's frontline workers, National Health Mission (NHM) and Integrated Child Development Services (ICDS), respectively. NHM was launched to provide accessible, affordable and quality health care to the rural populations (with a scope later expanded to include urban populations), especially the vulnerable groups. ICDS aims at providing services to pre-school children in an integrated manner so as to ensure proper growth and development of children in rural, tribal and slum areas.

### RELEVANT NATIONAL POLICIES

National food security act supported by the Public Distribution Systems

Supplementary nutrition programme of the Integrated Child Development Services

The Mid-Day Meal scheme

The National Rural Employment Guarantee Scheme

National Swachh Bharat Abhiyaan campaign to improve sanitation and reduce open defecation

The NHM and ICDS serve as the foundational national programs to address stunting among young children in India. Combined, they incorporate all recommended essential evidence-based interventions to improve child nutrition.<sup>16</sup>

However, external research has found that the state and local level implementation of these national programmes experiences challenges related to targeting, leakages, infrastructure, corruption, and delays.<sup>17</sup> The shortcomings of the NHM and ICDS have been found to be related to their complexity, insufficient financial and human resources, inadequate monitoring, insufficient state-level political commitment, and limited operational guidance for the programs.<sup>18</sup> As a result, there are gaps in achieving the necessary coverage of essential interventions to achieve the desired improvements in child nutrition.<sup>19</sup>

In addition to national level programs implemented at the national, state and local levels, individual states have established state-level governance platforms to facilitate multi-sectoral efforts to improve nutrition, including State Nutrition Missions (SNM). The first SNM was

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<sup>16</sup> Avula, R., Raykar, N., Menon, P., Laxminrayan, R. (2016). Reducing stunting in India: what investments are needed?. Maternal and Child Nutrition.

<sup>17</sup> Avula R., Kadiyala S., Singh K., Menon P.. (2013) The operational evidence base for delivering direct nutrition interventions in India: A desk review. IFPRI Discussion Paper 01299. <http://www.ifpri.org/sites/default/files/publications/ifpridp01299.pdf>

<sup>18</sup> Avula, R., Raykar, N., Menon, P., Laxminrayan, R. (2016). Reducing stunting in India: what investments are needed?. Maternal and Child Nutrition.

<sup>19</sup> Ibid.

established in Maharashtra in 2005, focused in five districts characterized by high incidences of child undernutrition and comprised primarily of tribal populations.<sup>20</sup> In the following years, the Maharashtra SNM was expanded throughout the state, maintaining a focus on strengthening the capacity and motivation of frontline workers and their supervisors, including filling vacancies among key personnel. Since 2011, the Maharashtra SNM has focused on the first 1,000 days. During the period between 2005 and 2012, a 16% decrease in stunting among children under two was achieved.<sup>21</sup> Building on the evidence of effective reduction in stunting under the leadership of the Maharashtra SNM, other states have sought to learn from Maharashtra and implement similar governance platforms for nutrition. SNMs have been launched in Madhya Pradesh, Uttar Pradesh, Gujarat and Karnataka and at least two additional states have established other governance platforms for nutrition.

Despite the progress in Gol policies and programs and state-level efforts, uptake of essential nutrition interventions including Infant and Young Child Feeding (IYCF), micronutrients supplementation, and deworming have been slow to be brought to scale nationally in India. More than half of India's children do not have access to essential nutrition and environmental health care interventions.<sup>22</sup> Furthermore, infections including diarrhea, fever, and acute respiratory illness (all of which can increase a child's risk for stunting) affect significant proportions of children (6.5%, 13.6%, and 4.6%, respectively).<sup>23</sup>

## 4.2 UNICEF India Country Programme

UNICEF works in collaboration with the Gol to address several key development challenges, including health; nutrition; water, sanitation, and hygiene (WASH); education; child protection; gender; and disaster preparedness. The UNICEF Country Office (CO) works in close consultation with the MWCD to plan and implement the country programme. The Country Programme Document (CPD) 2013-2017 serves as a key reference summarizing UNICEF India's country programme. The accompanying Country Programme Action Plan (CPAP) 2013-2017 details the programme results and strategies outlined in the CPD.

The overall goal of the 2013-2017 country programme is to “advance the rights of children, adolescents and women to survival, growth, development, participation and protection by reducing inequities based on caste, ethnicity, gender, poverty, region or religion.” To achieve this goal, the 2013-2017 CDP and corresponding CPAP specify four program component results (PCRs).

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<sup>20</sup> IDS, 2014.

<sup>21</sup> Ibid.

<sup>22</sup> UNICEF India. Stunting Priority Plan 2016–2017.

<sup>23</sup> Ibid.

## COMPONENTS OF THE UNICEF INDIA COUNTRY PROGRAMME 2013-2017:

1. PCR 1: infants, young children and their mothers have equitable access to, and utilize, quality services for child survival, growth and development;
2. PCR 2: boys and girls live in a protective and learning environment and have equitable access to, and utilize quality education and protection services;
3. PCR 3: adolescents participate in and are empowered to make informed decisions affecting their lives; and
4. PCR 4: policies, practices, programmes, public opinion and social norms advance the rights of children, adolescents and women.
5. A fifth PCR relates to UNICEF India's management support and operations for the four other PCRs.

At the central level, the CO supports the implementation of the country programme. The CO is comprised of multiple sections with dedicated staff and works in 16 states in India. It employs three models for sub-national work: 1) a state office implementing full programming; 2) a state office implementing selected programming; and 3) no physical office presence but implementing selected programming. UNICEF India has 13 state offices. UNICEF India tailors sub-national programmes to the individual state in alignment with the CDP and CPAP. Programme priorities vary by state and are informed by sub-national data and trends.

### 4.3 UNICEF India Approach to Addressing Stunting

Based on the consultation with the India CO, the evaluation considered 2013-2017 Country Programme and the 2016-2017 Stunting Priority Plan to describe elements of UNICEF India approach to address stunting. In the 2013-2017 programme, UNICEF India did not explicitly devote its work/resources toward stunting reduction during this period. However, the country programme did include a number of components relevant for addressing stunting. These are summarized in Exhibit 5.

## Exhibit 5. 2013-2017 Country Programme Components and Associated Outputs Relevant to Stunting

PCR 1: infants, young children and their mothers have equitable access to, and utilize, quality services for child survival, growth and development:

- Governments and partners can scale up programmes to deliver essential nutrition services to prevent undernutrition in infants and young children, particularly in the most deprived communities. (CDN Output 1.1)
- Government and partners can scale up programmes to increase demand for essential nutrition services and adoption of essential nutrition practices to prevent undernutrition in infants and young children, particularly in the most deprived communities. (CDN Output 1.2)
- Governments and partners can scale up programmes to provide essential nutrition care and support for children who are severely undernourished, sick and/or affected by disasters, particularly in the most deprived communities. (CDN Output 1.3)
- Governments and partners have access to data, evidence, information and knowledge to guide multi-sectoral food and nutrition advocacy, policy, programme and budgetary action, particularly for the most deprived children. (CDN Output 1.4)

PCR 3: adolescents participate in and are empowered to make informed decisions affecting their lives

- Government and partners have the capacity to scale up programmes to ensure a continuum of care for adolescent girls (anemia control, nutrition care and support, personal hygiene and sanitation, health and psychosocial care). (CDN Output [IR] 3.3)

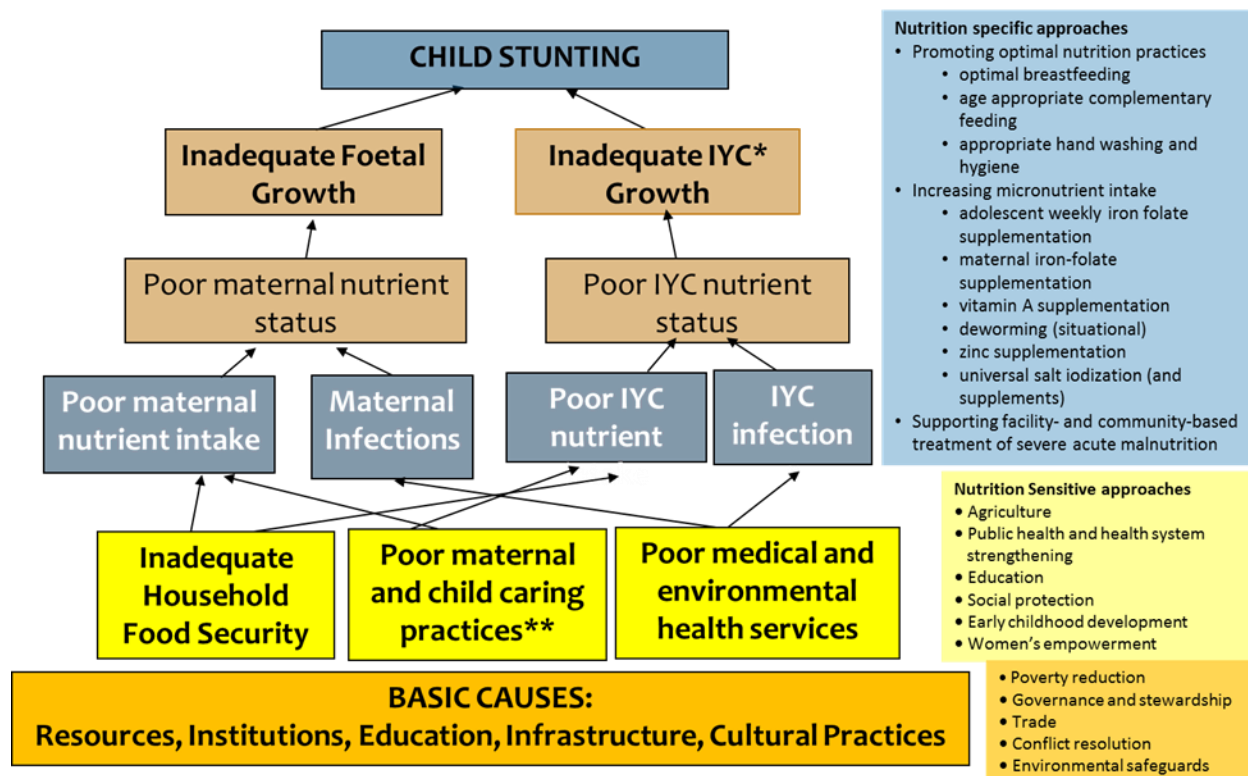
The Mid-Term Review (MTR) of India Country Programme conducted in 2015 provided a key recommendation related to stunting. This recommendation was to operationalize the focus and prioritize attention to the first 1,000 days of life and prevention of stunting, particularly for the most disadvantaged population groups, through three key strategies:

1. Increasing national and sub-national commitment and capacity to implement evidence-informed approaches and mechanisms to improve maternal, infant and young child nutrition
2. Strengthening the behaviours, practices and empowerment of families
3. Improving the knowledge-base on stunting and undernutrition

Based on the MTR recommendation, UNICEF CO developed 2016-2017 Stunting Priority Plan which is based on a conceptual framework that identifies causal factors at immediate, underlying and basic causal levels of chronic under-nutrition. (Exhibit 6). The document included strategic approaches and constraints related to stunting reduction; state specific guidance notes on the strategic ways to move forward; a results matrix; and key approaches to addressing stunting in India. Key nutrition specific approaches include promotion of optimal

nutrition practices, increasing micronutrient intake and supporting treatment of acute malnutrition and nutrition sensitive approaches include health system strengthening, and linkages with education, agriculture, early childhood development and social protection. (Exhibit 6).<sup>24</sup>

**Exhibit 6. Conceptual Framework for Stunting: Nutrition Specific and Nutrition Sensitive interventions in India**



\* IYC = Infant and young child; \*\* BCC: early stimulation, optimum feeding & hygiene

## 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 India undertook several analysis to inform country programming. These included situation analyses undertaken within the evaluation period

<sup>24</sup> UNICEF India. Stunting Priority Plan 2016-2017.

included a comprehensive situation analysis of children and women,<sup>25</sup> a desk review on the state of adolescents,<sup>26</sup> a situation analysis of the Universal Salt Iodization (USI) programme in Tamil Nadu and Uttar Pradesh, three state level analyses on women's nutrition<sup>27</sup>, and a study on WASH and nutrition linkages.<sup>28</sup> In addition a progress update on stunting in India was included as part of the 2015 Stunting Priority Plan. Evaluation identified relevant contextual factors through the review of various situation analyses documents described above review of background section to 2013-2017 Country Programme Action Plan (CPAP), and analysis of KII and survey data. 2013-2017 CPAP served as the main document to evaluate relevance of UNICEF planning. CPAP was supplemented by the information shared by India CO that described programming specific to stunting, KII, and survey responses.

The key contextual factors included were as follows:

- While stunting rates in children below five years decreased, the burden remains high nationally, with recent data showing that 46.8 million children were stunted in 2013-2014.<sup>29</sup>
- Large disparities between and within states, and inequalities among different subgroups such as women and girls, Scheduled Castes, and Scheduled Tribes exist.
- High prevalence of anaemia among currently married women and girls 15-19. For pregnant women, this factor is strongly correlated with low birth weight. Anaemia in the first two years of life can impact child survival and growth.
- The nutritional status of adolescent girls and women in the reproductive period is poor. For pregnant women, low BMI is strongly correlated with low birth weight.
- Breastfeeding practices rates in India are sub-optimal with low rates of early initiation of breastfeeding and exclusive breastfeeding.
- Complementary feeding practices are still poor.
- Poor sanitation and unsafe drinking water cause intestinal worm infections leading to malnutrition, anaemia, and retarded growth among children.

The evaluation finds that UNICEF India approaches were responsive and relevant to the context of the country.

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

Key upstream approaches in UNICEF India's plan were to work with multiple states to develop:

- strategy and budget to scale up essential nutrition services to prevent undernutrition in infants and young children and their mothers
- local governance bodies, civil society organizations and community resource persons to stimulate demand for essential nutrition services and adoption of essential nutrition

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<sup>25</sup> Annual Report 2011 for India, ROSA.

<sup>26</sup> UNICEF Annual Report 2013-India.

<sup>27</sup> UNICEF Annual Report 2014-India.

<sup>28</sup> Rah JH, Cronin AA, Badgaiyan B, et al Household sanitation and personal hygiene practices are associated with child stunting in rural India: a cross-sectional analysis of surveys *BMJ Open* 2015;5:e005180. doi: 10.1136/bmjopen-2014-005180

<sup>29</sup> Ibid.

practices to prevent undernutrition in infants and young children in the most deprived communities

- appropriate information systems to generate data and knowledge to guide inclusive multi-sectoral food and nutrition action
- institutional mechanisms to guide and coordinate inclusive multi-sectoral food and nutrition policy and programme action, particularly for the most deprived children

### **Increased national capacity to provide access to nutrition interventions**

Key relevant capacity development actions included:

- strengthening the capacity of ICDS and NRHM to improve the management, supervisory and knowledge and counselling skills of programme managers, supervisors and workers
- development of technical and managerial capacity of independent national organizations to undertake large-scale nutrition surveys and analyse and disseminate data, evidence, information and knowledge to guide inclusive multi- sectoral food and nutrition policy and programme action

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

Addressing stunting requires a multi-sectoral 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 some of the underlying causes, including feeding practices and access to food. Nutrition sensitive interventions can address some of the 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 India's nutrition specific service delivery approaches were:

- supporting national policies and programmes to protect, promote and support optimal infant and young child feeding and care, nutrition and care for pregnant women and breastfeeding, mothers, micronutrient nutrition and anaemia prevention through the life cycle and nutrition care and support for children who are sick, severely undernourished or exposed to HIV
- supporting government and partners in scaling up programmes to provide continuum of care for nutrition for adolescent girls, which includes anaemia control, nutrition, personal hygiene and sanitation, health and psychosocial care

Though respondents reported that UNICEF has been “active and proactive” in efforts to reduce stunting, some mentioned that efforts in the country programme needed to shift focus to more fully encompass prevention with stronger focus on behaviour change. Several external stakeholders cited the need to “support community-based programs” and “engage parents” in UNICEF's efforts to reduce stunting.

#### *Support of Nutrition Sensitive Service Delivery Approaches*

- Planned nutrition sensitive actions included using convergent approaches with CDN, Education, Reproductive and Child Health (RCH), Disaster Risk Reduction (DRR) and Communication for Development (C4D) sections to ensure critical WASH interventions and messages are geographically aligned or incorporated into relevant government flagship programmes. UNICEF staff also described the uptake of nutrition- sensitive activities into other sectors, such as incorporation of “nutrition messaging” into UNICEF health programs and UNICEF’s education programs. UNICEF staff also discussed there was a need to expand in-service training on nutrition and certification for teachers. However, these links were not specifically discussed in the Country Program documents. In addition, stakeholder noted further needs to bring nutrition messaging into the agriculture sector.

### **Nutrition in Humanitarian Situation**

UNICEF India Country Programme’s CDN output most relevant to emergency situations is output: Governments and partners can scale up programmes to provide essential nutrition care and support for children who are severely undernourished, sick and/ or affected by disasters, particularly in the most deprived communities. Specific approach relevant to emergency situations was to work with the states to incorporate child-centred DRR plans to respond to the nutrition needs of children and mothers affected by disasters and civil strife. None of the nutrition-related indicators were specific to emergency situations.

### **Theory of Change and Outcomes**

An explicit Theory of Change (ToC) for stunting reduction was not included in the 2013-2017 country programme documents. While the 2015 Stunting Priority Plan includes a conceptual framework to address stunting, no formal TOC has been developed during the evaluation period. Nutrition specific outcomes included in the 2013-2017 Programme included outcomes related to early initiation of breastfeeding, vitamin A supplementation, and use of complimentary food, iodized salt consumption, SAM, and anaemia reductions. Nutrition indicators were included within WASH and C4D programmes.

### **Alignment with National Strategies**

Country Programme 2013-2017 is well aligned with India’s national approaches to address stunting among young children and with the government’s national flagship programmes to deliver essential nutrition services.<sup>30</sup> UNICEF’s support of these programs (ICDS and NRHM) include building the capacity of front-line workers and strengthening the structure of the programs to achieve universal access. This approach illustrates the general alignment of UNICEF India’s approaches to reduce stunting with the Government of India’s needs and priorities.<sup>31,32</sup> Nonetheless, during the study period (2010-2015), the Government of India did not specify stunting as an indicator despite UNICEF India’s commitment to the recognition of the first 1,000

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<sup>30</sup> Ibid.

<sup>31</sup> Government of India – UNICEF 2013-2017 Country Programme Mid-Term Review. September 2015.

<sup>32</sup> Avula, R., Raykar, N., Menon, P., Laxminrayan, R.. (2016). Reducing stunting in India: what investments are needed?. Maternal and Child Nutrition.

days to prevent stunting. More recently, the Government endorsed the WHA Global Nutrition Target for 2025 to achieve a 40% reduction in the number of children under-5 who are stunted.

## Alignment with Global Strategies

Five of the six nutrition outputs of the global strategic plan are relevant to India UNICEF Programme. The stunting-related outputs the India Country Programme are mapped to the global outputs in Exhibit 7 below. Outputs specified in India Country Programme did not have a one to one correspondence to the global outputs. Through review of intermediate output indicators, evaluation mapped the most relevant country outputs to each global output.

**Exhibit 7. Alignment of UNICEF Global Strategic Plan and 2013-2017 Country Programme**

1. Enhanced support for children, caregivers and communities for improved nutrition and care practices	CDN Output 1.1
2. Increased national capacity to provide access to nutrition interventions	CDN Output 1.2
3. Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling up nutrition interventions	CDN Output 1.1 CDN Output 3.3
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	CDN Output 1.3
5. Increased capacity of governments and partners, as duty-bearers, to identify and respond to key human rights and gender equality dimensions of nutrition	CDN Output 1.4

Evaluation also found that UNICEF India Country Programme incorporated operational approaches specified in UNICEF's Approach to Scaling Up Nutrition for Mothers and considered nutrition sensitive and nutrition specific interventions suggested in global guidance and relevant to India context, such as IYCF, nutritional support to those with HIV, SAM treatment, VAS, iron and folic acid supplementation and fortification of foods.

## Conclusion

UNICEF India has made concerted efforts to move towards more integrated approaches to stunting reduction. The country programme tried to balance the focus on the upstream approaches with the provision of support to build capacity and provide key nutrition services. UNICEF India Country programme plans included both nutrition specific and selected nutrition

sensitive interventions, which were mostly aligned with country context, with GoI activities, national flagship programmes and global guidance. In addition, planning included approaches specific to emergency situations and vulnerable populations though much work remains to translate the strategies into concrete outcomes.

However, evaluation identified several remaining gaps in country planning:

- UNICEF India had yet to formulate a TOC to guide its country programme to address address stunting. Some of the relevant outcomes such as iodized salt consumption and anaemia prevention/control were not included in the results matrix. In addition, specific outcomes for vulnerable groups were not included.
- Relevant global output indicators related to disasters and humanitarian situations (preparedness aspects) were also lacking in the results matrix.
- While linkages between CDN and other sectors such as WASH and C4D were identified, programme plans did not clearly identify linkages with other nutrition sensitive sectors such as agriculture and education.

## 5.2 Effectiveness of the country programme in addressing stunting

This chapter starts with an analysis of India's progress in reducing stunting in under 5 children and related indicators. The analysis of effectiveness focuses on four main Strategic Plan output areas that are relevant for India: 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 India programme, and in view of the scope of the evaluation the analysis, focuses on the 2010-15 period.

### Changes in Performance of Stunting Indicators

Over the evaluation period, country level documents documented increases in the prevalence of timely initiation of breastfeeding within one hour of birth, prevalence of exclusive breastfeeding, coverage of VAS, proportion of households using adequately iodized salt, and WIFS.<sup>33,34,35</sup> Additionally, the number of NRCs and NRHMs increased throughout the evaluation period as well as the number of treatments for children with SAM.<sup>36</sup> Three states achieved over 70% early breastfeeding initiation rates, five states achieved over 70% exclusive breastfeeding rates.

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<sup>33</sup> Annual Report 2011 for India, ROSA.

<sup>34</sup> UNICEF Annual Report 2012 for India, ROSA.

<sup>35</sup> UNICEF Annual Report 2014-India.

<sup>36</sup> Government of India-UNICEF 2013-2017 Country Programme Mid-Term Review.

However, limited progress was observed in timely introduction on complementary foods across the country.<sup>37</sup>

## Achievements towards Addressing Strategic Plan Outputs

This section provides an analysis of UNICEF India's programme towards the four relevant outputs of UNICEF's Strategic Plan mentioned above.

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

- Building on UNICEF's experience providing financial and technical support to the Maharashtra State Nutrition Mission (SNM) which was established in 2005, UNICEF India has advocated for additional SNMs. An independent evaluation of the Maharashtra SNM found that the SNM was an effective governance, leadership, and coordination platform for nutrition.<sup>38</sup> In addition, results from the 2012 Comprehensive Nutrition Survey in Maharashtra showed a significantly higher decline in stunting among tribal children than among non-tribal children. UNICEF and the GOI have leveraged this learning to launch similar platforms to improve multi-sectoral governance for nutrition, reflecting the needs of vulnerable populations. As of 2015, eight of fourteen states had established overarching entities to improve nutrition governance. UNICEF India has provided policy and technical guidance to support such governance platforms.
- Using evidence generated with support of UNICEF, in 2013 the Ministry of Health and Family Welfare universalized the adolescent girls' anaemia control programme, currently known as Weekly Iron Folic Acid Supplementation (WIFS) programme. UNICEF serves as the lead technical partner supporting the rollout of this programme. The Bollywood celebrity, Priyanka Chopra, has joined as a brand ambassador for a national level media advocacy campaign for the WIFS programme which started in 2015.
- The findings of the UNICEF's study informed guidelines for preventing and managing undesirable effects following IFA supplementation which were used to develop emergency response systems in multiple states. UNICEF provided technical support in developing the guidelines.
- UNICEF India facilitated inclusion of maternal calcium, deworming, peri-conceptual folic acid into the national health programme
- In 2015, vitamin A supplementation (VAS) first biannual round took place in all UNICEF supported states except Bihar due to supply issues. UNICEF advocated with governments for timely and adequate VAS supplies, and for improving coverage with equity.
- UNICEF has worked to employ broad based partnerships with private sector, civil society, professional associations, and media (including social media) to advocate for nutrition, including vulnerable populations.

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<sup>37</sup> UNICEF India Approach to Stunting, 2015.

<sup>38</sup> IDS, 2014.

## **Increased national capacity to provide access to nutrition interventions**

- UNICEF built technical capacity of the ICDS and National Health Mission (NHM) to support delivery of nutrition specific interventions with quality and equity. CDN programme initiated collaboration with other ministries dealing with nutrition sensitive interventions specifically targeting marginalized population groups, such as scheduled tribes.
- As part of the behaviour change communication efforts, CDN worked jointly with C4D section supported an ICDS and NHM to develop and implement strategies to bring information, counselling and support on IYCF closer to families. This involved technical and practical skills enhancement of frontline functionaries and health facility staff, comprehensive communication approaches, and use of participatory communication tools. Jointly with C4D, a study was undertaken to test the efficacy of participatory communication training tools in reaching most marginalized communities.

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

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

*Key nutrition specific interventions* included:

- Support to governments of multiple states in setting up of IYCF counselling centres in the Medical Colleges and setting up IYCF corners in health facilities with high load of deliveries.
- Support to state governments in implementing district-based interventions to deliver Maternal, Infant, and Young Child Nutrition (MIYCN) counselling through the platform of the Anganwadi centres with a focus on most deprived communities.
- Completion of a study by two states (Maharashtra and Odisha) using ProPan as tool for improving the quality of complementary foods and feeding.
- Jointly with GoI, hosting the 2015 Global Meeting to improve complementary foods and feeding in young children and to provide a roadmap for improving complementary foods and feeding in India.
- Support to ICDS's strengthening of Anganwadi Centres and schools to deliver nutrition services to adolescent girls.
- Support to the development of Management Information Systems (MIS) of the flagship programmes/schemes and analysis and use of MIS data for decision making.
- Technical support for strengthening monitoring and review of vitamin A supplementation, Sabla (scheme for empowerment of adolescent girls), WIFS and care and treatment of children with severe acute malnutrition.

Key *nutrition sensitive interventions* included:

- Nutrition and WASH demonstration project in three states (Andhra Pradesh, Madhya Pradesh, and Odisha).
- Technical support for strengthening monitoring of a conditional cash transfer scheme for care during pregnancy and lactation.

### **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**

The limited systems and resources required to target stunting in fragile contexts challenge the ability of their governments to improve child nutrition internally.

- UNICEF has supported the establishment of nearly 1,000 Nutrition Rehabilitation Centres (NRCs) treating more than 125,000 children suffering from Severe Acute Malnutrition (SAM) annually. The key areas of UNICEF's support in scaling up NRCs are in the area of planning in tribal dominated and high priority districts, in ensuring adequate budget provisions, in monitoring, capacity building of national and state level trainers) and developing counselling materials.
- UNICEF and its partners have supported the piloting of community management of acute malnutrition (CMAM) in 13 states.
- The findings of the UNICEF's study informed guidelines for preventing and managing undesirable effects following IFA supplementation which were used to develop emergency response systems in multiple states. UNICEF provided technical support in developing the guidelines.
- In response to natural disasters, including flooding, UNICEF India has partnered with governments and other partners to conduct rapid needs assessments, and provide safe drinking water, sanitation, and other services for households affected by floods and address shortcomings in health and nutrition services in security challenged areas.

### **Conclusion (including challenges and gaps)**

UNICEF India has made considerable progress towards achieving stated outputs related to stunting of the 2013-2017 Country Programme and applicable global outputs. In addition, activities were tailored towards relevant vulnerable populations (discussed in more detail in Section 5.6) and emergency contexts. UNICEF's strengthening of government systems and programmes to improve coverage and quality of essential nutrition services; and Expansion of Nutrition Missions (regarded as a "brainchild of UNICEF" and built off of lessons learned from Maharashtra), represented key successes in addressing stunting. External stakeholder stated that UNICEF helped with developing the "how to approach," providing assistance to training for nutrition efforts, as well as monitoring and evaluation of efforts to reduce stunting. Stakeholders regarded UNICEF's convening power as a "key mover" as one of the major success factors across multiple activities.

Despite the progress made, the evaluation identified **a number of challenges** in UNICEF India's achievements to address stunting:

- While there is evidence of incorporation of nutrition sensitive approaches, during the evaluation period majority of activities were limited to WASH, and not prominent in other sectors such as social protection, education and agriculture.
- Although State Nutrition Missions function as a platform for multi-sectoral governance, UNICEF India's experience with multi-sectoral approaches remains limited.
- UNICEF made efforts to support subnational authorities in supply forecasting, budgeting and logistics planning. However, adequate and quality delivery of supplies remains a barrier identified by stakeholders.
- Despite considerable progress made in data and knowledge generation, there are remaining gaps that limit use of targeted programmatic approaches.
- While the effectiveness of the country programme efforts after 2015 was not considered in this section, the evaluation notes that the strategies included in the UNICEF India's recently developed approach to address stunting is likely to resolve some of these challenges and gaps through the integration and wide range of nutrition sensitive interventions.

### 5.3 Efficiency of management and operations

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

#### Utilization of available resources to achieve programme outputs

##### Staff

The UNICEF India CDN has 7 HQ staff. At state level UNICEF India employs 18 nutrition professionals. In addition, UNICEF staff outside of the CDN section are integrated into the CO's efforts to address stunting in planning stages, monitoring and evaluation framework development, reporting and dissemination, and policy development or advocacy. However, integrated efforts among multiple sections can be challenging because of the competing priorities of other sections. Planning and coordination structures specifically designed to facilitate multisectorial work within UNICEF India need to be strengthened. Respondents highlighted the excellent technical knowledge of nutrition among UNICEF staff at the national and subnational levels. However, there are some remaining gaps in knowledge and skills needed to address stunting among UNICEF India staff, including in the areas of policy influence, public finance, knowledge management, navigating through sometimes complex politics, and data analysis.

##### Funding

UNICEF funding for the India country office dedicated to stunting prevention activities grew by 27% in 2014 over 2013 to reach overall income of US \$5.8 million. This represents two-thirds of the total UNICEF nutrition funds (\$8.9 million in 2014) and 6% of the overall UNICEF country

funding. Under the 2015 Country Programme, UNICEF India strategically shifted resources to focus on state-level work and leveraging resources for children. Key partnerships with donors including Ikea Foundation and Mittal Foundation, and engagement with BMGF and TATA Trust leveraged resources and tested innovations including research on linkages between nutrition and education. The limited resources and time in the country did not allow this evaluation to conduct detailed analysis of adequacy of stunting budget to meet the program goals and outcomes. However, the CO indicated that there has been no shortfalls in the budget required to meet the needs and demands of the country programme to address stunting since at least 2013.

### **Organizational Policies**

UNICEF India documents a number of updates and refinements to its general work processes and systems to enhance efficiency and savings, including simplifying the business process related to local travel, centralized payment processing, and more cost-competitive procurement. However, the evaluation team was not able to determine whether these general improvements had direct effects on the stunting programming.

While UNICEF India is promoting collaboration and coordination across sections to advance nutrition sensitive programming (e.g., through use of multi-sectoral priority teams), respondents indicated that many siloes are still present and more deliberate communication and collaboration strategies are needed to ensure success. The CO has mapped strategies and staff skills, but is not consistent in identifying efficiencies in staff structures and pathways for convergence among Sections.

Respondents indicated that UNICEF's collaboration with the highest levels of government is one of UNICEF India's greatest strengths. State-level government officials reported that UNICEF does "work with the top functionaries." Nonetheless, external stakeholders remarked that UNICEF's general approaches to funding can be slower than other models (i.e., foundation models) in which the processes between development of the idea, funding and implementation can be much faster. Respondents also reported that UNICEF India is relatively expensive to fund as compared with other organizations working to address stunting in India.

### **Conclusion**

UNICEF India has worked to leverage resources to support the Gol flagship national programs for the delivery of essential nutrition services. As part of these efforts, UNICEF India has efficiently utilized financial resources, maintained a high level of technical knowledge among nutrition staff, and worked to implement more efficient internal policies. Staff and financial resources are adequate given stunting program goals and intended outcomes, but consistency in staff skills across offices is lacking. There are also opportunities for increased coordination among sections within UNICEF India, funding processes could be made more efficient, and knowledge gaps persist among staff.

## **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

The evaluation team identified evidence of several successful sustainability strategies, including focus on upstream policy, capacity building and system strengthening with the GoI:

- **Policy influencing:** UNICEF India has influenced plans and budgets of flagship programmes to deliver essential nutrition services (i.e., ICDS and NHM), Tribal development and the recently established National Livelihood Mission.
- **Capacity Building:** Support for the GoI programs focused on institutional and individual capacity building, primarily through advocacy, knowledge generation and dissemination, and direct training/technical assistance for government staff. In Maharashtra, UNICEF supported training of programme managers and frontline functionaries to scale evidence-based nutrition interventions, monitor programme outcomes, and improve service delivery through engagement with communities and households.
- **Partnerships:** As described in section *Leadership and Leveraging Partnerships* of this report, UNICEF engaged in a number of partnerships in its efforts to address stunting. Engagement of partners across sectors (e.g., government, academic, media) led to both short term leveraging of resources and implementation of longer terms sustainability strategies such improved in service training on nutrition.

Despite these efforts, both India CO staff and external stakeholders noted several risks to the sustainability of the programmes:

- Ongoing capacity gaps within the Government,
- Continued issues with coverage and quality of essential nutrition interventions,
- Ongoing shifts in funding modalities for the government programs that may have a negative impact on States' contributions to social sector programs.

Respondents also indicated that UNICEF should leverage its reputation with government to “generate a voice” around nutrition issues for greater sustainability of stunting related efforts. In addition, state- level officials and external stakeholders pointed to some potential gaps in UNICEF’s approach to sustainability in UP arising from the capacity issues.

## Scale-Up

The country level documents and key informant interviews highlight UNICEF’s role in promoting scale up of nutrition policies and programmes: UNICEF focused on the scale up of the initiatives for improved nutrition in children and mothers through ICDS and NRHM, village health and nutrition days, and community-based programs.

For example, UNICEF supported NHM to scale up facility-based care by standardizing protocols employed in NRCs for the admission, care, discharge and follow-up of children with SAM. Follow up of the NRCs in 2013 indicated that the scale up effort progressed well with efforts led by the GoI and UNICEF focusing on scale up to high priority districts.

However, the evaluation did not find evidence on whether the country programme had success replicating programmes across various populations. In addition, external stakeholders noted that

UNICEF sometimes pilots projects without assuring government commitment to invest in implementation at scale should the piloted program or intervention be found effective.

Multiple external stakeholders and UNICEF staff mentioned that UNICEF should “focus on less” interventions and concentrate on scalable “innovations” in future pilots. Additional risks to scale up are related to the lack of agreement on a common results framework among a growing number of partners in the field of nutrition, potential reductions in government funding of the social sector, and changing government priorities.

## Conclusion

UNICEF India has considered sustainability and scale-up issues when designing and implementing the Country Programme, namely through focus on upstream policy, capacity building and system strengthening with governments. Capacity of front-line workers in flagship national programs remain a challenge to sustainability of essential nutrition services to prevent stunting. In addition, UNICEF’s role in supporting innovation is key to 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 that UNICEF conducts is presented, followed by successes and challenges experienced during the evaluation period.

### Types of Partnerships and Leadership Activities

In 2014, UNICEF India engaged successfully with several governmental and other partners to influence the integration of scale-up of 10 essential nutrition actions in the annual plans and budget of the National Rural Health Mission (NRHM) and the ICDS programme and support the scale up of NRCs in high priority districts. In addition, UNICEF has played an integral role in several national coalitions and alliances, including:

- Supporting National Coalition for Food and Nutrition Security
- Convening Citizen's Alliance Against Malnutrition
- Convening Poshtik - Network for Food Fortification
- Convening Bihar Nutrition Alliance
- Convening India Integrated Management of Severe Acute Malnutrition (IMSAM) partners Alliance

In addition, UNICEF India partners with a number of institutions to implement the Country Programme interventions to address stunting. Among them are:

- Government training institutes to improve training of programme functionaries at various levels
- Government medical schools for technical support, supportive supervision and monitoring
- NGO partners including Ekjut, Living Farms, and Centre for Budget, Governance and Accountability

- Academic Institutions including Delhi School of Economics, Indian Institute of Technology Mumbai, UCL London

UNICEF also partnered with the following government academic institutions in Bihar, Chattisgarh, Odisha and Uttar Pradesh; regional training centres in Assam, Maharashtra, and Uttar Pradesh; International Institute for Population Sciences Mumbai; Delhi School of Economics, and National Institute of Rural Development for nutrition sensitive approaches to address stunting. Many partnerships with academic institutions were aimed at improving pre-service training to include nutrition related courses.

UNICEF also worked closely with Parliamentarian Group for Children and Citizens' Alliance Against Malnutrition to increase commitment for multi-sectoral action for scaling up essential nutrition actions targeting the most disadvantaged communities with a priority focus on nine scheduled tribal states.

In addition, UNICEF and FAO have partnered to collect measures on food insecurity through incorporation of relevant items in the National Nutrition Survey and to co-host related methodological workshops. This specific collaboration leverages UNICEF government connections and FAO's global experience and tools. Strategic media partnerships with the National Radio Networks, and Urdu media focused on equity and reaching the most marginalised and hard-to-reach audiences. Partnerships with the Indian Academy of Paediatrics (IAP), HealthPhone, Vodafone, and the MWCD, were aimed to disseminate Nutrition (Poshan) videos that address the care of pregnant women and children under two and breastfeeding.

## Successes

The evaluation found that UNICEF India is very well respected by the GoI and UNICEF's efforts receive "political support." Discussions with GoI suggest country ownership and state-level programs are linked to long-term sustainability of stunting reduction activities. Respondents across UNICEF staff and external nutrition stakeholders largely agreed that UNICEF is well positioned to leverage support of various stakeholders in reducing stunting. External stakeholders cited the various stunting reduction and nutrition efforts they had been involved in with UNICEF across the country. Among particular strengths noted by the evaluation are UNICEF's convening power, ability to bring various partners to the table including the public and NGOs (e.g., by engaging the media in the country), recognized technical expertise, and presence in multiple states. Citizens Alliance Against Malnutrition - group has ownership, sets meetings and agenda.

## Challenges

There are a few opportunities to improve UNICEF India's leadership and leveraging of partnerships. While partnerships in nutrition sensitive sectors were established, more linkages with agricultural sector would be beneficial. In addition, UNICEF India's may be well positioned to contribute to establishing stronger engagement among institutional, financial, technical and advocacy stakeholders. Several stakeholders report that there is room for more regular external stakeholders' engagement (NGOs, private sector, and donors) with a focus on mapping stakeholder mandates and priorities, and resources (financial and technical) to government

needs. Respondents indicated that UNICEF could leverage its convening power to advance such efforts. Lastly, challenges exist related to agreement and release of data among stakeholders, including Gol.

## Conclusion

UNICEF India has considerable comparative advantages in leadership and leveraging partnerships to reduce stunting because of the high level of trust in UNICEF India's expertise by government and non-government partners. They have been largely successful at forming partnerships with actors who are relevant given the country context and programmatic goals, but could strengthen partnerships with agricultural sector and increase partnerships and leadership activities focusing on long term sustainability.

## 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 India 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 development agenda outlined in the 2013-2017 Country Programme took into consideration the political and socio-cultural context by specifically targeting marginalized populations in reduction of "inequities based on caste, ethnicity, gender, poverty, region or religion." India UNICEF included approaches targeting several vulnerable groups including Scheduled Castes/Scheduled Tribes population, children affected by HIV, and adolescent girls. Country programme documents and respondents identified a number of vulnerable population groups. These groups include children under 2 years of age, adolescent girls, mothers, scheduled castes and tribes, those living in high burden states, rural residents, those with HIV, low-income districts, out of school children, and certain religious groups. However, none of the nutrition indicators were specific to vulnerable groups.

The evaluation found that UNICEF India concentrated their efforts in States with highest stunting prevalence, where stunting prevalence is highest. In addition, a particular focus was paid to children under 2 years of age, pregnant women, and children belonging to tribal communities.

All key CDN output indicators related to stunting (See Effectiveness section of this report) have an equity focus with prioritization of vulnerable groups. UNICEF India conducted several data analytic projects aimed at gaining deeper understanding of vulnerable groups including a multiple overlapping deprivations analysis (MODA) analysis identifying geographic areas and social groups with the highest level of deprivation. Documents identify several key strategies and interventions aimed at equity and reaching the most vulnerable populations, including:

- Targeting of disadvantaged population groups – including adolescents and women – in the implementation of multi-sectoral essential MIYCN services through a systems approach.
- Support of age and gender-appropriate social behaviour change communication to enhance parental, caregiver and adolescent’s nutrition knowledge and skills, and increase demand for quality services in partnership with key stakeholders – professional associations, media, celebrities, civil society, and private sector (e.g., telecom).
- Mainstreaming the equity focus in tribal blocks through convergent programming with multiple nutrition sensitive sectors to address the multifaceted needs of the most disadvantaged groups.

## Successes

The evaluation team identified several key initiatives undertaken by the India CO during the evaluation period that are particularly relevant to equity and vulnerable populations:

- As part of the Human Rights-Based Approach (HRBA), UNICEF India conducted a number of activities focused on marginalised children and women, including work on out-of-school children, strengthening cross-sectoral collaboration, and a situation analysis to understand barriers and opportunities for improved delivery of essential nutrition interventions for tribal women before, during, and after pregnancy.
- A number of partnerships were formed with other sectors, including Rural Development and Tribal Welfare, to develop and implement special plans that address nutrition inequities. For example, UNICEF partnered with the Ministry of Tribal Affairs and Government of Odisha to organize a two-day National Conclave which brought together representatives from six government departments, frontline workers, civil society organisations, and academics to inform policy discourse on nutrition improvement of Adivasi children and women.
- Jointly with the C4D section, UNICEF India’s CDN section conducted a study in select states to test the efficacy of participatory communication training tools in reaching most marginalized communities.
- In Rajasthan, UNICEF collaborated with the government to contribute to improving services among the most marginalised districts with large populations of scheduled tribe members. These efforts resulted in a number of improvements in nutrition sensitive sectors, positively affecting young children with severe acute malnutrition from scheduled tribe dominated districts.

## Challenges

Country office staff and external stakeholders agreed that while some progress has been made to address stunting among vulnerable populations, coverage and quality of services are still less than adequate due to the weak capacity of the government systems. Other reported challenges included the quality of complementary foods and feeding, need for further multi-sectoral convergence with tribal focus, and difficulties in reaching particular populations. Additional analysis may be required on determinants of nutrition outcomes for tribal and non-tribal children,

as well as analysis of district level data to better target disadvantaged population groups and facilitate evidence-based advocacy.

## Conclusion

As described earlier in the report, a large number of contextual factors in India are related to equity. UNICEF India's current strategies and programs are designed to reach a number of vulnerable population groups. Evaluation confirmed a number of successful approaches and interventions implemented by UNICEF India to address stunting needs of marginalised groups in both nutrition specific and nutrition sensitive sectors, with a particular focus on tribal populations and advocacy. Capacity within existing systems, insufficient convergence among sectors and insufficient data were key barriers in both address equity issues and UNICEF efforts to address stunting generally. Much effort still remains to realise the outcomes in addressing equity.

## 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 India 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

#### Data Generation

- UNICEF India has supported the development and application of disaggregated databases, planning tools and monitoring tools in its effort to systematically monitor outcomes.
- UNICEF India promoted the collection, analysis and dissemination of data and information on children and women, disaggregated by social group, sex, wealth levels (quintiles) and geography.
- UNICEF India disaggregated databases allowed documenting good practices in the ICDS and the NRHM for scaling up essential nutrition interventions.
- UNICEF India assessed the effectiveness of facility-based care for children with SAM.
- Recently, the results of the Rapid Survey on Children (RSOC) were released, a Ministry of Women and Child Development effort, for which UNICEF India provided technical and financial support. The RSOC provided up-to-date data as the only source of national estimates on the well-being of children and women and the ICDS programme implementation. National and 29 state factsheets were disseminated with results on over 150 indicators.

## Knowledge Generation

- *The Adolescents in India: Desk Review of Existing Evidence and Behaviours, Programmes and Policies* review provides an example of UNICEF India's ability to leverage partnerships in its efforts to generate evidence.<sup>39</sup> UNICEF, in collaboration with state governments and other development partners, undertook a strategic review of the vitamin A supplementation and universal salt iodization programmes, which resulted in revision of the strategy to improve coverage, especially of the most vulnerable children.<sup>40</sup>
- UNICEF India supported studies on therapeutic feeding and care for children with severe acute malnutrition (SAM), in which analyses were conducted on the effectiveness of programmes in Jharkhand, Madhya Pradesh and Uttar Pradesh in providing care for children with SAM through facility- and community-based programmes in an effort to build an evidence base for policy and strategy formulation.
- UNICEF India actively shares nutrition data within the scientific community through peer-reviewed journal articles and academic presentations. In 2013, seven papers related to child nutrition were published in peer review journals.<sup>41</sup> UNICEF India has also presented at and facilitated academic conferences. Eleven presentations capturing UNICEF's work on nutrition at State-level were made at the Micronutrient Forum, a prestigious international conference.

## Knowledge Sharing with Country Partners/Stakeholders

- UNICEF India has held seminars to facilitate knowledge sharing and build capacity. External experts were invited to share their experiences and provided a space for learning for staff and partners.<sup>42</sup>
- UNICEF India has developed dashboards and databases as platforms for knowledge sharing.<sup>43</sup>
- UNICEF India has established a knowledge network for women and children to facilitate the transfer of knowledge and across states in India as well as regional and global sharing through South-South Cooperation.<sup>44</sup>
- UNICEF India has partnered with the Ministry of Tribal Affairs and Department of Scheduled Castes and 30 Tribes, Government of Odisha to organize a two-day National

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<sup>39</sup> UNICEF Annual Report 2013 –India.

<sup>40</sup> UNICEF Annual Report 2013 –India.

<sup>41</sup> Titles of the seven publications (1) The Adolescent Girls' Anaemia Control Programme: A Decade of Programming Experience to Break the Inter-Generational Cycle of Malnutrition in India; (2) Age appropriate Infant and Young Child Feeding Practices are Associated with Child Nutrition in India: Insights from Nationally Representative Data; (3) Providing care for Children with Severe Acute Malnutrition in India: New Evidence from Jharkhand; (4) Towards Universal Salt Iodisation in India: Achievements, Challenges and Future Actions; (5) Reaching the Poor with Adequately Iodised Salt Through the Supplementary Nutrition Programme and Mid-day Meal Scheme in Madhya Pradesh; (6) Management of Children with Severe Acute Malnutrition in India: Experience of Nutrition Rehabilitation Centres in Uttar Pradesh, India; and (7) Integrated Programme Achieves Good Survival but Moderate Recovery Rates Among Children with Severe Acute Malnutrition in India.

<sup>42</sup> Country Office Annual Report- India 2010.

<sup>43</sup> Annual Report 2011 for India, ROSA.

<sup>44</sup> Country Programme Action Plan 2013–2017: Government of India and the United Nations Children's Fund.

Conclave which brought together representatives from six government departments, frontline workers, civil society organisations (CSOs), and academics to inform policy discourse on nutrition improvement of Adivasi children and women.

### **Knowledge Exchange and Dissemination at the Regional Level**

- Regional documents highlight UNICEF India's efforts to support the technical exchanges between South Asian countries as knowledge sharing is described as a vital aspect of UNICEF's work to understand and address the needs of the most marginalized children and women.<sup>45</sup>
- In an effort to increase knowledge sharing between UNICEF COs, a series of webinars were organized by Young Child Survival and Development and child protection sections.
- ROSA promoted the exchange and dissemination of up-to-date knowledge and successful examples through on-line mechanisms and cross country exchange visits.<sup>46</sup>
- With support by the European Union (EU), UNICEF Regional Offices for Asia and the Pacific (EAPROROSA) supported a multi-country effort to improve the quality of counselling and reporting on infant and young child nutrition.
- Despite the funding constraints of ROSA's work a knowledge management framework that will document the results and lessons learned through the EU-supported Maternal and Child Nutrition programme in Asia was created and agreed upon.<sup>47</sup>
- Additional UNICEF efforts include the regional office supported knowledge exchange across countries with the organization and coordination of three learning visits involving Afghanistan, India, Nepal and Sri Lanka. The exchange covers topics such as scaling up maternal and newborn interventions, improved quality of care, and strengthened information systems which contribute national health systems development.<sup>48</sup>

### **Successes**

Country programme documents as well as interviews with key informants highlighted UNICEF India's efforts to support knowledge generation through a demonstrated commitment to utilizing research, evaluation and documentation to generate evidence for policy and strategy formulation. UNICEF has supported:

- large scale nutrition surveys to assess prevalence of malnutrition,
- development and application of disaggregated databases,
- planning and monitoring tools in its effort to systematically monitor outcomes.

Various data collection activities and studies conducted and supported by UNICEF India were appropriate given contest identified through initial situation analyses and responsive to changing needs. The evaluation also found UNICEF India to be successful in bringing different constituencies together through research collaboration and data use, and leading seminars and knowledge networks at the country and regional level.

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<sup>45</sup> Regional Office for South Asia Regional Analysis Report 2011.

<sup>46</sup> UNICEF Annual Report 2012 for India, ROSA.

<sup>47</sup> UNICEF Annual Report 2012 for India, ROSA.

<sup>48</sup> UNICEF Annual Report 2014-India.

## Challenges

The evaluation team identified several remaining challenges in the area of knowledge and data generation, management, and use. Among them are lack of regular/real time data, inadequate capture of some of the relevant indicators in program management information systems, and quality issues related to program data. Among the main gaps in data generation are information on poorest children and limited information on food security measures. A major theme among multiple external stakeholders was insufficient evidence generation and program evaluations by UNICEF India. Specifically, this relates to lack of impact studies, more rigorous evaluations, and operations and formative research. Even with more generally accepted success story of the Nutrition Mission in Maharashtra, lack of clear and robust evidence of which specific elements of the approach led to positive changes, resulted in some scepticism among stakeholders on the attribution of these changes to the Nutrition Mission.

## Conclusion

UNICEF India plays a pivotal role in generating and disseminating knowledge and data to realize its own stunting reduction programmes and this knowledge and data are also used by partners to realize their nutrition programmes. However, additional informational needs exist both in data generation (e.g., allowing more specific targeting of vulnerable groups, more regular data collection, mapping of nutrition systems, generation of district-level data) and operations and effectiveness studies to support evidence-informed planning with a focus on stunting reduction, efficient use of resources, transfer and adaptation of successful strategies and interventions to other states, and more successful advocacy and stakeholder engagement. Another theme observed by the evaluation was a need to better use technology to provide a real-time data.

## 6. Recommendations

1. Country Programme Strategy and Approaches:
  - Build on the 2015 Stunting Priority Plan of Action to develop a clearly formulated theory of change that guides the UNICEF programme for addressing stunting.
  - Further align results matrix with related global outcome indicators with focus on indicators specific to relevant vulnerable groups.
  - Clarify pathways for incorporating nutrition sensitive approaches, such as integration of WASH and nutrition and working with other sectors, including health, social protection and education.
  - Increase focus on scalable innovations rather than interventions in designing and implementing future pilot initiatives.
  - Advocate for and support consistent inclusion of specific targets for improvements in nutrition status indicators for the State Nutrition Missions and regular monitoring of progress.

## 2. Resources and Coordination:

- Continue to build staff capacity to strengthen programming for integrated approaches to addressing stunting, selective data analysis, policy advocacy / influence, public finance, and knowledge management. Further mobilize the expertise of regional and global staff and gain from cross-country learning.
- Strengthen planning and coordination structures specifically designed to facilitate multi-sectoral work within UNICEF India CO.
- Engage more regularly with external stakeholders with a focus on mapping stakeholder mandates and priorities, and improving financial and technical resource allocations to country programme needs.

## 3. Data and Knowledge Generation:

- Improve evidence generation by engaging in formative research and effectiveness studies, to better understand success factors and challenges of specific approaches and interventions supported by the country office, and for ensuring their viable replication in varying state contexts.
- Explore better use of information technology to provide real time data for decision making (e.g., use of online systems).
- Explore additional analysis on determinants of nutrition outcomes for tribal and non-tribal children, as well as analysis of district-level data to facilitate evidence-based advocacy and to better target disadvantaged population groups.

# ANNEXES

## Annex 1

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### 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.<sup>49</sup>

### Data Management and Analysis

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

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

All quantitative analysis will be conducted using Stata software.

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<sup>49</sup> 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.

## Qualitative Methods

### Purpose

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

### Data Sources

#### Document Review

The qualitative assessment was informed by documents provided by UNICEF and will include policy, strategy, and evaluation reports at all levels (country, regional, global). Country documents for the evaluation of India included UNICEF Country Programme Documents (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 utilized during the desk review to better target document and data collection and to better inform and target the questions being asked in case study countries.

During the implementation phase, interviews were conducted at the country level with UNICEF-India staff including local-level personnel involved in managing and supporting UNICEF programmes, representatives and/or deputies, and programme managers and 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 organizations that contribute to and partner in relevant sectors at the global and national levels.

### Data Management and Analysis

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

The interviewers responsible for the KIIs and the individuals identified to review the collected documentation were designated as coders. If more than one interviewer was present during a KII, the individual tasked to take notes was designated as the primary coder and the interviewer acted as a secondary coder, to review and refine the primary coder's results. For each of the KIIs, the case study interviewer or notetaker typed up the notes and used the recordings to corroborate the notes. All notes were coded using qualitative data analysis. The seven Evaluation Areas were used as the "deductive" or *a priori* codes. Multiple codes were applied to the same text excerpt from the notes if the segment conveyed multiple concepts that should be captured. Similarly, as documents were reviewed, codes were mapped onto information that addressed an aspect of the seven identified evaluation questions.

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

The evaluation team noted any emerging themes from the documents and KIIs. These themes were aggregated conceptually and transformed into "inductive" codes. For example, ICF may develop a new code if careful readings of the notes point to discussions across multiple participants about standardization of cross-collaboration across programme areas being important to implementation. 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 India Country Office identify as key to reducing stunting?

What national priorities inform the India Country Programme?

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

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## Documents Reviewed

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

- Country Office Annual Report – India 2010
- Annual Report 2011 for India, ROSA
- UNICEF Annual Report 2012 for India, ROSA
- UNICEF Annual Report 2013 –India
- UNICEF Annual Report 2014-India
- UNICEF Annual Report 2015 – India
- Country Programme Action Plan 2013-2017: Government of India and the United Nation’s Children’s Fund – Annexures
- Country Programme Action Plan 2013-2017: Government of India and the United Nations Children’s Fund
- India Country Programme Document 2013-2017
- Government of India-UNICEF 2013-2017 Country Programme Mid-Term Review
- Regional Office for South Asia Regional Analysis Report 2010
- Regional Office for South Asia Regional Analysis Report 2011
- Regional Office for South Asia Regional Analysis Report 2012
- Regional Office for South Asia Regional Analysis Report 2013
- UNICEF Regional Office for South Asia Regional Analysis Report 2014
- UNICEF Regional Office for South Asia Regional Office Annual Report 2015
- UNICEF Regional Office for South Asia Office Management Plan & Integrated Budget, 2012-2013
- UNICEF Regional Office for South Asia Office Management Plan & Integrated Budget, 2014-2017
- UNICEF Joint Health and Nutrition Strategy for 2006-2015
- The UNICEF Medium-term Strategic Plan, 2006-2009 – Investing in Children: The UNICEF Contribution to Poverty Reduction and the Millennium Summit Agenda
- The UNICEF Strategic Plan, 2014-2017
- Strategy for Improved Nutrition of Children and Women in Developing Countries
- UNICEF’s Approach to Scaling Up Nutrition for Mothers and their Children

# **Annex 3**

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## **Key Informant Interview Respondents**

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

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