EXTERNAL EVALUATION OF THE EU/UNICEF PARTNERSHIPS ON NUTRITION SECURITY:

MYCNSIA MID-TERM EVALUATION

Contract no: LLTS 42402187

VOLUME 1

Main Report
Final

November 2013
TABLE OF CONTENTS

VOLUME 1

PREFACE .................................................................................................................................................................. v
ACRONYMS .............................................................................................................................................................. vi
EXECUTIVE SUMMARY .......................................................................................................................................... viii

1 THE CONTEXT OF UNDERNUTRITION IN ASIA .............................................................................................. 1
1.1 Continuing need to reduce undernutrition .................................................................................................... 1

2 INCREASING INTERNATIONAL FOCUS ON NUTRITION .............................................................................. 6
2.1 The 1,000 days window of opportunity ....................................................................................................... 6
2.2 UN inter-agency initiative on nutrition (REACH) .......................................................................................... 7
2.3 The global SUN initiative .............................................................................................................................. 8
2.4 UNICEF's commitment to nutrition security ................................................................................................ 8
2.5 EC commitment to nutrition security .......................................................................................................... 9

3 THE EC/UNICEF PARTNERSHIP ON NUTRITION ....................................................................................... 10
3.1 What are MYCNSIA and ANSP? .................................................................................................................. 10
3.2 MYCNSIA organizational structure ............................................................................................................. 11

4 EVALUATION OBJECTIVES AND METHODOLOGY ................................................................................. 13
4.1 Objectives for the set of evaluations ............................................................................................................ 13
4.2 Basic principles and overall methodological approach for the MTE MYCNSIA and MTE ANSP ................. 14
4.3 Methodology applied for the MTE MYCNSIA ............................................................................................. 16

5 FINDINGS ......................................................................................................................................................... 20
5.1 Relevance and appropriateness of overall programme .............................................................................. 20
5.2 Design and monitoring frameworks of the MYCNSIA programme in the target countries .................... 24
5.3 Equity focus of the strategies implemented for reduction of stunting and anaemia ................................. 36
5.4 Efficiency .................................................................................................................................................... 36
5.4.1 Programme action plans and implementation processes at regional level ........................................... 36
5.4.2 Programme action plans and implementation processes in the target countries ............................... 37
5.4.3 Leverage of other resources on reduction of stunting and anaemia .................................................... 39
5.5 Effectiveness .............................................................................................................................................. 39
5.5.1 Pillar 1 ................................................................................................................................................ 40
5.5.2 Pillar 2 ................................................................................................................................................ 44
5.5.3 Pillar 3 ................................................................................................................................................ 46
5.5.4 Pillar 4 ................................................................................................................................................ 48
5.5 Impact ....................................................................................................................................................... 50
5.5.1 Feasibility of achieving programme impact targets for reduction of anaemia and stunting ............... 50
5.5.2 Broader unintended effects at the various levels of implementation .................................................... 51
5.6 Sustainability .............................................................................................................................................. 52
5.6.1 Regional and national-level capacities and ownership for sustained results ............................................ 52
5.6.2 Contribution of the programme to comprehensive and inter-sectoral stunting reduction strategies at regional and national levels ....................................................................................................................... 54

6 EMERGING GOOD PRACTICES AND LESSONS LEARNED ..........................................................55

7 CONCLUSIONS .............................................................................................................................................57
7.1 Overall MYCNSIA design ............................................................................................................................ 57
7.2 Implementation processes ........................................................................................................................ 58
7.3 Regional and country-level achievements in the first two years ............................................................... 58

8 RECOMMENDATIONS ..................................................................................................................................61
8.1 At strategic level for the longer-term beyond MYCNSIA ........................................................................... 61
8.1.1 For UNICEF: ................................................................................................................................................ 61
8.1.2 For the EU: ................................................................................................................................................. 61
8.2 At operational level: action to be taken in remaining period ........................................................................ 61
8.2.1 For the MYCNSIA Programme Management Unit: .................................................................................... 61
8.2.2 Overall for MYCNSIA at UNICEF Country Office level: ............................................................................... 62
8.2.3 Specific recommendations to individual UNICEF Country Offices: ............................................................ 63

VOLUME 2: ANNEXES

A. TERMS OF REFERENCE
B. MYCNSIA / ANSP EVALUATION FRAMEWORK
C. BIBLIOGRAPHY
D. SUMMARY OF FINDINGS AT COUNTRY LEVEL
   Bangladesh
   Indonesia
   Lao PDR
   Nepal
   The Philippines
E. COUNTRY ANNEX MYCNSIA BANGLADESH
F. COUNTRY ANNEX MYCNSIA INDONESIA
G. COUNTRY ANNEX MYCNSIA LAO PDR
H. COUNTRY ANNEX MYCNSIA NEPAL
I. COUNTRY ANNEX MYCNSIA PHILIPPINES
**PREFACE**

This report represents the second draft resulting from the first part of a long-term assignment, to conduct an external evaluation of the EU/UNICEF partnership on nutrition security in two regions. The work is set in the overall evaluation framework that was developed during the inception phase as guidance for the entire set of four evaluations, the Mid-Term and End-Term Evaluations of both MYCNSIA in Asia and ANSP in Africa.

This report concerns the first evaluation, which is the mid-term evaluation of the MYCNSIA programme in Asia. In this first assignment we have tried to find a balance between country details and overall programmatic concerns. The build-up to the bigger picture is based on the documentation that was made available through the Evaluation Manager in the MYCNSIA Programme Management Unit, the discussions with staff of this Unit, documentation from Country Offices, and the meetings and observations during our one-week missions in each of the five countries under MYCNSIA.

This report provides a solid start to answer the question of “what is the overall contribution of MYCNSIA to tackle malnutrition in the South Asia and South East Asia regions, in particular in the five target countries: Bangladesh, Indonesia, Lao PDR, Nepal and The Philippines.” Given the varying country contexts in which the project operates, and the multitude of stakeholders, this has proven a daunting, yet interesting task.

The ETC team:  Annemarie Hoogendoorn (Team leader)  Joanne Harnmeijer  Bert Lof  Albertien van der Veen
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANSP</td>
<td>Africa Nutrition Security Partnership</td>
</tr>
<tr>
<td>ASEAN</td>
<td>Association of South East Asian Nations</td>
</tr>
<tr>
<td>BCC</td>
<td>Behavioural Change Communication</td>
</tr>
<tr>
<td>BFHI</td>
<td>Baby Friendly Hospital Initiative</td>
</tr>
<tr>
<td>BMS</td>
<td>Breast Milk Substitute</td>
</tr>
<tr>
<td>CCT</td>
<td>Conditional Cash Transfer</td>
</tr>
<tr>
<td>CDC</td>
<td>Centre for Disease Control (Atlanta)</td>
</tr>
<tr>
<td>CMAM</td>
<td>Community Managed Treatment of Acute Malnutrition</td>
</tr>
<tr>
<td>CO</td>
<td>Country Office</td>
</tr>
<tr>
<td>DAC</td>
<td>Development Assistance Committee (OECD)</td>
</tr>
<tr>
<td>DDC</td>
<td>District Development Committee (Nepal)</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development (UK)</td>
</tr>
<tr>
<td>DHO</td>
<td>District Health Office (Indonesia)</td>
</tr>
<tr>
<td>EAPRO</td>
<td>East Asia and Pacific Regional Office (UNICEF)</td>
</tr>
<tr>
<td>EBF</td>
<td>Exclusive Breast Feeding</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>EF</td>
<td>Evaluation Framework</td>
</tr>
<tr>
<td>ERG</td>
<td>Evaluation Reference Group</td>
</tr>
<tr>
<td>ESARO</td>
<td>Eastern and Southern Africa Regional Office (UNICEF)</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agricultural Organization</td>
</tr>
<tr>
<td>FCHV</td>
<td>Family and Child Health Volunteer (Nepal)</td>
</tr>
<tr>
<td>FHSIS</td>
<td>Family Health Services Information System (Philippines)</td>
</tr>
<tr>
<td>FWA</td>
<td>Family Welfare Assistant (Bangladesh)</td>
</tr>
<tr>
<td>GAIN</td>
<td>Global Alliance for Improved Nutrition</td>
</tr>
<tr>
<td>GNI</td>
<td>Gross National Income</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune Virus</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
</tr>
<tr>
<td>IFA</td>
<td>Iron Folic Acid</td>
</tr>
<tr>
<td>IFAD</td>
<td>International Fund for Agricultural Development</td>
</tr>
<tr>
<td>IMAM</td>
<td>Integrated Management of Acute Malnutrition</td>
</tr>
<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
</tr>
<tr>
<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MCH</td>
<td>Mother and Child Health</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MICN</td>
<td>Maternal and Infant and Young Child Nutrition</td>
</tr>
<tr>
<td>MIS</td>
<td>Management Information System</td>
</tr>
<tr>
<td>MIYCF</td>
<td>Maternal and Infant and Young Child Feeding</td>
</tr>
<tr>
<td>MNP</td>
<td>Micro Nutrient Powders</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>MoFDM</td>
<td>Ministry of Food and Disaster Management (Bangladesh)</td>
</tr>
<tr>
<td>MSNP</td>
<td>Multi-sector Nutrition Plan (Nepal)</td>
</tr>
<tr>
<td>MSP</td>
<td>Multi-Stakeholder Processes</td>
</tr>
<tr>
<td>MTE</td>
<td>Mid-Term Evaluation</td>
</tr>
<tr>
<td>MUAC</td>
<td>Mid Upper Arm Circumference</td>
</tr>
<tr>
<td>MYCNSIA</td>
<td>Maternal and Young child Nutrition Security Initiative</td>
</tr>
<tr>
<td>NAS</td>
<td>Nutrition Advisory Services</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>NNS</td>
<td>National Nutrition Services (Bangladesh)</td>
</tr>
<tr>
<td>NPC</td>
<td>National Planning Commission (Nepal)</td>
</tr>
<tr>
<td>NSCC</td>
<td>Nutrition Security Coordination Committee (MYCNSIA)</td>
</tr>
<tr>
<td>NTT</td>
<td>Nusa Tenggara Timor (Province in Indonesia)</td>
</tr>
<tr>
<td>OECD</td>
<td>Organization for Economic Cooperation and Development</td>
</tr>
<tr>
<td>PDR</td>
<td>Peoples’ Democratic Republic (Lao)</td>
</tr>
<tr>
<td>PMU</td>
<td>Programme Management Unit (MYCNSIA)</td>
</tr>
<tr>
<td>PPAN</td>
<td>Philippines Plan of Action for Nutrition</td>
</tr>
<tr>
<td>PPP</td>
<td>Purchasing Power Parity</td>
</tr>
<tr>
<td>REACH</td>
<td>Renewed Efforts to End Child Hunger and Undernutrition</td>
</tr>
<tr>
<td>ROSA</td>
<td>Regional Office for South Asia (UNICEF)</td>
</tr>
<tr>
<td>RUTF</td>
<td>Ready-to-Use Therapeutic Food</td>
</tr>
<tr>
<td>SAARC</td>
<td>South Asia Association for Regional Cooperation</td>
</tr>
<tr>
<td>SAFANSI</td>
<td>South Asia Food and Nutrition Security Initiative (World Bank)</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>SC</td>
<td>Steering Committee (MYCNSIA)</td>
</tr>
<tr>
<td>SCF</td>
<td>Save the Children Fund</td>
</tr>
<tr>
<td>SMILING</td>
<td>Sustainable Micronutrient Interventions to control Deficiencies and improve Nutrition Status and General Health in Asia</td>
</tr>
<tr>
<td>SUN</td>
<td>Scaling Up Nutrition</td>
</tr>
<tr>
<td>TdH</td>
<td>Terre des Hommes</td>
</tr>
<tr>
<td>ToR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>ToT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations’ Children Fund</td>
</tr>
<tr>
<td>UNSCN</td>
<td>United Nations Standing Committee on Nutrition</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WCARO</td>
<td>West and Central Africa Regional Office (UNICEF)</td>
</tr>
<tr>
<td>WFP</td>
<td>World Food Programme</td>
</tr>
<tr>
<td>WHA</td>
<td>World Health Assembly</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

What is MYCNSIA and what does it aim to do?
Various Asian countries show high absolute levels of children under five who are stunted and/or wasted. The EU/UNICEF Partnership on Nutrition in Asia is a 4-year programme (€ 28.4 million) aimed at contributing to reducing undernutrition (stunting and anaemia) in five countries (Indonesia, Philippines, Lao PDF, Nepal, and Bangladesh) with high (>30%) or very high (>40%) levels of chronic malnutrition (as evidenced e.g. by national stunting prevalence figures). The overall programme target is to achieve a 5% reduction in stunting and one-third reduction in anaemia among pregnant women and children through work under four pillars: (i) upstream policy development; (ii) capacity development; (iii) nutrition information systems; and (iv) direct nutrition interventions. The Partnership also has a component aimed at positioning nutrition security high on regional agendas which is implemented by the Programme Management Unit (PMU) spread over the UNICEF Regional offices in Bangkok and Kathmandu.

MYCNSIA is based on the 1,000 days approach which promotes good nutrition for pregnant and lactating women and infants up to the age of two years as the best and most cost-efficient intervention for avoiding irreversible damage to physical growth and intellectual capacities from undernutrition. The measures to be taken fall in two broad categories: (a) high impact nutrition interventions such as maternal and infant and young child feeding, micronutrient supplementation, fortification of staple foods and management of acute malnutrition; and (b) “mainstreaming” of nutrition through promotion of nutrition-sensitive strategies in agriculture, food security, social protection, gender, health, WASH, etc.

As nutrition is high on the agenda worldwide, MYCNSIA operates in a context with two other main international structures established to address undernutrition:

- REACH started in 2008 as a mechanism in which four UN agencies (FAO, UNICEF, WFP and WHO) collaborate in assisting country-led approaches in a number of selected countries (including Bangladesh, Nepal and Lao PDR) through support to coordination and through operational guidance;
- SUN was launched in 2010 as a mechanism to encourage high level of political commitment, uniting governments, civil society, the private sector, and citizens on Scaling Up Nutrition. The movement currently covers 35 countries (within MYCNSIA Philippines is the only country that has not (yet) joined).

Objectives and approach for this MTE
The Terms of Reference for the Mid-Term evaluation of MYCNSIA that was undertaken by ETC Netherlands focuses on an assessment of the programme at strategic level (in particular the relevance and appropriateness of the adopted models and strategies, including from an equity perspective) and the implementation processes within the five countries and for the regional component (looking at targeting, efficiency, effectiveness, impacts and sustainability). The methodology is a uniform framework of evaluation questions that was developed during the inception phase (February – April 2013) and in principle will form the basis for a set of four evaluations: mid-term and end-term for both the Asia EU/UNICEF nutrition programme and its sister programme in Africa. Data collection took place during one-week visits to each of the five countries within MYCNSIA (April 2013), two days of briefing organized by the PMU and was complemented by review of documentation made available by UNICEF and collected through web searches.

Generic logical models and log frame, country-specific and regional-level work plans
In 2011, the MYCNSIA programme developed two ‘generic’ logical models (one for mothers, one for children) that look into the causal factors related to anaemia and stunting and provides a listing of activities (mainly in the health sector) that are useful to address these causal factors. Nutrition-sensitive sectorial interventions were given less attention and lumped together in the category ‘Other’. Next to the logical models, a generic
‘log frame’ was developed for performance monitoring which provides indicators at outcome and outcome level for each of the four pillars of interventions (see above). However, there are problems with the quality of the design of the log frame. A clear ‘theory of action’ is missing, and insufficient insight is provided into the connections between outputs, outcomes and the nutrition impacts to be achieved. So far the log frame has not yet been used as basis for annual reporting. The core planning and monitoring framework that was found to be in use within MYCNsIA are the four-year work plans for each of the five countries plus the regional component. The fact that these plans all are organized around the four pillars is marked as a good ‘generic’ uniform approach, but it was perceived that the translation of the indicators in the generic log frame to specific country contexts was not always easy and that this has affected the quality of M&E frameworks in use as basis for annual reporting.

Some remarks on the Regional Component set of functions

It was noted that no specific log frame was elaborated for the regional component within MYCNsIA, and that thus the ‘theory of action’ for this component is missing. The relevance of the programme’s regional component obviously is mainly related to the need to advocate for nutrition among regional-level stakeholders and in regional forums but this is insufficiently reflected in the four-year work plan. It was noted that a lot of time has been invested by the PMU in overall programme management and administration which might have been at the expense other more ‘outward looking’ work to push the nutrition agenda at regional level and in the target countries, and also for stimulation of cross-country learning and information exchange.

Advocacy at regional level flourishes but it also lacks

In terms of advocacy and policy development, it is very positive that UNICEF has achieved to engage with ASEAN and SAARC. Although most of the work is in the initial stages only, it absolutely is a milestone achievement. Since the start of MYCNsIA, PMU staff has attended a long list of regional level workshops (see listing in main report under 5.4.1) and meetings on nutrition security where they were able to communicate with a wide range of stakeholders at regional and national levels. A good communication and visibility plan has been prepared which has resulted in considerable press coverage and the opening of a multi-media web portal (www.unicef.org/eu) by UNICEF Headquarters. More critical observations are that after two years of operation most of the MYCNsIA documentation for advocacy work (advocacy briefs, food and nutrition security country profiles) is still under preparation, and that the usefulness of the type of materials (country profiles, policy briefs) for advocacy to senior officials and decision-makers seems questionable. Unfortunately, the leveraging of Government (and other) resources has not featured directly in the MYCNsIA work plans at country (and regional) level. This does not mean that it has not happened but it was in a less structured way (more regarded as an on-going activity); no M&E information is available the results of it (not in the annual reports nor through the Country Offices).

In the five target countries, UNICEF provides highly useful support to upstream policy development but with not enough focus yet on the elaboration of implementation models to ensure that policy translates into action (pillar 1)

In the five target countries, the relevance of MYCNsIA has to be gauged taking into account national contexts (e.g. the level of advancement of SUN) and trends in the past years (also before MYCNsIA was established) in policy and strategy development on nutrition. From among the MYCNsIA countries, Philippines and Bangladesh are currently the most advanced in this area, Nepal a good runner-up that comes next followed by Indonesia, and Lao PDR still in the phase of formulation for nearly all nutrition policies. In all countries, UNICEF acts as the ‘traditional’ partner to Government on nutrition and is a first point of reference on e.g. the Breast Milk Substitute Code (Indonesia as a strong example), activities around SUN, and IYCF. The position is strongest in Nepal and Bangladesh, also in terms of reaching out to other sectors beyond health. The next (or concurrent) step after policy formulation is elaboration of implementation models, which also is a function at ‘upstream’ level. In all countries this is part of MYCNsIA, mainly in the form of some commissioned research projects in
each country that gradually are producing results, but at a slower pace than what one would hope for. So far, there has been little focus on understanding of the costs structures for the new implementation models.

**Mixed results for capacity development through MYCNSIA (pillar 2)**

One of the main ways for UNICEF to facilitate rolling out new policies is through capacity development. Some countries have approached this primarily at district level, others more as means to forge upstream linkages. Another distinction is between stand-alone capacity building or approaches where it is being integrated in training curricula for health and other staffs (e.g. a module for training of staff for two large social protection schemes in Indonesia, study on training needs among staff in 300+ local governance units in Philippines). In the first years of MYCNSIA operation, the work under Pillar 2 has not yet been of sufficient scale and not yet very systematic in nature. Establishment of inter-sectoral linkages for capacity development is in the initial stages only. There is little evidence of the effects achieved thus far (e.g. data on knowledge and capacities gained and by whom are very scarce). Capacity Development efforts in the five countries sometimes were hampered by contextual constraints. An example of where capacity development is less successful is the training on CMAM in Bangladesh which for the time being has lost its relevance because of the stalemate on the use of RUTF in that country. An example that illustrates context constraints for UNICEF is Lao PDR where a full-fledged training package on IYCF has been developed based on the adaptation of the global IYCF package but there is delayed roll-out.

**Ambiguity on what support is provided under nutrition information systems (pillar 3)**

Under this pillar the hybrid nature of the programme is very evident. On the one hand, the formulated outputs in the work plans reflect the nature of a project (esp. when reference is made to the baseline and end line surveys). On the other hand, Pillar 3 also contains some activities that are on-going support to the Government on M&E-systems development, which is in line with UNICEF’s regular role. An example of the latter is “mainstreaming” of relevant nutrition indicators in health management information systems (Nepal, Indonesia, and Bangladesh). Mainstreaming of nutrition information for multi-sector approaches is a challenge that MYCNSIA has not (yet) been able to contribute to in a significant way. An overall observation is also that the M&E information that was for MYCNSIA implementation in the past two years does not reflect a strong orientation towards mainstreaming of equity objectives.

Assessing overall MYCNSIA nutrition impacts over time is a function that is taken up through a baseline and end-line survey. However, because of the above-mentioned design issues, questions can be asked as to ‘the impact of what’. The results of the baseline-end line comparison probably will reflect achievements in the geographical areas targeted under Pillar 4 (see below), although it will not be clear if and to what extent these can be attributed to MYCNSIA activities in these districts. A side note here is also that in all countries the data collection for the baseline survey was delayed until end of 2011 or early 2012 only. More importantly however, the nutrition impact results at population level possibly can be seen to directly reflect other MYCNSIA programme achievements such as advancement of upstream nutrition policies, the strengthening of nutrition information systems, etc.

**Large differences in the packages of interventions that are being scaled up (pillar 4)**

With some variations in all countries, scaling up of direct nutrition interventions concerns IYCF, CMAM and micronutrient supplementation (MNPs and IFA). Government policies are widely different from country to country, and often still being (further) developed. For instance, the level of advancement on introducing CMAM varies considerably across the five countries but hardly anywhere is beyond piloting at smaller scale. Also MNP distribution generally is still in the piloting phase but coverage here is larger and Philippines e.g. is getting ready for large-scale implementation. For the micronutrient supplementation and CMAM programmes the MYCNSIA support usually encompasses provision of (funding for) the inputs (MNPs, IFA, RUTF) and technical guidance. IYCF is not at all a new activity for UNICEF and has been going on for decades. But nowadays IYCF is being boosted in nearly all countries worldwide (including in MYCNSIA target countries) through the roll-out of the
IYCF toolkit that recently was developed by UNICEF Headquarters in New York. It was noted that incorporation of more emphasis on appropriate maternal nutrition is still necessary to bring the toolkit fully up-to-date with current insights (pregnancy and the lactation period form a large part of the first 1000 days!). A rather new phenomenon for UNICEF is to reach out to women (and men) through collaboration with large conditional cash transfer programmes (Indonesia, Philippines). Only in The Philippines, MYCNSIA supports food fortification (iRice). With the exception of Nepal, scaling up activities mainly has remained limited to the health sector. Support to development of local nutrition action plans is provided in Nepal, Philippines and Indonesia.

In the MYCNSIA programme, site selection was done by the UNICEF Country Offices in coordination with national counterparts. Although one has to take into account that the MYCNSIA budget per country is certainly not proportional to the population size, it appears that the aspirations in terms of geographical coverage have been very different in each country: Philippines and Lao both stand out with high geographical coverage (number of regions/provinces) with substantial coverage of the population (around 10%). However, even in these countries, the MYCNSIA is more seen by the evaluators as a programme that contributes to the development of new (effective) implementation models and the introduction of those models at field level (districts in particular) than as an (unsustainable) project intervention that is implemented with the aim to ensure a certain level of service delivery to targeted beneficiaries in a certain catchment area.

Mid-way is too early to assess impact, but also questions about the type of impacts to look for
In several countries the MTE has queries regarding the impact study design. Also, it is seen not to be entirely appropriate to gauge the impact of the MYCNSIA programme through measurement of changes in stunting and anaemia in the target districts for Pillar 4 while there have been many activities at more general national level aimed at creation of a conducive environment which however do not directly translate in quick changes in nutrition status. Another type of evidence is generated by outcome studies for specific intervention packages (in particular in Nepal, but also e.g. the pilot on CMAM in Indonesia which shows that the model is not ready for scaling up).

Good potential for institutional sustainability in all countries
Overall, in the five countries there now is a good enabling environment with high Government interest in nutrition. However, there still is a way to go until there will be sufficient budget allocations for nutrition so that the key direct nutrition intervention programmes can be brought to scale in line with the needs. A special concern is the necessary budget for large-scale MNP distribution and even more so, the relatively expensive RUTF supplies for CMAM. The range of opportunities for MYCNSIA to develop sustainable capacity varies from country to country. In The Philippines there is e.g. a well-established institutional set-up on nutrition from national level to Barangay level where MYCNSIA interventions can be anchored at various levels of governance. In Indonesia there are major social protection programmes (PKH Prestasi and PNPM Generasi) with considerable geographical coverage that offer excellent sustainable delivery channels for MIYCF messages. The MSNP in Nepal has the potential to become a well-established system with a high profile that builds on the presence of some 55,000 Female Community Health Volunteers (FCHVs). In Bangladesh, there are opportunities through the link with a motivated Health Directorate (DGFP) with good community outreach. An example of a hindrance however is the delay in endorsement of the IYCF policy in Lao PDR.

Key conclusions on overall MYCNSIA design
• MYCNSIA is founded on UNICEF’s corporate competencies on nutrition.
• MYCNSIA operates in context of increasing global interest and various initiatives on undernutrition which offer a range of resources and networking opportunities that MYCNSIA benefits from. Next to the opportunities for UNICEF to play a key role in processes at national level related to SUN adoption/roll-out in all five countries, good replicable examples have been set on engagement in supporting scaling up of nutrition interventions through the piggybacking of IYCF on large social protection programmes in Indonesia and Philippines.
• The geographical focus for MYCNSIA on five selected countries in Asia is supported by recent information on stunting and wasting among under-fives worldwide.
• The multi-country approach in MYCNSIA in principle facilitates exchange of information between countries but in practice this is not happening sufficiently.
• MYCNSIA is a hybrid where it combines project features such as a logical framework with a support function to Government, which may or may not be part of the framework. This results in a work plan that partially integrates tasks to be taken up by Government and on the other hand is not flexible enough to continuously integrate new elements under the various pillars.
• The MYCNSIA ‘generic’ logical models for mothers and young children and the MYCNSIA log frames both have some flaws which have had a bearing on how the programme has been framed. Operation in the past two years was primarily based on the country-level and regional work plans and focused on supporting a set of direct nutrition interventions. The work plan results are uniformly and thus broadly formulated, while (sub-) outputs and targets have been more specific tailored to the country contexts.
• An outlined ‘theory of action’ for the main programme interventions under MYCNSIA is missing. The gap is not fully filled by the country-level and regional MYCNSIA work plans and M&E frameworks that form the basis for programme implementation. Although indicators have been defined for each sub-output in the work plan these are not routinely reported against in the MYCNSIA annual reports. At the result (outcome) level, no indicators have been formulated at all.
• Impact measurement within MYCNSIA is done at the level of the population (changes in stunting and anaemia). However, actually many activities under MYCNSIA are at systems level which is also where key impacts are expected by the end of the programme.

Key conclusions on regional achievements mid-way MYCNSIA
• Next to the role for the PMU to coordinate and support the MYCNSIA programme in the five target countries there is a need to undertake more regional-level advocacy and regional capacity development, and knowledge sharing among the MYCNSIA network.
• In Asia the regional level is increasing in importance. Engagement of MYCNSIA with ASEAN and SAARC is a major achievement that hardly can be overrated. It positions UNICEF very well for further regional-level work on e.g. IYCF, CMAM, and promotion of nutrition-sensitive interventions in other sectors.

Key conclusions on the MYCNSIA programme in the five target countries in Asia
• All countries have made good progress on development of national policies and strategies on undernutrition which is supported by UNICEF (among others). Every country has a different balance between focus on high impact nutrition interventions and mainstreaming of nutrition in other sectors.
• The strongest strategic role is played by UNICEF when it concentrates on guiding Governments how to scale up selected high impact interventions in specific national/district-level context.
• The results on capacity development are rather mixed. There is a replicable intervention model in Nepal that integrates all four pillars, but in other countries, e.g. Lao PDR, the IYCF programme implementation is constrained by lack of advancement on policy formulation. Regional-level training has happened to a limited extent (one course in 2011 only) as it was decided to first await the results of the nutrition capacity needs assessment undertaken as part of MYCNSIA in three of the countries.
• Most of the activity lines within MYCNSIA fall within the domain where UNICEF has core strengths: IYCF (also as part of social protection schemes), the BMS Code, the BFHI, IFA supplementation, CMAM, and micronutrient supplementation to women and young children, etc. In sectors beyond the usual scope of work for UNICEF (agriculture in particular), UNICEF can only be influential through intensive networking and strategic collaboration with other main players.
• Cost-effectiveness of key nutrition interventions has not received a lot of attention within MYCNSIA. This is a missed opportunity as advocacy to Governments on evidence-based models works best when supported by costed implementation models.

For a full overview of the recommendations that are generated by this MTE, please refer to Chapter 8 of the report where a more elaborate listing is presented of strategic and operational recommendations including at country-level. A summary table is presented below:
### Recommendations to UNICEF at strategic level for longer-term beyond MYCNSIA

- More explicit emphasis on supporting Government systems for policy development and design of implementation models. Impact indicators for new programmes should also reflect ‘systems’ variables on which progress is intended to be made by the programme.

- Further engage in technical backstopping to national nutrition monitoring systems

### Recommendations to the EU at strategic level for longer-term beyond MYCNSIA

- Continue the partnership with UNICEF for programmes on reducing undernutrition, with continuation of the focus on direct nutrition interventions and increased attention for nutrition-sensitive interventions.

### Recommendations to the PMU at operational level for remaining programme period

- Put more emphasis on exchange between MYCNSIA target countries

- Look for options to reap synergies between countries on capacity development

- Further engage with ASEAN and SAARC for information dissemination and capacity development

- Analyse how equity can better be operationalized in the MYCNSIA M&E systems

- Commission a MYCNSIA impact study as add-on to the MYCNSIA final evaluation that reviews both the contributions MYCNSIA has made in terms of introducing key changes in Government programmes and the process of provision of support to direct nutrition interventions and nutrition-sensitive programmes.

### Recommendations for UNICEF Country Offices

- Continue to use the existing work plans based on the four pillars but with insertion of some new activities.

- Annual reports 2013 and 2014 to provide information on the work plan indicators next to the system of self-scoring of level of achievement.

- Consider scheduling a quick scan on the level of national policy implementation

- Further invest in MIYCF capacity development as part of social protection schemes

- Consider commissioning a costing study on one or more Pillar 4 interventions (IYCF, MNP/IFA/MMN distribution, CMAM)

- Advocate for use of nutrition indicators as impact indicators for other sectors and in multi-sectorial efforts

- Promote the elaboration of a national matrix which specifies the role each agency takes up in relation to addressing undernutrition.
1 THE CONTEXT OF UNDERNUTRITION IN ASIA

1.1 Continuing need to reduce undernutrition

1. Chronic hunger still is a major problem in the world that presents itself in various forms that are all inter-related: high prevalence of low birth weight; increased stunting (children being too short for their age), underweight (when children are weighing too little for their age), and wasting (when children rapidly lose weight because of illness or lack of food and thus have low weight for their height); and anaemia, in particular among pregnant women and preschool children.

2. The trends in achieving MDG1 are clearly most promising for East Asia and the Pacific and Latin America and the Caribbean. For South Asia and Sub-Saharan Africa the situation is that less progress had been achieved towards the set goal to half the prevalence of underweight, in particular because progress in decreasing stunting has been slow (see Figure 1). This indicates that substantial efforts are needed to accelerate the process.

![Figure 1: Trends in prevalence of stunting](image)

3. A recent UNICEF report on nutrition trends around the globe\(^2\) (released in April 2013) shows that 80% of the world’s stunted children under five live in just 14 countries (see Figure 2). Six of the countries with high numbers of children affected by stunting are in Asia, five of them appearing in the Top-6! This includes three MYCNSIA countries: Indonesia (7.5 million), Bangladesh (6 million) and Philippines (3.6 million).

4. The report also discusses the problem of the ‘double burden of malnutrition’, when undernutrition and overweight coexist. In such countries, “efforts are needed to promote good infant and young child feeding practices that support linear growth without causing excessive weight gain”\(^3\).

---


\(^3\) Ibid., p. 11.
5. There also are various countries in the Asian region that are ranking high on wasting. Indonesia (2.8 million), Bangladesh (2.3 million), and Philippines (0.8 million under-fives) are all in the top-ten in absolute figures.

6. For a good understanding of the context in which the EU / UNICEF Joint Action on Undernutrition in Asia operates, an overview has been prepared by the MTE team of some key country-level characteristics on undernutrition and related factors in each of the five countries where the programme operates (see Table 1.). The statistics presented below also are from the period up to 2010 and as such can be seen as national ‘baseline’ for MYCNSIA. Despite the fact that national average figures mask huge disparities in poverty and malnutrition between geographical areas, it still is meaningful to make some cross-country observations based on national averages:

- In terms of population size, the countries are widely different, ranging from a mere 6.2 million in Lao PDR to 240 million in Indonesia.
While in The Philippines and Indonesia the under-five mortality rate (proxy measure for overall ‘health conditions’) is relatively low (around 30\(^4\)), the rate is higher in Nepal, Bangladesh and Lao PDR (all around 50-55). This still compares favourably with countries towards the bottom end (many of them in Africa) where rates higher than 100 (even much higher in some countries) are still common. However, life expectancy at birth is the same (67-69 years) in all five countries.

Average wealth levels are considerably higher in Philippines and Indonesia, countries that also have lower proportions of their population below the international poverty line.

On infant and young children feeding, Lao PDR shows a relatively low rate of early initiation of breastfeeding, and also the lowest proportion of children who are exclusively breastfed up to 6 months of age. Breastfeeding practices are best (but not ideal) in Nepal and Bangladesh. In Philippines there is a problem with in-time introduction of complementary feeding, as over 40% of infants 6-8 months are not yet given other than liquid foods.

Coverage of supplementation with Vitamin A capsules for children under five ranges between 80% (Indonesia) and 100% (Bangladesh)\(^5\).

Nutrition statistics for Nepal and Bangladesh are consistently in the ‘low figure range’, but the other three countries within MYCNSIA also are facing problems. Low birth weight is very high in Nepal, Bangladesh and Philippines. Wasting among under-fives is a public health problem in Nepal, Bangladesh and Indonesia, and stunting is a public health problem in all five countries (even a severe problem in Nepal, Bangladesh and Lao PDR).

**Table 1: MYCNSIA country level statistics\(^6\)**

<table>
<thead>
<tr>
<th>Key geographic, economic, and social characteristics</th>
<th>Nepal</th>
<th>Bangladesh</th>
<th>Philippines</th>
<th>Lao PDR</th>
<th>Indonesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (2010)</td>
<td>3</td>
<td>1</td>
<td>9</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Under-five mortality rate (infant mortality rate), both 2010</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Life expectancy at birth (2010)</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

\(^4\) Preliminary findings of the IDHS 2012 indicate that under-five mortality rate in Indonesia is 40/1000 live births.

\(^5\) Please note that no information is available for Lao PDR.

\(^6\) This information is extracted from UNICEF (2012), State of the World’s Children 2012, Children in an Urban World, New York, February 2012. This might not reflect latest survey data from countries.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GNI per capita (PPP)</td>
<td>U</td>
<td>U</td>
<td>U</td>
<td>U</td>
<td>U</td>
<td>U</td>
</tr>
<tr>
<td>% of population below international poverty line of US$ 1.25 per day</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>(2000-2009)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Development Index ranking† (out of 179)</td>
<td>157</td>
<td>146</td>
<td>112</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>% of children (2006-2010) early initiation of breastfeeding</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>% of children (2006-2010) who are exclusively breastfed (&lt;6 months)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>(WHO threshold: &lt;50%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of children (2006-2010) introduced to solid, semi-solid or soft foods</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>(6-8 months)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care coverage at least once (at least four times)</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>3</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Vitamin A supplementation coverage rate (6-59 months)</td>
<td>9</td>
<td>1</td>
<td>(</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2010, full coverage (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of households consuming iodized salt (2006-2010)</td>
<td>(</td>
<td>8</td>
<td>4</td>
<td>8</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>% of infants with low birth weight (2006-2010)</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>% of under-fives (2006-2010) suffering from underweight (WHO), moderate</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>&amp; severe (severe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| % of under-fives (2006-2010) suffering from: wasting (WHO), moderate & severe (WHO public health problem: >10%) | 1 | 1 | 7 | 7 | 1 |
| % of under-fives (2006-2010) suffering from: stunting (WHO), moderate & severe (WHO: public health problem >30% moderate, >40% severe) | 4 | 4 | 3 | 4 | 3 |
2 INCREASING INTERNATIONAL FOCUS ON NUTRITION

2.1 The 1,000 days window of opportunity

7. The World Bank was the first agency to draw attention for the need to target nutrition interventions to the ‘1,000 days’ window of opportunity:

"The window of opportunity for improving nutrition is small—from before pregnancy through the first two years of life. There is consensus that the damage to physical growth, brain development, and human capital formation that occurs during this period is extensive and largely irreversible. Therefore interventions must focus on this window of opportunity. Any investments after this critical period are much less likely to improve nutrition."9

The renewed interest in promotion of nutrition then intensified when a series of articles in The Lancet in 20089 presented convincing evidence on how inadequate nutrition during the critical ‘1000 days window of opportunity’ from pregnancy up to age two leads to long-term and irreversible damage and what measures could be taken. As summarized in the diagram below which is drawing from the SUN publication “Scaling Up Nutrition – What will it cost? Update- 28 February 2013”, these measures fall in two broad categories: high impact nutrition interventions and nutrition-sensitive (multi-) sectorial interventions.

<table>
<thead>
<tr>
<th>High Impact Nutrition Interventions10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good nutrition Practices</td>
</tr>
<tr>
<td>Maternal and Infant and Young Child Feeding (IYCF)</td>
</tr>
<tr>
<td>Healthy diet</td>
</tr>
<tr>
<td>Vitamin and Mineral Intake</td>
</tr>
<tr>
<td>Supplementation (Iron folate/multiple micronutrients for pregnant women; micronutrients for young children)</td>
</tr>
<tr>
<td>Fortification (staple foods, complementary foods)</td>
</tr>
<tr>
<td>Management of Acute Malnutrition</td>
</tr>
<tr>
<td>Global Acute Malnutrition</td>
</tr>
<tr>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>Supplementary feeding (emergencies)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nutrition-Sensitive sectorial interventions11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food security</td>
</tr>
<tr>
<td>Availability</td>
</tr>
<tr>
<td>Accessibility (Safety net programmes, Income Generating Activities)</td>
</tr>
<tr>
<td>Supplementary feeding programmes (as part of resilience support programmes)</td>
</tr>
<tr>
<td>Care environment</td>
</tr>
<tr>
<td>Gender empowerment</td>
</tr>
<tr>
<td>Health and Water &amp; Sanitation</td>
</tr>
<tr>
<td>Health</td>
</tr>
<tr>
<td>Sanitation</td>
</tr>
<tr>
<td>Drinking water</td>
</tr>
</tbody>
</table>

8. The new 2013 Lancet series on nutrition12, which will in future be the main point of reference for programming, provides a more elaborate framework with ten nutrition-specific interventions and programmes,

---

10 A recent analysis by SUN of 16 costed nutrition plans (including those for Nepal and Bangladesh from among the MYCNSIA countries) indicated that $2.5 billion was needed for these interventions in total, 44% of which for promotion of good nutrition practices, 22% for vitamins and mineral supplementation, food fortification and deworming, 22% for treatment of acute malnutrition, and 10% for distribution of fortified foods to pregnant and lactating women and young children. Ref: http://scalingupnutrition.org/global-action-impact/financial-tracking-resource-mobilization
11 The same analysis by SUN indicated that a total of $9.3 billion is needed for nutrition-sensitive strategies in these 16 countries, 96% of which for food security, 0% for care environment, and 4% for public health and WASH.
12 See: http://www.thelancet.com/series/maternal-and-child-nutrition
nine nutrition-sensitive programmes and approaches, and seven elements on building an enabling environment, see figure below:\textsuperscript{13}.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure1.png}
\caption{Framework for actions to achieve optimum fetal and child nutrition and development}
\end{figure}

\subsection*{2.2 UN inter-agency initiative on nutrition (REACH) \textsuperscript{14}}

9. The key UN agencies on nutrition united in 2008 through the ‘Renewed Efforts to End Child Hunger and Undernutrition (REACH) approach. The initiative was established in order to support countries on addressing MDG-1. The approach is sponsored by FAO, UNICEF, WFP and WHO, with IFAD in an advisory role. The REACH Secretariat is hosted by WFP and based in Rome. REACH aims to support country-led approaches to reduce undernutrition and to catalyse scaling up of nutrition interventions and nutrition-sensitive multi-sectoral programming. Thus, REACH aims to impact on undernutrition and to improve nutrition governance (which is the basis of the M&E Framework that was elaborated). REACH exists next to the UNSCN (UN Standing Committee on Nutrition, focuses on global partnerships, standards and policy harmonization).

10. REACH currently is present in 13 countries (all part of the SUN Movement\textsuperscript{15}, see section 2.3 below). It is not a separate UN agency, and not a donor or a fund. The UN contributions through REACH are different from country to country, but usually consists of activities like assistance to country situation analysis, assistance for establishment of coordination mechanisms and technical working groups, assistance for undertaking a costing analysis as input for planning of scale-up, support to development of national policy and action plans, a resource mobilization strategy, M&E systems.

11. Although there was strong commitment, ‘Delivering as One’ is not easy for the UN and it has taken some years for REACH to really show results\textsuperscript{16}. The REACH Facilitator’s toolkit is under development\textsuperscript{17}. It currently consists of a ‘Dashboard as basis for Nutrition Situation Analysis’ and a ‘Stakeholder and Activity Mapping’ template. Pilots are on-going in some of the countries for development of an ‘Investment Case’ tool, and a tool for ‘Planning of Multi-Sectorial Scaling Up’. Other tools that are under preparation are an ‘Institutional Assessment’ template, and a ‘Delivery Channel Analysis’ template.

\textsuperscript{14} See: www.reach-partnership.org
\textsuperscript{15} From among the MYCNSIA countries, REACH is present in Nepal, Bangladesh and Lao PDR. Lao PDR was one of the first countries where REACH became active in 2008/2009. The momentum later on subsided but the initiative revived recently.
2.3 The global SUN initiative

12. Another initiative on nutrition is the SUN movement\textsuperscript{18} which was launched in 2010 as a mechanism to unite governments, civil society, businesses and citizens. The Movement is anchored in the MDGs, in particular MDG1. The main elements of the framework and strategy adopted in September 2012 are as follows:

- The country level is what ultimately matters. This requires advocacy and political mobilisation for addressing undernutrition. National nutrition strategies and programmes are needed to address specific needs and build on capacities present in the country. Country ownership through inclusive approach (Government, civil society, private sector), with ‘Three Ones’: one framework, one national coordinating authority, one national M&E system.

- A combination of domestic and external assistance is required for expansion of country-owned nutrition programmes and capacities. International development assistance should be based on the Paris-Accra Principles of Aid Effectiveness\textsuperscript{19}. Nutrition to be integrated in global initiatives on food security and agriculture, health, and social protection.

- The aim to scale up a set of proven cost-effective nutrition interventions plus multi-sectorial approaches for tackling undernutrition. Nutrition interventions to focus on prevention and treatment of malnutrition. Sectorial strategies to include nutrition-sensitive agriculture, social protection, and public health programmes that address gender and other inequities. SUN to contribute to further building up the evidence base on interventions that address undernutrition directly and indirectly.

13. The SUN movement has grown rapidly. The global Lead Group was established in 2012. The Movement now covers 35 countries\textsuperscript{20}. End 2012, 29 countries had established national platforms and had appointed a government representative ("enabled environment"), while 20 countries had adopted updated costed nutrition plans ("integrated action").

2.4 UNICEF’s commitment to nutrition security

14. UNICEF is an agency with a very strong track record on nutrition, both in emergency settings and as part of development support. UNICEF traditionally has been a strong advocate on nutrition and an important technical partner on nutrition for many Governments worldwide. The UNICEF Annual Reports (State of the World’s Children) provide updated statistics on social and health conditions across the world that includes key nutrition indicators. Recently the agency published an Update on Global Nutrition\textsuperscript{21} that, among others, presents progress on SUN in 24 countries (including for four MYCNSIA countries).

15. Within its global focus area Child Survival and Development, UNICEF is engaging in a varied set of activities in many countries in the world that together form an integrated approach towards promotion of nutrition security. Core areas of work for UNICEF on nutrition are:

- Breastfeeding and appropriate complementary feeding (IYCF)
- Micronutrient supplementation (Micro Nutrient Powders, iron folate, multi micronutrients, Vitamin A)
- Food fortification (particularly salt iodization)
- Management of severe acute malnutrition (CMAM)

16. Other key interventions for child survival supported by UNICEF are immunization, WASH (water, sanitation and hygiene), integrated management of childhood illnesses (IMCI), prevention of malaria, maternal and child health, and prevention of mother-to-child transmission of HIV and management and care of HIV in young child.

\textsuperscript{18} http://scalingupnutrition.org/  
\textsuperscript{19} SUN (2012), Scaling Up Nutrition (SUN) Movement Revised Road Map [2012-2015], September 2012  
\textsuperscript{20} In the South Asia and South East Asia region, there are a total of 6 countries that have joined SUN. these are Pakistan, Nepal, Bangladesh, Sri Lanka, Laos and Indonesia.  
Apart from Child Survival, UNICEF is a lead national partner to governments in the Education Sector, for Child Protection, for social and demographic indicator tracking (via MICS), and on Child-Friendly Social Policies and Social Protection.

2.5 EC commitment to nutrition security

17. In recent years the European Union has increased its focus on and commitment to fight undernutrition worldwide. This is among others because nutrition has become a priority on the international development agenda as it is related to several of the Millennium Development Goals (MDGs), especially MDG1 (Eradicate extreme poverty and hunger), MDG4 (Reduce child mortality) and MDG5 (Improve maternal health). Very recently, the EU has issued a Communication on Maternal and Child Nutrition which aims to achieve reduction of undernutrition among children under five years of age, both stunting and wasting. Formulated strategic priorities are: (a) to enhance mobilisation and political commitment for nutrition; (b) to scale up actions at country level; and (c) to strengthen technical expertise on nutrition and knowledge on nutrition for decision-making.

18. The Communication builds on the common framework for the EU and the Member States in combating malnutrition that was provided by earlier EU communications on global health, food security and food assistance. It is a follow-up to the EuropeAid Reference document on undernutrition published in 2011 which formed the background for the formulation of the MYCSNIA and ANSP programmes. In the Reference Document, it is emphasized that, in line with SUN priorities, the period during pregnancy and from birth up to two years of age is the crucial window of opportunity to ensure optimal growth.

EU targets and priorities on Maternal and Child Nutrition

The targets that are set in the EU Communication on Maternal and Child Nutrition on reduction of wasting and stunting confer with the global targets for 2025 that were set during the 2012 World Health Assembly (WHA):

- 40% reduction of the global number of children under five who are stunted (implying a reduction in number of stunted children by more than 70 million)
- Reducing and maintaining wasting among children under five to less than 5%

Although the Communication acknowledges the importance of the 1,000 days, there is no explicit reference to other WHA targets on maternal and child nutrition.

The three strategic priorities that are set in Communication are:

1. Enhance mobilisation and political commitment for nutrition
2. Scale up actions at country level (through strengthening human and institutional capacities, increasing nutrition interventions, increasing nutrition-sensitive actions)
3. Knowledge for nutrition (strengthening the expertise and the knowledge base)

22 On top of this, nutrition is also related to MDG2 (Universal primary education), MDG3 (Gender equality and empowerment of women) and MDG6 (Combat HIV/AIDS, malaria and other diseases).
25 Extrapolation of the currently achieved rate of reduction in global stunting is 1.8% per year on average means that by 2025 stunting will be alleviated for 40 million children. A rate of 3.9% reduction is required to reach the set target.
26 Other WHA targets are reduction of low birth weight (LBW) by 30%, reduction of anaemia among women of reproductive age by 50%, an increase in exclusive breastfeeding rates to reach a minimum of 50% globally, and zero increase in prevalence of child overweight.
3 THE EC/UNICEF PARTNERSHIP ON NUTRITION

3.1 What are MYCNSIA and ANSP?

19. The MYCNSIA and ANSP programmes are aimed at being convergent with the efforts of other UNICEF sectors and external (SUN) partners working in multiple sectors that contribute to reduction of undernutrition, including Mother and Child Health; Water, Sanitation and Hygiene (WASH); cash or social transfer programmes to alleviate poverty; and the agriculture sector. The design phase for the EU/UNICEF partnership on nutrition security took place at a time when there was high interest in combatting undernutrition, in the immediate aftermath of the international food price crisis that had hit many poor population groups. In the same year the SUN Initiative was launched (2010). The EU and UNICEF agreed that their partnership on nutrition would consist of two separate programmes: one in Asia (MYCNSIA\textsuperscript{27}) and one in Africa (ANSP). The purpose of the MYCNSIA / ANSP programmes was formulated as follows: to position nutrition security on the Asian and Africa regional and national agendas while contributing to the overall achievement of the Millennium Development Goals (MDGs) 1, 4, 5 and 8 targets related to nutrition. In the MYCNSIA / ANSP programmes, UNICEF works with governments and other partners with the aim to reduce chronic malnutrition, in particular stunting and anaemia among women and young children up to two years of age.

20. The targets after four years of programme implementation are to achieve:
1. \% point reduction of stunting
2. One-third reduction in anaemia among pregnant women and children.

21. The programmes are aimed at being convergent with the efforts of other UNICEF sectors and external (SUN) partners working in multiple sectors that contribute to reduction of undernutrition, including Mother and Child

Health; Water, Sanitation and Hygiene (WASH); cash or social transfer programmes to alleviate poverty; and the agriculture sector.

22. The MYCNSIA and ANSP programmes are designed around four pillars (results areas); see the conceptual framework presented below:

- **R1:** Upstream policy and nutrition security awareness (harmonization of policies, strategies and tools at regional and national level)
- **R2:** Capacity development (aimed at decision-makers and technical staff engaged in nutrition at regional, national and district levels)
- **R3:** Data analysis, information systems and knowledge sharing (effective coordination\(^\text{28}\), strengthened M&E on nutrition within overall health management information systems etc.)
- **R4:** Scaling up key direct nutrition interventions (country-specific set of activities that builds on what is already there: support for further roll-out of Infant and Young Child Feeding (IYCF) to promote exclusive breastfeeding and adequate complementary feeding at community level\(^\text{29}\), promotion of micronutrient-rich foods and/or micronutrient powders (MNP), cash transfer programmes, etc.)

![Figure 4: Conceptual framework for MYCNSIA](image)

### 3.2 MYCNSIA organizational structure

23. The overall management arrangements for MYCNSIA are as follows:

- The regional Programme Management Unit (PMU) for MYCNSIA is divided over two UNICEF Regional Offices (Bangkok and Kathmandu). End 2011, the PMU had five staff.
- The Steering Committee (SC) for MYCNSIA has representation from the EU, NAS, and UNICEF and meets bi-annually, in April/May and in October/November. The location of the meetings rotates between the target countries. SC meetings usually include a field visit to some MYCNSIA intervention sites.

---

\(^{28}\) The approach is to build on REACH as an international coordination mechanism plus regional initiatives like SAFANSI—South Asia Food and Nutrition Security Initiative- and SAARC—South Asian Association for Regional Cooperation— for Asia and the African Task Force for Food and Nutrition Development and regional institutions like ECOWAS, IGAD, NEPAD, ECSA, SADC, WAHO and CILSS for Africa.

\(^{29}\) In 2010, UNICEF developed a new set of generic tools for programming and capacity development on community based IYCF counselling. The set was updated in 2012; home fortification of complementary food was added as a new component. See: [http://www.unicef.org/nutrition/index_58362.html](http://www.unicef.org/nutrition/index_58362.html)
The Regional Nutrition Security Coordination Committee that has been established by MYCNSIA has members from the four UN agencies (UNICEF, WHO, WFP, FAO), the REACH secretariat in Rome, World Bank / SAFANSI, regional academic institutions, NGOs and from some donor agencies. The EU Delegation holds ‘observer status’. Meetings are held in June (conference call) and November (face-to-face meeting). Although the committee started out in 2011 as only UN agencies, REACH, and World Bank/SAFANSI, a growing interest from more partners resulted in expanded membership to also include regional academic institutions and NGOs (Mahidol University, Menzies School of Health Research, and Helen Keller International).

In every target country, the UNICEF country offices have a team of an international and some national nutrition advisors / specialists that collaborate with national Governments, relevant Ministries and other stakeholders. These teams submit their mid-year progress updates and narrative and financial annual reports to the responsible EU Delegation in Bangkok (via the UNICEF regional PMU).

### Table 2: Country level programmes within MYCNSIA

<table>
<thead>
<tr>
<th>Country</th>
<th>Budget (€ million)</th>
<th>Key interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional</td>
<td>4.00</td>
<td>Regional level advocacy and coordination on nutrition security. Capacity development of regional and national institutions on nutrition information systems as input for policy development and planning. Establishment of forums for sharing experiences and good practices in nutrition. Overall management of the MYCNSIA programme and liaison with EU.</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>5.88</td>
<td>Implementation by multi-sectorial Governmental structures together with national and international NGOs. Field activities in 9 districts in 6 divisions with diverse food security and nutrition stressors.</td>
</tr>
<tr>
<td>Indonesia</td>
<td>5.65</td>
<td>Main partner for the programme is the Government, at central and de-central levels. Field activities geographically concentrated in 3 districts in various parts of the country (Central Java, Eastern Nusa Tenggara, and Papua).</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>2.52</td>
<td>Field activities concentrate on the three southern provinces, with implementation by the Government activities are complemented by activities supported by other UN agencies, as well as WB and EU funded NGOs.</td>
</tr>
<tr>
<td>Nepal</td>
<td>6.30</td>
<td>Support for introduction of the Multi-Sector Nutrition Programme (MSNP). Geographical targeting of field-level activities is done separately for IYCF/MNP, IYCF/Child cash grant, CMAM and Adolescent Iron Folate supplementation. Through the roll-out of the MSNP the various activities will be brought together.</td>
</tr>
<tr>
<td>Philippines</td>
<td>4.095</td>
<td>Core focus on micronutrient fortification of rice and flour, IYCF, and the roll-out of a social protection scheme in a total of 194 priority municipalities in three regions of the country.</td>
</tr>
</tbody>
</table>

---

30 Information is taken from the Expanded Country Summary Sheets provided by UNICEF EAPRO.
4 EVALUATION OBJECTIVES AND METHODOLOGY

4.1 Objectives for the set of evaluations


25. Based on the Terms of Reference (ToR, see Annex A), and building on the set of five well-established OECD/DAC evaluation criteria\(^\text{31}\), the following objectives were defined that apply to all evaluations (mid-term and final; Asia and Africa programmes):

**Strategic level:**
- Determine the relevance and appropriateness of the logical models and strategies (each with sub-results) that are in place for each of the four pillars (results areas) of the MYCNSIA / ANSP programmes, with the aim to identify the value added by the programmes as a whole taking into account what is already happening / existing.
- Assess whether programme design and strategies have sufficient in-built focus on equity\(^\text{32}\).

**Operational level:**
- Review the implementation process for each of the results areas in the MYCNSIA and ANSP programmes, in particular with respect to targeting (also in relation to equity\(^\text{32}\)) and operational efficiency (sufficiency of available inputs; outputs according to planned timeframes; specific bottlenecks and/or enhancing factors during implementation)
- Assess the effectiveness of the MYCNSIA and ANSP programmes in terms of the results achieved for each of the four results areas\(^\text{34}\). This will include a description of the factors that influenced the achievement or non-achievement of the planned targets. Also it will be assessed what impacts can be expected (the real difference for the beneficiaries for each of the results areas, plus unintended positive or negative results if any) and sustainability (long-term benefits, continuation of generation of benefits after completion of the programmes).
- Compile an inventory of good practices and lessons learned for all four results areas.

26. The methodology for the four evaluations was elaborated by ETC Netherlands under the guidance of the MYCNSIA Programme Coordinator based in the PMU (Bangkok) and the Evaluation Reference Group (ERG)\(^\text{35}\) that has been established for the four evaluations. The evaluations will be done taking into account the dynamic context and priorities at regional, national and district levels. The MTE will include an assessment of the cohesion between the four result areas and the package of interventions. This will entail a review of how tackling nutrition security through health sector programmes is complemented by multi-sectorial approaches to reduce undernutrition (support to food security, WASH, cash transfer programmes, etc.).

---

\(^{31}\) DAC criteria are relevance, efficiency, effectiveness, impact and sustainability. See: http://www.oecd.org/development/evaluationofdevelopmentprogrammes/dcdndep/41612905.pdf

\(^{32}\) UNICEF is committed to a strong equity focus to make sure that marginalized children are being reached. The guide that was published by UNICEF on evaluation of equity in 2011 stress the need for such evaluations to pay attention to process and contextual analysis, to reconstruct an equity-sensitive theory of change and log frame if not yet available, and to apply new evaluation methods like the bottleneck analysis which assesses supply and demand side factors together with context factors to explain the use of certain services by worst/off groups. http://mymande.org/sites/default/files/EWP5_Equity_focused_evaluations.pdf

\(^{34}\) On top of what is stated above on how UNICEF approaches equity-based evaluations, it is relevant to also point out that ALNAP puts equity questions central to the assessment of coverage, to be addressed through geographical analysis and disaggregation of data by socioeconomic categories such as gender, socioeconomic groupings, ethnicity, age and ability. See: http://www.alnap.org/resources/guides/evaluation/ehadac.aspx

\(^{35}\) At direct implementation level this could be based on the counterfactual that is the estimated conditions of the beneficiaries in case the intervention would not have taken place. At regional and national level, this could be done through a contribution analysis where the contribution of the programme to each stage of the policy development level is assessed.

\(^{36}\) The ERG consists of four UNICEF Nutrition Advisors (from EAPRO, ROSA, ESARO, and WCARO), the UNICEF Evaluation Advisor in EAPRO, a representative of the EU Delegation in Bangkok, and a person from the Nutrition Advisory Services (NAS) to the European Union.
complementarity of the MYCNSIA / ANSP programmes will be studied through assessment of the value that is being added by the programme to what is already being undertaken by other stakeholders.

### 4.2 Basic principles and overall methodological approach for the MTE MYCNSIA and MTE ANSP

**Basic principles**

27. A summarised version of the core elements in the evaluation approach for the two MTE that were presented in the inception report written by ETC during the first phase of the assignment is given below:

⇒ **In order to achieve consistency and comparability a unified approach will be adopted that is similar for all four evaluations (MTE and final evaluations, MYCNSIA and ANSP). There is one core evaluation framework and a set of common tools that will be applied in all studies.**

⇒ **Maintain close contact with the UNICEF Evaluation manager (and more in general, the EU and UNICEF staff at global, regional and country level who are involved in MYCNSIA and ANSP) in order to ensure good responsiveness to expectations and to ensure that the evaluations are contributing to learning.**

⇒ **The MTE applies an evaluation lens that is aimed to provide information for accountability purposes and as contribution to future planning. However, the MTE are not an audit where verification takes place on the information presented in the annual reports.**

⇒ **The MTE will balance attention over all four result areas, all MYCNSIA/ANSP target countries plus the regional level, and all levels of implementation for the interventions.**

⇒ **Application of a mixed evaluation approach with combination of both qualitative and quantitative data collection methods aimed at triangulation of findings. Main sources of information will be the documentation made available by UNICEF, a considerable number of interviews with all main stakeholders involved in each of the countries – both Government and non-Government – at capital and field level, and observations during field visits.**

⇒ **Aspiring high efficiency during the country visits through a split up of the team for field visits and parallel sessions for most of the interviews in the capital. It is acknowledged that field work due to time constraints will have a very small geographical coverage only.**

⇒ **A practical and realistic outlook where conclusions and recommendations are geared to provision of feedback and ideas as input for formulation of a follow-up programme after completion of MYCNSIA/ANSP and to provision of concrete advice where the programmes could be adapted for the remaining programme period.**

**Application of UNEG and UNICEF evaluation standards**

28. The UN Evaluation Group (UNEG) norms and standards form the guiding framework for the MTE’s methods and methodology. While all standards will be adhered to, particular reference is made to standards 4.15 on the need to substantiate conclusions with findings and standard 4.16\(^{36}\) on the need to present recommendations that are based on collected evidence and sound analysis. The MTE reports also take into account the UNICEF-Adapted UNEG Evaluation Report Standards (July 2010)\(^{37}\).

**Core evaluation framework**

29. A core framework (see summary presented in Table 3: Core structure Evaluation framework, and the full matrix attached as Annex B) has been developed which forms the main skeleton on which the MTE and final evaluations are based. The framework guides the evaluation work at all levels in the five countries in Asia and

---


the four countries in Africa plus the various regional levels involved (South East Asia, South Asia, East and Southern Africa, and Western and Central Africa). The core evaluation framework was developed during the inception phase (February – April 2013) and incorporates the evaluation criteria as per the Terms of Reference (ToR, see Annex B). A singular core structure was felt to be necessary in order to later be able to make cross-comparisons between the findings in the Asia and Africa programmes and between the MTE and final evaluation. It brings all issues together in a clear format that is a suitable core structure for data collection, analysis and reporting. The common framework facilitates drawing ‘general lessons’ at strategic levels beyond country- and regional experiences. As the set of activities is rather broad and varies from region to region and from country to country (often also from district to district), it is also aimed to highlight interesting country-specific issues in the form of ‘mini case studies’.

Table 3: Core structure Evaluation framework

<table>
<thead>
<tr>
<th>Main evaluation criteria</th>
<th>Key Evaluation Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Relevance and appropriateness</strong></td>
<td>1. To what extent is the MYCNSIA / ANSP programme design (logical models, results matrices) relevant and appropriate for meeting overall and specific objectives and priorities at regional and country-level? Is there sufficient internal cohesion in the programme? How does the programme complement other efforts?</td>
</tr>
<tr>
<td></td>
<td>2. To what extent are the monitoring frameworks for MYCNSIA/ANSP at regional and country-level for MYCNSIA / ANSP appropriate tools for tracking progress from inputs to results?</td>
</tr>
<tr>
<td><strong>B. Equity</strong></td>
<td>1. To what extent do the implemented strategies have an equity focus?</td>
</tr>
<tr>
<td><strong>C. Efficiency</strong></td>
<td>1. To what extent have UNICEF and its partners managed to implement the programme at regional and national levels as per action plan (e.g. timeliness, use of funds, etc.)?</td>
</tr>
<tr>
<td></td>
<td>2. Has MYCNSIA/ANSP funding been instrumental in leveraging other resources (via UNICEF or via other partners) on reduction of stunting and anaemia? To what extent?</td>
</tr>
<tr>
<td><strong>D. Effectiveness</strong></td>
<td>1. To what extent have resources and efforts in each result area been sufficient in terms of quantity, quality and timeliness to lead to the planned results?</td>
</tr>
<tr>
<td></td>
<td>2. What progress has been made in each result area towards achievement of the planned results? (early or intermediate in case of the MTE) Were there any unexpected results?</td>
</tr>
<tr>
<td><strong>E. Impact</strong></td>
<td>1. Do programme impact targets on reducing anaemia and stunting appear feasible taking into account the findings of the baseline survey and other qualitative information?</td>
</tr>
<tr>
<td></td>
<td>2. What have been broader unintended effects (positive or negative, direct or indirect), at any level of implementation, ranging from activities to impact?</td>
</tr>
<tr>
<td><strong>F. Sustainability</strong></td>
<td>1. What capacities and ownership have been created for sustained results? At which levels?</td>
</tr>
<tr>
<td></td>
<td>2. To what extent are MYCNSIA/ANSP activities contributing to an enabling environment for comprehensive and inter-sectorial stunting reduction strategies?</td>
</tr>
</tbody>
</table>

Analysis of the country context

30. In order to assess the relevance of the MYCNSIA programme, specific attention was paid to an analysis of the country context. The situation is that, following the SUN framework38, many agencies are brought together to jointly aim at advocacy, political mobilisation and implementation of nutrition strategies and programmes. For each country, a short overview was prepared of the main policy frameworks and key stakeholders on nutrition security in order to get good understanding of the context in which MYCNSIA / ANSP operates. It is the process of understanding the status, condition, trends and key issues that affecting how the various players in a given geographic context contribute to nutrition improvement for mothers, infants and young children. For

38 From the target countries for MYCNSIA, only Philippines are not a SUN country. For ANSP, all target countries are part of the SUN Initiative.
the MTE MYCNSIA, nutrition staff of the UNICEF COs and EAPRO prepared lists of stakeholders in each country and at regional level. These lists formed the basis for selection of key stakeholders to be met during the country visits and what questions to pose them in particular. Thus, it was aimed to make best use of key respondents’ expertise through tapping respondents on their strengths and avoiding an overload of questions (“interview fatigue”).

**Equity analysis**

Within the MTE, assessment of equity aspect primarily is being done at strategic level: are equity considerations sufficiently integrated in the overall programme design. This pertains to targeting of the supported nutrition security interventions (geographical targeting of poorer districts, gender aspects taken into account, purposive selection of the most socio-economically disadvantaged, inclusion of ethnic minorities, etc.). But equity aspects will also be assessed for the other pillars within MYCNSIA / ANSP: upstream policy work, capacity development, and the way nutrition information systems are structure.

For assessment of equity and related issues – gender and human rights issues including child rights issues –, the evaluators have built on the guidance that is provided by the UNICEF Manual on Equity-focused evaluations. In terms of information base, during the mid-term evaluations the evaluators to a large extent depend on qualitative information collected during the interviews (questions on this have been included in the EF) plus the references to equity in the annual and other progress reports on MYCNSIA and the ANSP. It is hoped that for the final evaluations a comparison of the baseline / end-line results will yield substantial results on equity at impact level.

**Use of “mini” case studies**

A set of mini case studies has been included in the MTE for more in-depth analysis of some selected priority / representative interventions in each MYCNSIA / ANSP target country. The mini case studies for the MTE MYCNSIA were chosen in coordination with the ERG. The selection was made in such a way that the set of mini cases generates a variety of observations on programme implementation for each of the four result areas within the programme. As a matter of fact, the MYCNSIA and ANSP programmes are so rich with a wide variety in interventions, settings and experiences, that the selected mini case studies are seen as ‘exemplary’ and ‘emblematic’ only and should not be interpreted as being representative for the programme as a whole. The most meaningful case studies are presented as ‘boxes’ in the MTE main report; others will be presented in the country annexes.

**Approach for final evaluations to be decided upon at later stage**

31. Logically, it will have to be looked into by UNICEF and the EU whether the final evaluation should be based on the same approach as the mid-term evaluations or not. Although introducing changes in the methodology reduce the comparability between final and Mid-Term evaluations, it seems logical that a final evaluation will need to have a slightly different focus with less emphasis on review of design and implementation issues and more on what outputs have been produced and how these relate to intended outcomes and impact. For instance, in this respect it could be a good idea to use a final evaluation to study in more detail which factors have facilitated and/or hampered achievement of the intended objectives. This relates to both context factors for the MYCNSIA programme (in the countries and at regional level) and UNICEF-internal factors. Such an analysis would be helpful as a more elaborate analysis of the quality of the contributions and their strategic value towards reducing stunting and anaemia (and the roll-out of the SUN initiative) by MYCNSIA.

### 4.3 Methodology applied for the MTE MYCNSIA

**Data collection tools**

32. The MTE MYCNSIA was based on the approach and methodologies that were presented in the inception report. An overview is given below of the data collection tools used:

---

Desk review
Based on documents provided by the Regional Offices and Country Offices, plus a separate web-based search undertaken by the consultants (see Annex I for a selected bibliography). This includes the MYCNSIA Inception Report and the Annual Reports for 2011 and 2012 including the Country Annexes, work plans, etc.

Semi-structured interviews
Both meeting at regional level and the country visits, started with a full briefing by the Regional Programme Management Unit and the Country Office, respectively. It was the opportunity for the evaluators to further acquaint themselves with the country setting, the timeline for the MYCNSIA / ANSP package of activities (planned versus actuals), how these interventions are linked to other interventions by UNICEF and other agencies involved in nutrition security, etc. The briefings also served as a venue to fill information gaps in terms of access to documents etc.

The interviews during the field missions have been based on a semi-structured checklist which was derived from the evaluation framework (adapted to regional / national / district and local levels). As a visual tool, diagrams were prepared for each of the MYCNSIA target countries and at the regional level as a quick reference to the sub-results in each of the four result areas. As an example, the diagram for the MYCNSIA regional level is copied below. Some informants on interventions (and spin-off) at regional level have been contacted as part of the country visits and during the briefing days in Bangkok.

Field visits to project sites
The selection of sites to be visited was based on purposive sampling. The choices were made in coordination with the nutrition focal points in the Country Offices and EU Delegations and were based on a mixture of what is feasible within a short timeframe (accessibility, security conditions, etc.) and the opportunities in the various localities to assess a large number of key issues on a sub-set of activities. The teams have split so that in each country, in addition to the meetings in the capital, at least two project implementation sites have been visited. Even so, in countries with a large and varied programme the site visits will offer only a glimpse of the total programme.

Part of the field visit time has been spent on interviews with district level officials and staff of implementing agencies. Discussions have centred on the level of results and outputs. For each type of actor/stakeholder the issues were probed based on the specific questions in the Evaluation Framework. Various Focus Group
Discussions (FGD), have been undertaken during the field visits. For instance, with representatives of local Government, with the District health office, with NGO staff, with health centre staff and groups of mothers at a health centre where one or more activities under MYCNSIA are being implemented.

- **Triangulation and cross-checking has involved comparing:**
  - Written information from various sources including web-sites;
  - Findings from the desk review with findings obtained during interviews and field visits;
  - Results of the Survey Monkey questionnaire with findings from interviews and field visits;
  - Statements and opinions across (groups of) stakeholders within one country or region;
  - Findings from field visits to different locations (within countries and between countries).

**Process of data collection, analysis and reporting**

33. The MYCNSIA MTE was implemented in the second semester of 2013 by a team of four international evaluators: two senior nutrition experts, one public health expert, and one food security expert. All four experts have taken part in the desk review (Bibliography attached as Annex C), field work, data analysis and reporting stages for this MTE. The field phase for the MTE consisted of a 2-day briefing in Bangkok, visits of around one week per country to each of the five MYCNSIA countries for series of meetings with key stakeholders on nutrition security in each country plus short field visits to selected project locations, plus a 2-day debriefing session again in Bangkok. The work in each of the countries was facilitated by the nutrition focal points in the UNICEF country offices. They have provided fantastic support to ensure maximum output from the limited number of days spent in ‘their’ countries. The plan was to undertake an on-line questionnaire among ‘MYCNSIA trained people’ as an additional mechanism to generate information on the results achieved under Pillar 2 (and to some extent also under the other Pillars). This element was delayed and will not be undertaken anymore as part of the MTE. The main reasons are that Pillar 2 activities in most of the five countries have started relatively late (some trainings only in the beginning of 2013) and secondly that internet access is not evenly distributed within and between the MYCNSIA countries.

34. The first step after the completion of the field work was analysis for each of the five countries of the information collected during the desk and field phase. This resulted in preparation of country annex reports which were all based on a common format that builds on the core Evaluation Framework. In line with the design for the MTE, for four of the evaluation criteria (relevance, efficiency, sustainability and equity) the findings were mainly of a qualitative nature. For assessment of effectiveness it was expected that use could be made of a quantitative database. However, this appeared not to be the case as UNICEF so far applied a more qualitative type of progress monitoring which does not entail information on the output indicators included in the log frame for the MYCNSIA programme. Logically, impact assessment is mainly to be done in the final evaluations.

35. The main report was written in the second step in the reporting phase. The main report builds on the findings in all five MYCNSIA countries and also provides an analysis of the regional component within MYCNSIA. The structure of the report is in line with what was proposed in the inception report. The report provides a synthesis of all findings building up to conclusions and recommendations at regional and country level.

**Limitations**

36. It is well understood that the MTE and final evaluations will have to accommodate certain limitations:

- **Restrictions in terms of data availability**, in particular for quantitative data which to a large extent will depend on secondary information sources. It is possible that this limitation will affect the evaluation of (potential) impacts of the MYCNSIA/ANSP programmes.

- **The level of progress of MYCNSIA implementation**: During the field phase for the MTE MYCNSIA (April 2013), the programme will be in its third year of implementation. It will be possible to review two full
years of operation of the programme, including having access to two detailed annual reports. For the MTE ANSP the situation is slightly different as the programme only started early 2012. The MTE will be undertaken after about 18 months of operation (November 2013) and the programme information base logically will be substantially smaller. A complicating factor is that Mali has been affected by internal strife hence it is expected that the ANSP programme not yet been fully deployed.

- **Field missions are rather short**: As per the ToR, only 5 working days are available per country. This means that there is relatively little time country to interview all identified stakeholders and to engage UNICEF staff in discussions on findings etc. Field work has been done in two areas per country; travel to the field sites was done according to the plans without any delays.
- **Response rate to the web-based questionnaire** (using Survey Monkey) needs to be high enough to allow meaningful analysis of findings and draw conclusions from them on the issues addressed.

37. One of the limitations from the inception phase onwards has been that the time allocation as per the ToR does not allow in-depth assessment of the programmes under MYCNSIA in the five countries and at regional level. The scope and size of the EU/UNICEF Asia Nutrition Security Joint Action programme is enormous and each country presents its own specific setting which has to be taken into consideration when looking at the strategic added value of MYCNSIA. Therefore, all through the implementation of this Mid-Term Evaluation the aim has been to primarily stick to key issues as emerging from the documentation that was made available to the evaluation team and from the findings during the country visits (max. 1 week per country). Obviously, it would have required much more time for the team to be able to come up with more detailed feedback on the elements within the four pillars in the MYCNSIA programmes of work in the five countries.
5 FINDINGS

5.1 Relevance and appropriateness of overall programme

<table>
<thead>
<tr>
<th>Specific evaluation questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) To what extent is the MYCNSIA / ANSP programme design (logical models, results matrices) relevant and appropriate for meeting overall and specific objectives and priorities at regional and country-level? Is there sufficient internal cohesion in the programme? How does the programme complement other efforts to reduce undernutrition?</td>
</tr>
<tr>
<td>2) To what extent are the regional and the country-level programme monitoring frameworks for MYCNSIA / ANSP appropriate tools for tracking progress from inputs to results?</td>
</tr>
</tbody>
</table>

38. Given the need to reduce the prevailing unacceptably high levels of undernutrition in many countries in Asia (stunting, wasting and anaemia, with varying orders of priority depending on the specific country profiles, ref. Chapter 1), MYCNSIA is rated as a very relevant partnership between the EU and UNICEF that enables UNICEF to boost its contribution in the target countries and at regional levels, and is a good means for the EU to (further) enlarge its engagement in the field of nutrition security.

Two logical models

39. The MYCNSIA programme is built on UNICEF’s strong corporate record on nutrition, including e.g. development of a widely used causal framework on malnutrition, decades of work on promotion of appropriate infant and young child feeding, etc. From this perspective it seems logical that the MYCNSIA programme started off (early 2011) with the development of two ‘generic’ logical models (one for mothers, one for children). In these models, connections are described between six categories of project components / activities with six categories of outputs, that together relate to one (for mothers) vs. three (for children) blocks of outcomes which then are expected to impact on anaemia and/or stunting levels.

40. The evaluation team subscribes to the models in as far as they provide a good overview of the direct nutrition-related factors related to undernutrition. However, in the project design there has been rather limited attention for nutrition-sensitive programmes in other sectors which obviously has influenced the focus (choice for a certain set of interventions) in each of the five country programmes. It is observed that five of the six project components/activities in the two logical models focus on direct nutrition interventions for addressing stunting and anaemia through the health sector. In both logical models, all non-health sector activities for addressing nutrition through food security, livelihoods, water and sanitation, agriculture and e.g. social protection interventions are lumped together in the category ‘Other’. The MYCNSIA PMU gave two main reasons for this: firstly that nutrition-sensitive programming was given less priority in the 2008 Lancet series than how it is seen now, and, secondly, that non-health sector interventions are rather context-specific so that it was felt to be less feasible to try to capture them in a ‘generic model’.

Programme log frames

41. In the course of the first year (June 2011), the PMU elaborated a log frame for performance management of the regional and country-level components of MYCNSIA. This is the document that links impact (reduction in stunting and anaemia) to outcomes for the specific objectives (one at regional level, two at country-level), to a listing of specific outputs for each of the four result areas: a) R1: Upstream policy and nutrition security awareness (12 indicators); b) R2: Capacity development (11 indicators); c) R3: Data analysis, information

---

43 This refers to the diagrams dated ‘24 Oct’.
44 In the diagram, there are six categories of project components: (a) policies and plans; (b) production & supply; (c) service delivery; (d) quality; (e) behaviour change communication; and (f) other interventions/programmes.
45 Indicator at regional level: “Nutrition highlighted in reports of high-level regional meetings on development and policy issues”. Indicators at country level: “Countries have implemented mechanisms to scale up high impact interventions for children and women” and “Increase budget allocation for nutrition in health and other sectors such as rural local development and education”.

---
systems and knowledge sharing (5 indicators); and d) R4: Scaling up key direct nutrition interventions (4 indicators on IYCF, 1 indicator on anaemia control, 1 indicator on CMAM). In October 2011, the PMU produced guidelines how each country can adapt the general log frame to the specific country situations to meet specific needs and contexts without losing consistency between the five countries. **The evaluators rate it as positive that the MYCNSIA programme is based on a common structure of four results areas (pillars) and that in the MYCNSIA design approach room is left for adaptations to country-specific conditions.**

42. However, the overall validity of the log frame for MYCNSIA is rated as rather weak as there is no good insight in the connections between outputs, outcomes and impact. The framing of the indicators at outcome and output level is rather general and not based on a ‘theory of action’ for each of the pillars (which are connected as they all have the same overall purpose but take very different routes for achieving results). Related to this, it is seen as a shortcoming that no outcomes have been formulated for each of the pillars separately which hampers the monitoring of achievements per result area.

43. **The evaluation team found that the log frames are actually not used as performance management tool (progress and performance monitoring).** This is despite the fact that most countries were found to have adapted them in line with the specific conditions in their country. However, both during the interaction with the regional MYCNSIA staff during the evaluation briefing and debriefing meetings in Bangkok as well as during the country visits, they seem not be used for such purposes. Also the annual reports for 2011 and 2012 do not provide any information that relates to the indicators listed in the log frames.

**Four-year work plans**

44. The impression is that the four-year work plans are the real backbone of the MYCNSIA programme and serve as the main planning and programme monitoring framework. They are the basis for annual reporting on progress in terms of implementation of activities. It is noted that thus information on achievements in terms of results at the level of (sub-)outputs and outcomes as per the log frame is not available. Proper monitoring of MYCNSIA performance in terms of the achieved vs. intended results at output and outcome level thus is not possible.

45. **On the positive side, the work plans are rated to be well-structured and sufficiently consistent across the five target countries and the regional component.** Both at regional level and within the target countries, the four-year work plans have four pillars, each with a listing of output areas and indicators on achievement. With the difference that the last pillar (which at country level consists of direct nutrition interventions) for the regional work plan has been replaced by a pillar on cross-cutting and administrative issues. It is remarked that the indicators in the annual reports based on the work plans are commonly defined as binomial variables (yes/no) for one-off achievements of a set goal – “milestones” in the implementation period for MYCNSIA. This approach facilitates preparation of cross-country overviews but at the expense of showing more details about the "what and how".

46. **The evaluators noted that the MYCNSIA log frame and work plans are marked by a certain in-built tension.** This is in particular the case for pillar 4 but also for the other pillars. The reason is that each Country Office tried to fit the intended activities in the same format with four predetermined result areas while actually the type of activities in which UNICEF engages under MYCNSIA is rather different from country to country depending on national/sub-national context settings and priorities. Another observation is that a four-year programme with a predefined set of indicators is a bit of a ‘straightjacket’ that reduces the room for (reporting on) new activities undertaken beyond the original work plan. The solution chosen by UNICEF in the generic log frame for the MYCNSIA programme has been to define the outputs in rather general terms so that they would fit a range of context settings. This is not ideal as the indicators that are to be reported upon have thus become rather vague and not so meaningful or measurable.

47. At country level it was not possible to replicate such a more general approach towards the log frames as they then would have become rather unconvincing. **The problem however is that, once developed, programme log frames have to be adhered to and can only be changed after a long process of consultation**

---

46 Examples of the nature of the indicators: “policy endorsed”, “system in place”, “guidelines developed”, and so on.
47 This is, in principle to be reported upon, as the evaluators learned during the field mission phase that the log frames actually are not used for reporting at country or regional level and that a different set of process indicators has been used instead.
with the EC Delegation etc. The actual situation is that (both at country and regional level), the log frames are not used and that annual reporting is based on a set of process monitoring indicators that relate to the work plan but that are not directly linked to the log frame. This is seen as a major shortcoming which a.o. has hampered the implementation of the mid-term evaluation as there is insufficient data in the annual reports (or in other available MYCNSIA documentation) on actual achievements in each of the countries against the programme log frames.

48. It is a key finding of this MTE that the indicators in the log frame are not reported upon in the annual reporting system for MYCNSIA which is against regular M&E practice. This is partly compensated by insertion of narrative section on the activities that have been undertaken. However, it leads to a (nearly) exclusive focus on activities (project implementation details) without considering how these should lead to projected programme outputs and outcomes. Furthermore, the MYCNSIA reporting system consists of a set of ‘self-scored’ indicators on progress achieved which makes the M&E system less transparent and also less informative than desirable. The reports give a ‘self-scoring’ rating on level of progress achieved, with qualifications such as “completed”, “on track”, or “delayed”.

In terms of relevance of the MYCNSIA programme for piloting of interventions and service delivery models, it has been a limitation that MYCNSIA had predefined certain project locations for Pillar 4 interventions. This is because each type of intervention requires a different study population size. Taking the example of R3 activities in Bangladesh, the size and diversity of 16 upazilas appear to have been sufficient for the piloting of an electronic MIS system with nation-wide relevance but this has not necessarily been the case for all interventions. For example, the piloting and introduction of the new growth chart in Bangladesh will be done at a far larger scale (the chart includes the innovation of height measurement). Admittedly, flexibility to adapt the piloting domains for each intervention in line with their specific requirements would have incurred higher management costs as diversified intervention areas require more staffing and travelling.

Structure and role of the regional component in MYCNSIA

49. Within MYCNSIA, the work at regional level is a sub-programme in itself. The programme is undertaken by the Regional Programme Management Unit (PMU) that is partly based in Bangkok (UNICEF East Asia & Pacific Regional Office) and partly in Kathmandu (South Asia Regional Office)\(^48\). The PMU has six staff members: a Regional Advisor Nutrition, Regional Specialist on Nutrition in Emergencies\(^49\), a Programme Specialist / Coordinator, a Programme Specialist on M&E, a Research Assistant, and a Programme Assistant. A summary of the work plan for the regional component is presented below.

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Result areas specified in work plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy development</td>
<td>Coordination of overall programme</td>
</tr>
<tr>
<td></td>
<td>Advocacy at regional level</td>
</tr>
<tr>
<td>Capacity development</td>
<td>Support for roll-out of training nutrition-sensitive programming for district managers and training on community-based IYCF counselling</td>
</tr>
<tr>
<td>Nutrition Information Systems</td>
<td>Common Monitoring and Evaluation framework with indicators disaggregated by sex and age developed and adopted by countries to document impact and guide actions for future scale up.</td>
</tr>
<tr>
<td></td>
<td>Inter-linked structured forums to share experience and good practices in nutrition established at regional and national level.</td>
</tr>
<tr>
<td>Cross-cutting and administrative</td>
<td>On-time submission of donor reports</td>
</tr>
</tbody>
</table>

\(^48\) Initially the whole regional team was located in the UN Asia Pacific Shared Services Centre (APSSC) in Bangkok, but due to organizational restructuring within the UN this centre was dismantled and the staff was divided over the two UNICEF Regional Offices for South Asia and East Asia and the Pacific from January 2012 onwards.

\(^49\) The position recently has been changed into Regional Nutrition advisor within ROSA.
In order to create some new ideas and perspectives, the evaluation team compared the work plan for the regional component with the REACH model for UN support to Governments on scaling up nutrition. Although evidently in the REACH approach the main focus is at the country level and not on the regional level, REACH models are rather seen as examples than standards that should be adhered to by a programme like MYCNSIA, it is relevant to mention that to a large extent the shaping of the regional component for MYCNSIA is in line with the work areas that are specified in the REACH model:\footnote{It should be remarked that REACH models were developed more or less concurrently with the establishment of the MYCNSIA programme and that most of the models that exist now were not yet available when the MYCNSIA programme was designed.} (i) advocacy and communication; (ii) knowledge sharing; (iii) partnerships; and (iv) monitoring and evaluation.

However, in the opinion of the evaluation team, the regional component nevertheless falls somewhat short in offering a complete and coherent set of activities. It is believed that the main reason for this is that no specific log frame has been elaborated for the regional component. In a regional-level log frame (on top of the generic log frame and next to the work plan) there would have to be explicit definition of the concrete achievements that are intended at regional level which would point to the required outputs and outcomes to be achieved. The situation is that the country-level log frame format that was developed in 2011 is not 1:1 applicable to the activities and their expected results at regional level. Especially it is a shortcoming that there is no set of indicators with specified targets at outcome-level for the regional level. As it is now, the work plan more or less serves as proxy for a log frame at regional level but without sufficient insight in the links between the activities that are listed and the projected (sub-)outputs and changes to be achieved at outcome and impact level. A regional log frame would also have offered a good framework for systematic reporting in the annual reports on achievements vs. intended outputs. An example: in the generic log frame there is a focus on leveraging of Government resources for nutrition in health and other sectors in the five target countries which is taken up as outcome indicator but this type of work does not appear in the work regional work plan nor reported upon whether and, if yes, how the PMU engages in leveraging of resources at regional level.

In summary, results measurement at regional level is seriously hampered by the lack of a good log frame (and thus ‘theory of action’) which works out negatively in two ways: (a) The annual reports of the work at regional level do not provide sufficient information for the PMU to get recognition of the importance and results of the work that they are undertaking; and (b) the contribution of the activities in the portfolio of work at regional level towards achieving a set of specific programme targets for each pillar is not clear. With respect to the latter, for instance it was noted that there is insufficient detail in the annual reports on what specifically is being achieved through the participation of PMU staff in the various regional meetings (pillar 1), how the PMU has assisted the roll-out of the corporate IYCF package in the five target countries (pillar 2), what role the PMU has played in terms of strengthening nutrition information systems in the five countries (pillar 3), and how the PMU has supported the five UNICEF country offices (preferably through reaping economies of scale and stimulating cross-country knowledge exchange) for roll-out of the direct nutrition interventions in the MYCNSIA target areas under pillar 4.

As evidenced by the Pillar 3 and 5 outputs in the regional work plan, together with the listed activities on coordination under Pillar 1, a lot of time has been invested by the PMU in overall programme management and administration which might have been at the cost of time available for other work to push the nutrition agenda at regional level and within the MYCNSIA target countries. The point being made here is that the regional function should try to somewhat reduce its time investment in country process support and tasks related to overall coordination and reporting (the ‘inward looking’ function) and should aim at doing more work in the area of inter-country knowledge sharing, technical support to nutrition information systems, and regional-level communication and advocacy work. Some ideas on how to frame the ‘outward looking’ function could be generated through studying the recent insights on the priorities for supporting SUN roll-out which can guide the PMU how best to support Country Offices.\footnote{As a side note, it mentioned that the evaluators recognize a need for sufficient in-built flexibility and room for adaptations on the form and content of the support from the side of the PMU to the country programmes. This is because context settings and priorities are continuously changing and moreover different from country to country.} As a side note, it mentioned that the evaluators recognize a need for sufficient in-built flexibility and room for adaptations on the form and content of the support from the side of the PMU to the country programmes.
5.2 Design and monitoring frameworks of the MYCNSIA programme in the target countries

Pillar 1

Specific evaluation questions:

1a) Does MYCNSIA/ANSP offer a relevant and complete set of activities for upstream policy development (R1)? Is it extending to all relevant stakeholders at regional and national levels? Also for consultation and coordination? Including from inter-sectorial point of view?

Dynamic national policy contexts

53. The context setting during the past two years has been that in all MYCNSIA target countries there has been good progress in the development of national strategies and policies including the adoption of high impact nutrition specific interventions and/or mainstreaming nutrition in the health and other sectors. The latter increasingly also entails up-scaling of nutrition through multi-sectorial approaches and nutrition sensitive programming in the agriculture, social protection, water and sanitation, and other sectors. The table below summarizes per country which policies/guidelines or national programmes currently are in place (green means in existence, orange stands for partly achieved / in progress, and red for no progress).

<table>
<thead>
<tr>
<th>Table 5: Existing national policy context in relation to nutrition security</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Impact nutrition interventions</td>
</tr>
<tr>
<td>IYCF</td>
</tr>
<tr>
<td>Supplementation (IFA, MNP)</td>
</tr>
<tr>
<td>Food fortification</td>
</tr>
<tr>
<td>Management of Acute Malnutrition</td>
</tr>
<tr>
<td>Nutrition-sensitive sectorial strategies</td>
</tr>
<tr>
<td>Agriculture</td>
</tr>
<tr>
<td>Cash-based safety nets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bangladesh</th>
<th>Indonesia</th>
<th>Laos</th>
<th>Nepal</th>
<th>Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td>IYCF</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Supplementation (IFA, MNP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food fortification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of Acute Malnutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition-sensitive sectorial strategies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agriculture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash-based safety nets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table: Food-based safety nets / Food subsidy programmes

<table>
<thead>
<tr>
<th>Country</th>
<th>Pillar 1</th>
<th>Pillar 2</th>
<th>Pillar 3</th>
<th>Pillar 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food-based safety nets</td>
<td>Partly</td>
<td>Yes</td>
<td>N</td>
<td>Yes</td>
</tr>
<tr>
<td>Food subsidy programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table: Code Marketing of Breast-milk substitutes, Baby Friendly Hospital Initiative, Baby friendly place at work

<table>
<thead>
<tr>
<th>Country</th>
<th>Pillar 1</th>
<th>Pillar 2</th>
<th>Pillar 3</th>
<th>Pillar 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Marketing of Breast-milk substitutes</td>
<td>Yes</td>
<td>Ye s</td>
<td>Y</td>
<td>Yes</td>
</tr>
<tr>
<td>Baby Friendly Hospital Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baby friendly place at work</td>
<td>Yes</td>
<td>Yes</td>
<td>Y</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Table: Health (mainstreaming)

<table>
<thead>
<tr>
<th>Country</th>
<th>Pillar 1</th>
<th>Pillar 2</th>
<th>Pillar 3</th>
<th>Pillar 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health (mainstreaming)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Table: Water & Sanitation

<table>
<thead>
<tr>
<th>Country</th>
<th>Pillar 1</th>
<th>Pillar 2</th>
<th>Pillar 3</th>
<th>Pillar 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water &amp; Sanitation</td>
<td>No</td>
<td>No</td>
<td>Y</td>
<td>No</td>
</tr>
</tbody>
</table>

54. Obviously, opportunities for the MYCNSIA programmes to contribute strategically under Pillar one activities to a large extent depend on what national policy development activities take place with the time-span of the MYCNSIA (2011-2014) which again emphasizes the need for flexibility and adaptability within the MYCNSIA programme. E.g. there currently is major momentum around nutrition in Lao PDR which allows UNICEF to take up new roles on policy development etc.

55. As a matter of fact, in all five countries, UNICEF routinely provides support to the development of nutrition policies. The existence of the MYCNSIA partnership with the EU has enabled UNICEF to be even more active in this area through sets of interventions under Pillar 1 which are different from country to country but in nearly all cases very relevant and often in response to Government requests:

- In Bangladesh UNICEF has for instance provided expert input in the development of the National Food Policy Plan of Action in addition to expertise for the development of the National Communication Framework and Plan for Infant and Young Child Feeding, the National Guidelines for Community Based Management of Acute Malnutrition and Micronutrient Communication Strategy (all before the MYCNSIA started).
- In Nepal, UNICEF has been a driving force behind the MSNP, a programme that was approved during the MYCNSIA although UNICEF’s lead in this started earlier. A major feature of the support in Nepal is that it reaches out to various sectors beyond health.
- Next to its influential position and engagement in policy development in the health sector, UNICEF plays a major role in Indonesia supporting the roll-out of SUN. UNICEF was also actively involved in the development of the National Food and Nutrition Action Plan 2011-2015 by the Ministry of Development Planning and supported integration of nutrition in some medium-term provincial and district development plans.
- In the Philippines UNICEF is seen as a strong partner in the development of policies in the health sector (please refer to activities in detail to the next section). In the Philippines e.g., UNICEF has provided a lot of support to the Expanded Promotion of Breastfeeding Act of 2009, and has strongly advocated for inclusion of nutrition issues in the Health Sector Reform Agenda which was achieved in June 2011.

56. From among the MYCNSIA countries, four have already joined the SUN movement (Bangladesh, Indonesia, Lao PDR and Nepal), while the fifth (Philippines) has recently expressed an interest to join as well. This is a very conducive setting for the MYCNSIA programme as in countries that participate in SUN there are

---

52 The elements in each country under Pillar 1, 2 and 3 in MYCNSIA which are about support to the process of operationalization of policies, e.g. the development / revision of guidelines for specific nutrition programmes (IYCF, CMAM, MNPs, etc.) are less dependent on a particular momentum as this takes place more regularly.
many opportunities for UNICEF to support governments on nutrition security. A review of SUN’s role in scaling up nutrition concludes that in Bangladesh the scaling up of nutrition had already started before Bangladesh joined the SUN and SUN had little role in recent developments. The review concludes that in future SUN could have an important role to ensure that a comprehensive approach to nutrition is effectively implemented in the country. In Indonesia, the policy framework and guidelines for implementation of SUN were developed in a series of meetings in which UNICEF actively participated. UNICEF was also the sole agency providing technical support to guide the government in conceptualizing the SUN movement in Indonesia, among others by assisting in the drafting of the two SUN documents. Under SUN, the ‘First 1,000 Days of Life Movement’ was launched by four Government ministers, demonstrating a multi-stakeholder commitment to scaling up nutrition. An example of UNICEF’s role is the support to the Ministry of Planning in coordinating SUN, and the government’s intention to request UNICEF to be the SUN Donor Convenor for Indonesia. Nepal is one of the early risers in the SUN movement. One of the most powerful examples of the SUN Movement in action can be found in the development of Nepal’s multi-sectorial nutrition plan (MSNP). With leadership from the SUN Government Focal Point, all relevant stakeholders and government ministries have been involved in the establishment of this common results framework.

An important finding during the country missions has been that many stakeholders across the five countries expressed that, despite good progress on some elements (e.g. introduction of deworming as part of the Vitamin A campaigns in Indonesia, the IYCF counselling expansion in Philippines, the MNP distribution scale-up in Nepal), a substantial gap exists between the adopted policies and plans and the actual implementation. This emphasizes the important role for UNICEF through a.o. MYCNSIA to assist Governments with the translation of policies and strategies into action (in particular at district and provincial / regional level. In this perspective, perhaps it should be the most important area of work within MYCNSIA in the remaining years to assist the target countries in the design / roll-out of implementation models, with focus on operational aspects as stressed in the recent 2013 Lancet set of articles.

54 Also, in 2012, the Government of Nepal, representatives from UN agencies, development partners, civil society and the private sector signed a Declaration of Commitment for an Accelerated Improvement in Maternal and Child Nutrition.
Pillar 2

Specific evaluation questions:

1b) Are the capacity development activities (R2) well chosen for achieving MYCNSIA/ANSP objectives? Are activities aligned with national priorities and plans? Having added value and complementing other efforts? Is there sufficient integration and synergy of this pillar with other result areas? Sufficient inter-sectorial linkages?

2b) Are achievement targets for activities and results set at realistic levels? Is attribution of the achievements to the programme activities plausible? Does M&E information provide evidence on achieved nutrition security improvements as input for advocacy efforts on SUN?

2c) What are essential assumptions behind MYCNSIA / ANSP? Are these included in the log frame? If not, should they be added for second phase of the programme?

58. As mentioned above, in all five MYCNSIA countries there is a substantial gap between policies and plans and actual implementation. Capacity development under pillar R2 is one of the main ways for MYCNSIA to try to close that gap, often (but not always), in combination with work on pillars R3 and R4. All in all, the Pillar 2 work under MYCNSIA is well-chosen but not yet sufficient for achieving the MYCNSIA objectives. Capacity development efforts mainly have been local (and thus with limited coverage and only in the Pillar 4 catchment areas). The cascade training approach in most of the countries still is in the initial stages.

Incorporation of new nutrition training modules into in-service training curricula has not yet been achieved by MYCNSIA at all. The altogether (20) capacity building outputs under pillar 2 can be categorized in various ways. A main distinction is if capacity building has been largely “local” (as in PDR Lao and Indonesia) or has from the start, and thus by design, been intended to forge upstream linkages (as in Nepal), which should be the preferred approach. Another distinction is if capacity building has been an isolated effort or, better, has been a key input that complements efforts of others stakeholders (or of existing “mainstream” practices). An example of the latter is the intended inclusion of credits on the IYCF component in pre-service and in-service training curricula of health and nutrition professionals (R2.1 Indonesia) which however has not yet materialized. A further distinction is if MYCNSIA has provided added value as compared to pre-existing practices, which e.g. cannot be claimed for R2.3 in Bangladesh (monthly multi-sectorial planning meetings) as these meetings have been common practice before MYCNSIA as a programme came into being.

59. Noteworthy is that generally the MYCNSIA work plans do not clarify if capacity building fits in upstream ambitions, whether it is an essential complement to the efforts of other stakeholders or an isolated endeavour. Thus, even when there is coherence with other efforts, R2 outputs seem to appear as rather isolated efforts:

- In Bangladesh the output 2.1 (complementary feeding) has clearly been part of a coherent package across pillars. For output 2.2 (CMAM training) a similarly coherent package was foreseen, but the package (R1.4; R2.2; R4.2) lost its relevance in its current form because of the stalemate on use of RUTF.
- A stalemate has also occurred for the package of food fortification in the Philippines (R1.2; R2.3; R4.1). Support to the Food and Drug Administration (FDA) for technology transfer (R2.3) has not yet materialized as the technology of choice (hot extrusion fortification technology) is still under development. In Philippines we also see an example of effective complementarity however (R2.2: the inclusion of relevant maternal and child health and nutrition messages in the Family Development Sessions under the Conditional Cash Transfer scheme). Another effort has remained overly localised without an apparent ambition to scale up (R2.4: Nutrition security for mothers and young children in formal and informal workplaces).
- In Indonesia the implementation of pillar 2 has been undertaken in the three target districts plus, for the IYCF component, in a larger number of other districts through effective collaboration with some large social protection schemes (PNPMM/MCC, PKH) where a nutrition training module could be
integrated within conditional cash transfer schemes. Also, a pool has been established at national level of master trainers on IYCF who can initiate cascade training anywhere in the country. Capacity development on CMAM is limited to the pilot in Sikkim and results do not indicate that the programme is ready for scaling up to other districts.

- In Nepal, capacity building efforts show desirable dimensions of strategizing – the box below illustrates this for one output. The same positive description could be given for other R2 outputs as well. In Nepal one R2 output (R2.4: adolescents IFA supplementation) has been temporarily put on hold as there was until recently lack of clarity on the institutional ownership. Another justifiable reason for R2.4 delay has been that the technical document to identify delivery platforms for IFA to also reach out-of-school adolescent girls is still under preparation, as part of the maternal nutrition strategy.

60. Under Pillar 2, MYCNSIA has not scored well in terms of flexibility to adapt when this would be relevant given changes in the context.

- The context change can be “negative” – as in the CMAM example in Bangladesh and in the food fortification example in the Philippines. Context changes may also be positive, for example when opportunities for mainstreaming arise. An example is the National Nutrition Services (NNS) in Bangladesh which has of late prioritised capacity building including IYCF and CMAM (although the latter currently has come to a standstill).
- For some countries one could say that the opportunity to operate in a strategic way was not there, or that obstacles could not have been foreseen. A special case in this respect is IYCF in Lao PDR: Although pillar 2 activities can be considered as highly relevant, and IYCF guidelines and training package (R1.4) have been produced, full-fledged IYCF training (R2.2), has yet to start. The new guidelines are accompanied by a full implementation strategy, training module, facilitator’s guide and extension materials. However, pending formal approval by the Ministry, they are yet to be reproduced and disseminated. In PDR Lao the choice for “local implementation” has thus also been imposed by the circumstances.

### Introduction of Baal Vita (MNPs) in Nepal; the cascade approach (output 2.2)*

In Nepal, capacity building for new interventions and for significant adaptations of existing ones follows a certain pattern. The pattern has become a routine, although the implementation differs depending on the number of districts involved and the magnitude of the exercise. Significantly, entire districts are targeted, and in these districts, the entire pyramid of health care providers is addressed – in so far as relevant for a particular intervention. In addition decision makers and potential advocates at all levels are included, with packages that are tailored to their need-to-know.

The introduction of micronutrients (“Baal Vita”: Output 4.3) was an entirely new endeavour which had to be merged into IYCF, while using this as an opportunity to at the same time upgrade the pre-existing IYCF package. The following levels were targeted for training and capacity building (Output 2.2): The Central level (one-day Central Level Advocacy Orientation, Four-day Master Training of Trainers (MTOT)); the district level (one-day District Level Advocacy Orientation, Two/Four-day Health Facility In charge Level Training) and (iii) Community level (two/four-day FCHV Level Training, One-day VDC Level Orientation to Influential People, one-day orientation to Traditional Healers, Urban Community Level Training, and Mothers Group Meeting.

In the above we already see the contours of the cascade approach. Simply said, in the cascade approach each person newly trained is charged to train the next level. Thus persons in charge of a health facility are after their own training paired with a professional trainer to train the staff resorting under them: the Village Health Workers and the FCHVs, who in turn work with the mothers’ groups.

Crucial in this arrangement is the starting point, of training Master Trainers. In the pilot phase, two batches of Training of Trainers (ToT) for four days were conducted in which 32 trainers and co-trainers participated. Similarly, in the roll-out phase (9 districts) ToT for four days was conducted where 108 trainers and co-trainers were trained on IYCF / MNP-Baal Vita counselling.

---

For this Conditional Cash Transfer programme a pilot study was undertaken in 2012 which will inform the design and implementation of a BCC strategy on stunting reduction. (The output resorts under Pillar 1, which illustrates the difficulty to distinguish between the pillars.)
61. In some of the five countries there are examples of inter-sectorial linkages in capacity building. This pertains in particular to Nepal (the MSNP multi-sectorial approach), and Philippines and Indonesia (inclusion of IYCF in conditional cash transfer programmes). A side note is that in Nepal the efforts have just started (and only in pilot MSNP districts), but undisputedly this is a first step in a move to the inter-sectorial level. In the Philippines (and Indonesia to some extent) there are further opportunities for expansion to the inter-sectorial level through Capacity Development on nutrition interventions for Local Government Units. A useful Nutrition Governance study has been implemented in the 300+ municipalities in the Philippines, to assess the capacity and functionality of these structures. Outstanding findings are that height measurement is already done in about two-thirds of the municipalities. Another positive finding is that most of the Nutrition Action Officers are full-time employed in their position (64%) which indicates that LGUs take this programme seriously. However, the study does not provide clear recommendations of what support is needed to improve the management of nutrition security by LGUs.

**Pillar 3**

**Specific evaluation questions:**

1c) Is work under the R3 pillar well designed to strengthen nutrition information systems in the target countries? Are activities aligned with national priorities and plans? Are they adding value and complementing other efforts? Sufficient inter-sectorial linkages? Does the work assist in identifying geographical areas with highest nutrition needs? (R3.2)

2a) Do regional/country-level log frame indicators per result area match with national information systems? If not, how is information generated? Are outputs and outcomes in the log frames sufficiently measurable? Baseline information available at regional/country level? End-line information available? Sources and means of verification for M&E well chosen?

62. The focus of work undertaken under Pillar 3 has been a mixture of, firstly M&E for MYCNSIA itself (notably: impact measurement through baseline and end-line studies) and secondly, support to national M&E systems. Table 6 illustrates this for the five countries. In two countries “local” M&E systems were from the start intended to be adopted upstream (mainstreamed) even though in one of them (Bangladesh) this was not explicitly mentioned in the work plan.

<table>
<thead>
<tr>
<th>Table 6: Overview of Pillar 3 outputs across the five MYCNSIA countries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal (“project modality”)</strong></td>
</tr>
<tr>
<td><strong>Bangladesh</strong></td>
</tr>
<tr>
<td><strong>Indonesia</strong></td>
</tr>
</tbody>
</table>
3.2 Nutrition surveillance system

**PDR**
- 3.1: Survey data available for project levels
- 3.2: Nutrition surveillance system strengthened to ensure early detection of malnutrition

**Nepal**
- 3.1 (national survey): Data available to monitor effectiveness of the MIYCN program to enhance maternal and child feeding and reduce adolescent anaemia, through Micronutrient Survey by mid of 2013
- 3.2 (impact study): Subclinical level nutrition data and information available for assessing effectiveness of MIYCN program to enhance maternal and child feeding and care and to reduce anaemia, including links with the piloting of multi-sectoral approach at district level to scaling up nutrition

**Philippines**
- 3.1: Baseline and end line survey representative of EU project
- 3.2: Standard nutrition, food security and early warning indicators are included in routine data collection systems by December 2013

63. The table above exemplifies that MYCNSIA may be seen as a hybrid between a typical field-level project where the Government (sometimes NGOs) implement and UNICEF provides support (in particular the pillar 4 activities but also some elements under pillar 2 and 3 in pillar 4 project areas) and a more general support function for UNICEF to assist national/local Governments (pillar 1, parts of pillar 2 and 3). This is also shown in the annual work plans: on the one hand these work plans function as frames for project commitments and reporting (as in typical projects); on the other hand they do not quite capture what MYCNSIA is and does as they go beyond activities implemented by UNICEF and often also include activities by Governments while obviously MYCNSIA as a programme actually does and should not have direct control over the Government. The typical result is that work plans are promising more than what is actually being done while they at the same time under-represent MYCNSIA performance. The MTE saw in several countries (Bangladesh, Indonesia, and the Philippines) that activities are described in the work plan while they actually are not funded by the programme budget and thus cannot be labelled as direct project ‘output’. At the same time, there is some under-presentation in the work plan of the activities under MYCNSIA; in particular this applies to Pillar 1 on upstream policy development (all countries).

64. As the experiences under MYCNSIA exemplify, establishment of a (sustainable) monitoring system for multi-sector approaches is far from easy. It is a challenge that also MYCNSIA has not been able to overcome. Only in Nepal did the evaluation team come across MYCNSIA-led initiatives in which work on pillar 3 was designed in such a way that the M&E system could conceivably prompt, or enhance or simply report on inter-sectoral nutrition-relevant linkages. However, implementation of such monitoring appears difficult as none of the existing data collection and surveillance systems in Nepal seem to offer a suitable foundation for MSNP monitoring. In Bangladesh, the current Country Investment Plan for agriculture, food security and nutrition focuses on increased public investment to (among others) diversified food availability and improve access to food for which progress is intended to be measured through the nutrition indicators generated by the health sector (including information on stunting and anaemia). This underlines the potential for these indicators to drive not only nutrition-specific, but also nutrition-sensitive interventions.

**Baseline and end-line studies**

65. The evaluation remarks that the baseline studies were not designed to assist in identifying geographical areas with highest nutrition needs nor for identification of priority interventions under Pillar 4. The main reason for this is that Pillar 4 interventions are implemented in a (small) part of the country only, and that the decision on the set of activities and geographical targeting for Pillar 4 was actually already made before the baseline data became available. In the Philippines under an agreement with FAO, UNICEF has financed the

---

expansion of the Food and Nutrition Early Warning System from a pilot stage in one municipality (Ragay) to five more municipalities in the same Region V (Bicol). Actually this was a continuation of an activity already started under the MDG-F 2030 project with very limited geographical coverage. Although the current project is more focused on identifying acute food shortages in relation to natural disasters, it nevertheless is conceivable that the study could integrate assessment of causal factors behind chronic malnutrition (stunting, anaemia) in various types of rural settings in The Philippines. In Nepal the current thinking regarding MSNP monitoring is to opt for a system of sentinel surveillance, and in doing so, to concentrate on the most vulnerable areas where chronic food insecurity is most likely.

66. In the MYCNSIA impact study end-line results will be compared with the baseline findings. However, the evaluators expect that there will be ambiguity over the definition of the “impact of what”. The reasons for this are as follows:

- As described above, the MYCNSIA programme is not a stand-alone package of interventions but heavily depends on implementation by the Government, in some countries by other partners as well.
- One of the assumptions behind the baseline-end line approach for measurement of impact is that impact can be studied by comparing prevalence of stunting and anaemia in the target areas of operation for Pillar 4 at the beginning and end of programme implementation. It is questionable however how much change a programme like MYCNSIA really could bring at field level. In some countries MYCNSIA interventions under Pillar 4 have been insufficiently substantive to expect effects to become observable at the impact level.
- A large part of the important upstream work under Pillar 1 is bringing about changes (impact at a higher level) that are beyond impacts on nutrition status of targeted groups in the districts covered under Pillar 4.
- Obviously, it is true that (part of) the results of the other activities within MYCNSIA, in particular under Pillar 2 and Pillar 3, are contributing to improving service delivery in the geographical areas covered by Pillar 4 activities, and as such will be captured (partially) in the baseline-end line comparison.
- In all countries data collection for the baseline was delayed until the end of 2011 or early 2012. In Nepal the baseline has been part of a series of evaluations and was for this reason scheduled as late as 201257.

Pillar 4

**Specific evaluation questions:**

1d) Well-chosen and of sufficient magnitude and momentum to scale up an integrated package of high impact interventions for children and women (R4) in the target countries? Are activities aligned with national priorities and plans? Are they adding value and complementing other efforts? Sufficient inter-sectorial linkages?

2b) Are achievement targets for activities and results set at realistic levels? Is attribution of the achievements to the programme activities plausible? Does M&E information provide evidence on achieved nutrition security improvements as input for advocacy efforts on SUN?

2c) What are essential assumptions behind MYCNSIA / ANSP? Are these included in the log frame? If not, should they be added for second phase of the programme?

**Scope and stakeholders involved**

67. It appears that the selection of interventions for Pillar 4 very much depended on the country specific context and the national government priorities, and less so on a priority-setting process on the basis of baseline findings. The exact selection of activities is in the first place based on previous nutrition security related programmes as implemented during the preceding phase before MYCNSIA reflecting the learning by doing approach. Clear examples are the MNP (Baal Vita) scaling-up in Nepal, the IYCF approach in Indonesia or the efforts to improve Local Nutrition Action Plans in the Philippines.

---

57 The results of the baseline studies only became available towards the end of 2012, and even only by early 2013 in Nepal.
Overall, the impression of the evaluation team is that in all countries the MYCNSIA programme entails a comprehensive set of direct nutrition interventions which are relevant for the specific countries. The set of nutrition interventions under Pillar 4 reflect the specific country context and national priorities and definitely are not based on a blueprint approach where the generic log frame would have been leading. The result is that under MYCNSIA there is a diverse set of Pillar 4 activities reflecting the needs and priorities as perceived by the main national partners and stakeholders. The different contexts of the countries where MYCNSIA is being implemented make that the activities for Scaling Up Nutrition have taken different directions.

In all countries, the Pillar 4 programme activities are founded on the national nutrition security policy framework and action plan. As a matter of fact, UNICEF is one of the main partners to the national Governments for further development of nutrition security policies and plans of action (ref. a.o. to the Pillar 1 activities under MYCNSIA). In Indonesia, the National Food and Nutrition Action Plan 2011-2015 is the main policy document providing guidance to the development of Provincial and District Food and Nutrition Action Plans. In Bangladesh, the National Food Policy Plan of Action provides guidance on nutrition sensitive programming; a new National Nutrition Policy is about to be adopted. In Lao PDR there is a National Nutrition Security/National Nutrition Plan of Action 2010-2015 which is currently in the process of updating. In Nepal, the Government framework in which MYCNSIA is embedded is the Multi Sector Nutrition Plan. In the Philippines, there is the Medium-Term Philippine Plan of Action for Nutrition 2011-2016 which however is still in draft. The main framework in which MYCNSIA Pillar 4 activities are embedded is the Philippines IYCF Strategic Plan 2011-2016, the Expanded Garantisadong Pambata programme, and the 2009 Expanded Promotion of Breastfeeding Act.

Overall, MYCNSIA scaling-up activities have mainly included stakeholders from the health sector. Relevant nutrition-sensitive activities which are generally recognized to be of great relevance to improvement of nutrition security have not been considered in the design of the MYCNSIA (or were more indirectly incorporated through Nutrition Action Planning/FNSP). For instance important nutrition-sensitive interventions such as food production (agriculture) and interventions to stimulate higher dietary diversification / food consumption (Social Welfare and Women Affairs, nutrition education) have a relatively small role in the MYCNSIA country portfolios (nutrition in CCT in Indonesia and Philippines) or are only just starting (Nepal).

The main focus in Pillar 4 activities is on scaling up of direct nutrition interventions. Basically, the programmes focus on support to IYCF roll-out, distribution of MNPs, and piloting / scaling up of CMAM, see table below:

**Table 7: Overview of MYCNSIA Scaling Up interventions in the country programmes**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Bangladesh</th>
<th>Nepal</th>
<th>Indonesia</th>
<th>Laos</th>
<th>Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMAM</td>
<td>Screening MUAC and CMAM in two upazilla</td>
<td>CMAM in eleven districts</td>
<td>CMAM in two districts</td>
<td>CMAM as part of emergency programme</td>
<td>No CMAM&lt;sup&gt;58&lt;/sup&gt;</td>
</tr>
<tr>
<td>IYCF</td>
<td>Counselling of: Pregnant Women</td>
<td>Promotion of range of MYC Fee</td>
<td>MYC Nutrition as part of CCT; IYCF counselling</td>
<td>Mother support groups; IYCF guidelines developed</td>
<td>MYC Nutrition as part of CCT; IYCF counselling cards</td>
</tr>
</tbody>
</table>

<sup>58</sup> In the Philippines UNICEF implements CMAM related activities from other sources of funding (source; UNICEF Regional Office BKK comments)
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Bangladesh</th>
<th>Nepal</th>
<th>Indonesia</th>
<th>Laos</th>
<th>Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNP distribution</td>
<td>Integrated in IYCF program</td>
<td>Integrated in IYCF program</td>
<td>Integrated in IYCF program</td>
<td>MNP delivery study</td>
<td>Financial support and procurement</td>
</tr>
<tr>
<td>IFA distribution</td>
<td>Type of tablets and distribution mode; Counselling and follow-up through home-visiting</td>
<td>Adolescents girls (yet to start)</td>
<td>MMN distribution</td>
<td>Support to IFA distribution to pregnant women through outreach activities</td>
<td>Financial support</td>
</tr>
<tr>
<td>Food fortification</td>
<td></td>
<td>Universal salt iodization; advocacy to improve the standard for wheat flour fortification.</td>
<td></td>
<td>Rice fortification</td>
<td></td>
</tr>
<tr>
<td>Local Nutrition Plan</td>
<td>Multi-sectorial meetings at district level</td>
<td>Multi-sectoral nutrition plan</td>
<td>Provincial (3) and District (2) Food and Nutrition Plans</td>
<td>Participatory Learning and Action</td>
<td>Local Nutrition Action Plan</td>
</tr>
</tbody>
</table>

**IYCF**

72. Based on the available corporate guidance on IYCF (a very comprehensive IYCF toolkit was recently developed by UNICEF Headquarters), all five countries were found to be focusing on a relevant and complete set of activities to roll-out IYCF: production of national guidelines, effective and culturally appropriate counselling cards, capacity development on counselling techniques, etc., although logically approaches and progress made vary from country to country.
MNPs
73. The support to micronutrient supplementation programmes under MYCNSIA varies per country, depending on the level of advancement in programming of such interventions in the country at stake. The programmes typically consist of engagement in procurement, capacity development of health staff on effective distribution to beneficiaries (targeting, dosage, education to mothers how to use them, etc.). IFA distribution is part of health routine practice but depends very much on access to Ante and Post Natal Care attendance. IFA counselling is taking place in Bangladesh.

CMAM
74. Although screening of children by using the MUAC approach (one element under CMAM) now is widely accepted and applied, the introduction of the full CMAM programme for treatment of severe acute malnutrition was observed to be at entirely different stages in the various countries. In Nepal and Indonesia it is part of pilot programmes at district level, whereas in Laos the programme was introduced as part of an emergency response to local flooding. In the Philippines, Indonesia and Bangladesh the scale of implementation of CMAM under MYCNSIA is quite small, in each case for a different reason. National production of RUTF to replace expensive imports is on the agenda in Bangladesh, Indonesia and the Philippines, but not actively supported by MYCNSIA. On the other hand in Nepal CMAM seems to take off rather well and is perceived as a good entry point for enhancing child health. This is also apparent in the fact that the pilot (in 5 districts) has been rolled out in an additional 6 districts.

Local Nutrition Action Planning
75. Support to Local Nutrition Action Planning is seen by the evaluators as a highly relevant activity within MYCNSIA which can (potentially) enhance the multi-sectorial integration of nutrition specific and nutrition sensitive interventions. The strategy of supporting the development of Local Nutrition Action Plans is implemented in three countries (Indonesia, Nepal and the Philippines). In Bangladesh, nutrition is mainstreamed in food security and related sectors (agriculture, food fisheries) providing the basis of local food and nutrition security plans. The formulation of joint Local Nutrition Action Plans (LNAP) or Food and Nutrition Security Plan (FNSP) provides the opportunity to strengthen linkages with other main stakeholders beyond the Health sector. LNAPs provide the opportunity to include other sectors such as Agriculture, Fisheries, Education, Social Welfare, Planning etc. In the three countries with LNAPs, nutrition security has been put on the agenda of local authorities and has received increased attention. However, most sectors being part of a line Ministry tend to stick to their programmes which are planned and funded from higher levels.

Geographical coverage
76. The geographical spread of MYCNSIA scaling-up programme activities in the five countries under review varies substantially, ranging from relatively small (Indonesia) on the one hand to rather ambitious (Philippines) on the other. Scaling up implies the expansion of high-impact nutrition interventions to reach out to as many target areas as possible. An analysis of the outreach of the scaling up approaches in the five MYCNSIA countries shows that there are considerable differences in geographical coverage of the main direct nutrition interventions. Table 8 gives an overview.
Table 8: Overview of MYCNSIA Scaling Up interventions in the country programmes

<table>
<thead>
<tr>
<th></th>
<th>Bangladesh</th>
<th>Nepal</th>
<th>Indonesia</th>
<th>Laos</th>
<th>Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>148.7 M</td>
<td>30.0 M</td>
<td>239.9 M</td>
<td>6.2 M</td>
<td>93.3 M</td>
</tr>
<tr>
<td>Target population</td>
<td>4.5 M (3.0%)</td>
<td>1.6 M (0.7%)</td>
<td>0.6 M (9.7%)</td>
<td>Ca. 10M (10.7%)</td>
<td></td>
</tr>
<tr>
<td>Geographical Coverage</td>
<td>16 out 428 upazilas (sub-districts)</td>
<td>28 out of 75 districts</td>
<td>3 out of 497 districts</td>
<td>3 out of 17 provinces</td>
<td>3 out of 17 regions (194 out of 324 districts)</td>
</tr>
<tr>
<td>CMAM</td>
<td>3 upazilas</td>
<td>11 districts</td>
<td>2 districts</td>
<td>3 provinces</td>
<td>-</td>
</tr>
<tr>
<td>IYCF</td>
<td>16 upazilas</td>
<td>15 districts</td>
<td>3 districts</td>
<td>3 provinces</td>
<td>194 districts</td>
</tr>
<tr>
<td>MNP</td>
<td>16 upazilas</td>
<td>15 districts</td>
<td>2 districts</td>
<td>1 province</td>
<td>194 districts</td>
</tr>
</tbody>
</table>

77. The table clearly demonstrates the difference in outreach to the target populations in the five programme countries. The specific rationale behind the selection of range of target areas in terms of (absolute and relative) size of the targeted population is not well explained. Three countries (Nepal, Laos and the Philippines) intend to cover areas which represent about 10% or above of the national population. The outreach in Indonesia and Bangladesh is relatively much smaller. The two latter countries have indeed a higher total population but the target population in the Philippines is much higher. In particular the coverage of the programme in Indonesia is very limited as compared to the others. The evaluation team is of the opinion that it is quite unlikely that MYCNSIA will reach its objective of scaling up interventions in Indonesia and to a lesser extent in Bangladesh as a result of choices made during the design stage. The Philippines country programme poses a problem at the other extreme, as the number of targeted districts is almost 200 with about 10 million inhabitants. The strategy to reach out to and have an impact upon the nutrition security of Mothers and Young Children of the three targeted regions is based on capacity development in Nutrition Programme Management but is as yet insufficiently elaborated.

78. It is perceived by the evaluators that site selection in the programme countries has not been done in a uniform way and was not always based on clear indicators and nutrition security relevant selection criteria. In most cases site selection has been made on the basis of an analysis of nutritional status at local level (Bangladesh, Philippines and Laos) in combination with deprivation factors (Bangladesh), preceding programme implementation or pragmatic reasons (Bangladesh). For Nepal the obligation to always have all three geographical strata represented has been a main consideration. In consultation with the Government, three districts were selected in Indonesia where UNICEF also has other projects and that represent different types of conditions. 59

59 One district with high population density, one district in a coastal zone with high stunting, and a district in a highland area where many health and nutrition indicators are lagging behind.
5.3 Equity focus of the strategies implemented for reduction of stunting and anaemia

Specific evaluation questions:

Is there enough focus within MYCNSIA / ANSP on equity issues (geographic, gender, income, ethnic disparities)? (for each Result Area) Specifically, are the interventions designed with a view to address the rights and needs of worst-off groups?

79. The evidence from all five MYCNSIA countries is that the intervention areas for R4 activities have been chosen with a view to address needs of underprivileged populations. In all countries the main focus has been on rural areas (also on peri-urban areas in Philippines and Indonesia); in some cases prioritization was done based on UNDAF priority districts marked by large inequities in terms of poverty, health services, etc. In Bangladesh also the typical (but limited) multi-sectorial interventions have preferentially targeted poor and destitute populations. Here the implementing partners put considerable efforts in capacity building of members of community clinic management committees (CCMC). These groups traditionally bring together community chiefs, (leaders of) CBOs and other key stakeholders at community level, including civil servants of relevant government departments. One of the functions of the CCMC is to refer extremely poor people to existing welfare/support systems.

80. However, the evaluation mission noted that MYCNSIA outputs as described in the log frames and the work plans are rarely described in terms of equity which is not in line with the corporate priority that equity considerations have within UNICEF. Yet the implementation of Pillar 4 activities in all countries without any doubt is equity-oriented in nature. Specifically noteworthy is that engagement with social protection schemes in Indonesia and the Philippines has provided excellent opportunities to reach out to poverty-stricken households at a substantial scale.

5.4 Efficiency

5.4.1 Programme action plans and implementation processes at regional level

Specific evaluation questions:

1a) Were resources (financial, expertise, time) for MYCNSIA / ANSP available in time and sufficient to implement the programme in line with the action plan? (for all result areas ..) (R2.5; R2.6; R2.7; R2.8))

1b) Is the overall financial expenditure rate consistent with the planned progress?

81. As pointed out in section 4.1.1, the annual work plans form the main basis for planning, monitoring and reporting, also at regional level. Financial resources were made available in-time by the EU and cash flow issues did not form a hindrance for implementation of the plan. However, part of the limitation, in particular...
on implementation of Pillar 3, has been the existence of a vacant staff position (M&E specialist) which was filled through contracting short-term consultants for shorter time periods until the position was filled early 2013.

82. The regional programme avails of a budget that amounts to around €1 million per year (€3.99 million for four years). It was noted by the evaluators that the whole budget is coming from the EU contribution, which poses questions as to the continuation of the regional-level work (e.g. for advocacy and knowledge sharing) beyond the MYCNSIA project as there is no leveraging of additional resources, neither from UNICEF side nor from other donors beyond the EU.

83. In line with the planned activities, within the total 4-year budget for the regional component personnel costs form the largest category representing €2.46 million (66% of the direct eligible costs, i.e., excluding the administrative overhead of 7%). The other main cost categories in the 4-year budget are contracts (€0.55 million), travel (€0.33 million) and training (€0.28 million). By the end of 2012, 38% of the total budget had been utilized, which implies a slight under spending. However, it was noted that for the categories ‘personnel’ and ‘miscellaneous’ expenditures in the first two years of operation were at normal level (around 50% of the total budget), while for all other budget categories there was serious under spending, with expenditure on transport, supplies and equipment at 0%.

![Figure 5: MYCNSIA Regional Component Expenditure Categories 2011 and 2012 together](image)

5.4.2 Programme action plans and implementation processes in the target countries

<table>
<thead>
<tr>
<th>Specific evaluation questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1a</strong> Were resources (financial, expertise, time) for MYCNSIA / ANSP available in time and sufficient to implement the programme in line with the action plan? (for all result areas ..) (R2.5; R2.6; R2.7; R2.8)</td>
</tr>
<tr>
<td><strong>1b</strong> Is the overall financial expenditure rate consistent with the planned progress?</td>
</tr>
</tbody>
</table>

84. The UNICEF Country Offices all stated that there have been no constraints in terms of delayed availability of financial or other key resources for MYCNSIA. However, in a set-up where most MYCNSIA activities are
undertaken in close collaboration with Governments and other partners, it is unavoidable that some delays have occurred due to factors which were beyond UNICEF's control, e.g. policy or system changes in the Government:

- In Lao PDR a specific output under pillar 2 (R2.1) addresses capacity development to avoid delays in the supply chain, of MNPs (sprinkles) and Zinc. Even so, out-of-stock situations are common, for a multitude of supplies, including Vitamin A capsules, deworming tablets, micronutrient powders, iron and folic acid tablets and RUTF. MoH is responsible for customs clearance, storage and distribution to the hospitals and health centres. The distribution to the health centres was delayed by almost six months due to unclear accountability for supply distribution and financing of transportation. While the delivery of nutrition services is seen as the responsibility of Department of Hygiene and Health Promotion, the main institution within the MoH responsible for supplies and logistics management is the relatively new Medical Products and Supplies Centre (MPSC) under the Department of Food and Drug, which still has to fine-tune its services.

- In Bangladesh distribution of MNP and IFA is well on track in the project area and being rolled out to other upazilas (covering all upazilas in all targeted districts). Also the IYCF pamphlets have been distributed in all targeted project areas. However, there have been delays in the distribution of the new growth charts and in the distribution of measuring equipment (weighing scales and height measuring boards).

85. Although the interdependency between the result areas (the pillars) has an inherent possibility of delay, the reverse has also happened: within MYCNSIA, capacity development efforts targeted “the right policy makers” at “the right time” which has demonstrably accelerated the policy making process. A good example is Nepal where there has been a rapid succession of Government endorsed policy documents, guidelines and manuals, and an effective arrangement of cascade training for capacity development. In Bangladesh, Indonesia and the Philippines the cascade approach was also adopted. In Bangladesh the NGO partners act in the role of facilitator/trainer and the capacity development includes large numbers of NGO volunteers who are not part of the health system.

86. In general within MYCNSIA there seems to have been little emphasis on studies for assessment of the costs structures for the different direct nutrition interventions under Pillar 4. It is the conviction of the evaluation team that such financial information would be a great help to convince Governments on an appropriate and cost-effective nutrition services package. Evidence on the positive effects of a certain intervention package is not enough! The evaluation team came across only one evaluation (CMAM in Nepal) which looked into unit costs and the distribution of capital and recurrent costs between UNICEF and the Government.

- For example in Nepal, UNICEF claims that the two main interventions thus far supported by the MYCNSIA project – CMAM and MNPs linked with IYCF, both delivered through the country’s public health care system-- “are ready for nationwide-scale-up as shown in the evaluation studies for each of the programmes”. This is technically the case, but in practice it is dubious whether the Government is ready for the financial implications as well.

- By contrast, in Bangladesh distribution of IFA in blister packaging is rolled out beyond MYCNSIA upazilas and incorporated in the MOHFW distribution without any evaluation and/or costing information (from the MYCNSIA experience or otherwise).

- In the Philippines, UNICEF supports the procurement of MNPs and IFAs for distribution in the three target regions which represent 22% of the total MYCNSIA country budget. This is done without a thorough ex-ante analysis of the needs for such support.

- In Lao PDR, the procurement of supplies (MNPs, RUTF, IFA, Zn/ORS, etc.) caters for 49% of the 4-year country budget.
5.4.3 Leverage of other resources on reduction of stunting and anaemia

Specific evaluation questions:

Did National Governments / other stakeholders (UN agencies/donors/NGOs/private sector) engage and contribute to the 4 result areas as per the plan (national and local levels)? If not, why? How to improve? Any specific observations?

87. One of the priorities for MYCNSIA is to leverage Government resources for nutrition in health and other sectors. It is outcome indicator no. 3 in the generic log frame for the programme. It has been noted by the evaluators that efforts for leveraging Government (or other) resources however have not featured directly in the MYCNSIA work plans at country and regional level. Annual reports for 2011 and 2012 do not contain explicit statements on achievements related to this MYCNSIA outcome. From the information collected during interviews as part of the country missions, the evaluation team concluded that Nepal has managed to leverage a considerable amount of resources while in Bangladesh it is rather the NNS than MYCNSIA per se which is leveraging resources. In Indonesia, UNICEF managed to leverage resources for considerable scaling up of IYCF (to 12 additional provinces) through linkage with some social protection programme funded by MCC, AusAid and the Indonesian Government.

88. It is fair to add here that the results of studies on direct nutrition interventions supported by MYCNSIA such as coverage surveys and evaluations of pilots are routinely discussed in the national forums (Bangladesh, Nepal, Philippines). As evidently the likelihood that development funding can be raised is higher when the proposed endeavour has demonstrated added value and effectiveness, this is rated as another type of contribution by the MYCNSIA programme for leveraging of resources.

5.5 Effectiveness

89. An overall finding of the MTE is that in all five MYCNSIA countries the work plans are marked by limited inter-pillar complementarity which has a bearing on effectiveness of the overall package. Given that results in reality only to a limited extent are dependent on UNICEF and to a much larger extent depend on Governments (in line with UNICEF’s mandate to support Governments rather than being a project implementer), the impact on undernutrition reduction is highest with strong Government partners and a design for MYCNSIA where the four result areas in the work plan are optimally linked. Some examples:

- In Nepal the strength of MYCNSIA has been to link and sequence activities and outputs between the pillars, in a meaningful sequence. The four result areas (R1 through to R4) are planned to all merge in the MSNP districts where the multi-sector support programme is being rolled-out. The R4 intervention package is subject to regular adaptation, as lessons learned are incorporated in new versions of policy documents and guidelines (R1).  
- In Indonesia, MYCNSIA has a very strong role at national level policy development and also is achieving substantial scaling-up of IYCF through collaboration with social protection programmes which primarily builds on the experiences in the more advanced Klaten district in Central Java  
- In Bangladesh there exists some mutuality between R1, R2 and a number of R4 interventions, with potential for similar spin-offs in future of direct nutrition interventions. Improvements through a nutrition-specific MIS (Bangladesh) can be substantial, if they are indeed exploited at a wider scale.
5.5.1 Pillar 1

Specific evaluation questions:

2a) Upstream policy development at regional level:

How many and what type of stakeholders are brought together in the Regional NSCC? (R1.3) Has MYCNSIA/ANSP reinforced UNICEF’s influence during high-level regional meetings? (R1.1) Has the programme reached out to influential stakeholders (including the media) at regional levels? How do programme publications (brochures, briefs, papers) contribute to advocacy on nutrition security among a wider regional audience? (R1.2, R1.4, R1.5, R1.7) What is the number and quality of regional strategic documents to which the programme has contributed? (both within health/nutrition sector, e.g. communication strategies on IYCF, CMAM and micronutrients, and for multi-sector approaches) (R1.1; R1.8; R1.9; R.12)

Regional level

90. In order to have maximum impact in terms of advocacy and policy development, it is necessary to strategically position the programme. The established relationships with ASEAN and SAARC are seen as strategic milestone achievements by the MYCNSIA regional (and country) programmes, even though most of the work is still at the initial stages only. The organizations have a high profile and extend to all sectors (and therefore well placed to also facilitate advocating for nutrition-sensitive interventions in other sectors). In concrete terms, the achievements are that UNICEF (EAPRO) has been able to ensure inclusion of nutrition security in the ASEAN Maternal and Child Health Task Force Work Plan for 2011-2015 (focus is on development of evidence-based advocacy tools and sharing of best practices). The connection with SAARC has resulted in a request to UNICEF (ROSA) to develop the SAARC Regional Guidelines for Action on Nutrition and also the SAARC Action Framework for Sanitation.

91. UNICEF nutrition staff from both regional offices has been able to attend a considerable number of regional-level workshops and meetings on nutrition security in 2011 and 2012 (see box below), which obviously has taken a lot of time of PMU staff. Participation in such (regional) meetings is important as they are good venues for UNICEF to communicate with a wide range of stakeholders at regional and national levels. The evidence on the output from this type of work for PMU staff could be greater with establishment of a system within MYCNSIA for reporting on objectives for participation and the achievements that are realized during and as follow-up to the meetings in terms of advocacy and knowledge dissemination.

Regional meetings attended by UNICEF regional / country staff in 2011 and 2012 (some also attended by national counterparts with MYCNSIA financial support):

- ASEAN Maternal and Child Health Strategy Planning Workshop (March 2011)
- WHO Regional Consultation on Scaling Up Nutrition (Sri Lanka, August 2011)
- FAO Conference on Ensuring Resilient Food Systems in Asian Cities (17-18 November 2011)
- FAO Regional Forum on Nutrition-Sensitive Food Production Systems for Sustainable Food Security in Asia and the Pacific (7-8 December 2011)
- Workshop on the Development of an ASEAN Framework for Maternal and Child Health, followed by the First Meeting of the Ad Hoc ASEAN Task Force on Maternal and Child Health (Bangkok, January/February 2012)
- SMILING Technical Advisory Board Meeting (Montpellier, February 2012)
- UNICEF Regional Young Child Survival and Development Meeting (Chiang Mai, May 2012)
- World Bank South Asia Regional Knowledge Forum (Kathmandu, June 2012)
- ASEAN Health Ministers meeting (July 2012)
- UNICEF Regional Public Finance Conference (Hanoi, September 2012)
- FAO Meeting of Experts on Nutrition Indicators (Bangkok, September 2012)
- WHO Regional Committee Meeting (Hanoi, September 2012)
92. Also, it is clear to the evaluation team that a good communication and visibility plan has been prepared that targets audiences at regional and national levels. There has been considerable press coverage in the past two years (both printed and web-based). Some videos have been prepared on MYCNSIA work in Bangladesh, Lao and Nepal. A multi-media web portal has been opened (www.unicef.eu). This portal was developed by UNICEF Headquarters, and covers both MYCNSIA and ANSP.

93. It is seen as a very positive development that recently the Nutrition Security Coordination Committee (NSCC) under MYCNSIA was enlarged and now includes some academic institutions and NGOs next to the key agencies for nutrition security within the UN family (including the REACH secretariat) and from the donor community that were already a member of the committee. It is rated to be a good mechanism for exchange of information and sharing of updates on programme implementation and achievements. However, overall achievement for the ‘outward looking’ functions of the MYCNSIA programme falls somewhat short of expectation. In the opinion of the evaluators, the MYCNSIA regional programme is capable of adding more value with intensified focus on advocacy and knowledge dissemination efforts towards recipient Governments in the five countries (and regional bodies). This should in particular entail regional-level communication mechanisms that contribute to the ‘creation of an enabling environment’[^60]. This e.g. could be done through the web, mass media, distribution of sets of well-packaged messages reaching out to key decision-makers in Government, etc.

94. Another key finding for the regional component is that after two years of programme implementation UNICEF still does not avail of specific MYCNSIA documentation on addressing stunting and anaemia which is ready to be distributed as part of the advocacy work during regional meetings etc. The planned advocacy briefs and country profile papers are still under preparation and not ready for sharing with decision-makers and other audiences. By end of 2012, only the brief on Nutrition in Social Protection was available while the other three advocacy briefs were still under preparation (expected to be ready mid-2013)[^81]. The set of Food and Nutrition Security Country Profiles that were commissioned to be prepared by FAO has suffered from delays and at the time of the MTE implementation (April 2013) were only available in draft form.

95. While the advocacy briefs and country profiles are expected to be useful material for sensitizing relevant stakeholders at regional and national level on undernutrition in general terms, the consultants rate the intended formats as less appropriate when the aim is to meet the information needs of senior policy officers. It is this layer of Government staff that is very important for influencing national-level decision-making. A good role for a technical agency like UNICEF would be to fill the existing information gap through publication of a set of technical papers that are ‘supporting’ the advocacy briefs. These should be slightly longer papers that present more details and case studies on models for implementation but at the same time are not ‘too technical’ so that non-nutrition specialists can also read and understand them.

**Within the MYCNSIA target countries**

<table>
<thead>
<tr>
<th>Specific evaluation questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2b) Policy development at national and below-national level:</strong></td>
</tr>
<tr>
<td>What results have been achieved in terms of the number and quality of the various national strategic documents to which MYCNSIA/ANSP has contributed? (both within health/nutrition sector, e.g. communication strategies on IYCF, CMAM and micronutrients, and for multi-sector approaches) (R1.1; R1.8; R1.9; R.12) Has the programme contributed to adoption of new or revised National Nutrition Plans? (R1.6)</td>
</tr>
<tr>
<td>What contribution has been made to achieving new national legislation on Marketing of Breast Milk?</td>
</tr>
</tbody>
</table>

[^60]: In the 2008 Lancet series this concept did not feature upfront. In the past years however, creation of an enabling environment has gained importance as one of the key contribution agencies can make for addressing undernutrition. Refer to the diagram presented in section 3.1 which is taken from the 2013 Lancet series.

[^81]: In 2011, a consultant was hired to write four technical nutrition papers collating the evidence on nutrition sensitive programming in the areas of agriculture, social transfers, education and public health. The next step was translation of these technical papers into short 2-page advocacy briefs in the course of 2012. Another consultant was hired for this process.
Substitutes and on food fortification? What lessons can be learned from this that can be replicated elsewhere? (R1.10) How did distribution of publications (brochures, briefs, papers) contribute to advocacy on nutrition security among a wider audience? (R1.2, R1.4, R1.5, and R1.7) does the programme reach out to key stakeholders (including through the media) at (sub-) national levels?

96. In all five countries, MYCNSIA activities contribute to upstream policy development. Cohesion in the programme is sought through linkages between the activities at the national level and at district level. Implementation modalities vary considerably between countries. Relevance and completeness of the packages also varies from country to country:

- In Bangladesh, UNICEF supports the development of a National Food Policy (NFP) Plan of Action for Bangladesh. Once this plan is endorsed, UNICEF will support the orientation at national and sub-national level. UNICEF generally will not engage in the development of district level plans of action. In Bangladesh the incorporation of nutrition into plans and budgets for other sectors beyond health was already a reality before MYCNSIA started. The three other activities under pillar 1 are examples of upstream strategies to which UNICEF has contributed in the past: the communication strategy on IYCF, the strategy for anaemia prevention and control and the CMAM guidelines and training manual. At national level UNICEF supports the roll out through an active communication strategy involving the mass-media (new activity under MYCNSIA). In addition, UNICEF’s role in strategy and policy in development in Bangladesh includes funding formative and/or action research (e.g. on anaemia prevention, locally produced fortified complementary food and RUTF, the CMAM pilot in one district). Various stakeholders were of the opinion that leadership from UNICEF in nutrition in the past was not effective (“Invisible” as some stakeholders put it), notably on issues like RUTF and more general nutrition policy related issues. However, expansion of the nutrition capacity in the Country Office during the last eighteen months is now allowing UNICEF to engage more in leadership tasks. For example, as of this year, UNICEF has taken over the chair of the Nutrition Working Group from FAO. Under the new section chief, UNICEF has intensified its focus on including the full set of direct nutrition interventions’s into the nutrition information systems.

- In Indonesia, UNICEF ‘traditionally’ plays a key role as being the first point of reference for the Government on nutrition issues (on the Breast Milk Substitute Code, accession and implementation of SUN, capacity building on IYCF). For instance, under Pillar 1 in the MYCNSIA programme, UNICEF supported establishment of the Breast Milk Code, advised on the operationalization of the SUN movement and scale-up of high-impact interventions during the first 1000 days of life. However, during this evaluation, it was stressed from various sides that UNICEF Indonesia currently stretches too thinly on nutrition in terms of the wide geographical spread and in terms of the activities that are undertaken under the umbrella of MYCNSIA. The common opinion in Indonesia is that the main aim for UN agencies should be to engage in district-level interventions as a means to support local policy development processes and to help develop evidence-based implementation models which can be replicated elsewhere in the country, and to support rolling out of the chosen models to larger geographical areas through capacity development. The question for UNICEF Indonesia in coming years is how best to be catalytic in terms of bringing change through promotion of a set of implementable solutions on IYCF/MNP and CMAM. Work on IYCF is still very much needed in Indonesia as it is one of the countries in the world where exclusive breast feeding rates are low (although improving), and where aggressive promotion of breast milk substitutes through contacts with midwives are still continuing.

- In Lao PDR, the MYCNSIA focuses in the first place on supporting the implementation of the National Nutrition Strategy and Plan of Action 2010-2015 which was formulated and adopted in 2009. However, the Plan is considered to have too little focus (too many strategic objectives and priorities) and its implementation has not really come off the ground. Meanwhile, the Government intends to

---

62 This is the mandate of the Ministry of Food and Disaster Management (MoFDM), supported by FAO for capacity building and monitoring.
63 The process involves orientation of officials in project districts and upazilas and ensuring that funds are allocated in the district and upazila budgets (R1.2, R1.3 and R1.4).
64 SCF-UK (2013), Super food for Babies, How overcoming barriers to breastfeeding will save children’s lives.
develop a new strategy which integrates Food and Nutrition Security in order to stress the linkages between food production and consumption. Overall the attention to support development of preventive policies related to micronutrients is relatively limited. MNP distribution has been recently introduced as part of emergency programmes but not as a preventive measure. An operational pilot is currently being undertaken which later on could serve as input for elaboration of specific national guidelines on MNPs. Lao PDR also lacks a comprehensive IYCF strategy to inform health workers and community volunteers in their EBF counselling work. Support to the development of the IYCF guidelines and training package (activity 4 under pillar 1) is therefore most relevant given the high levels of stunting caused by (or linked to) low levels of early initiation of Breastfeeding, low levels of exclusive breastfeeding (EBF) during the first six months, and the lack of appropriate introduction of complementary feeding (LSIS 2011). However, the roll-out of the IYCF guideline depends on the formal approval by the Lao government which is already pending for almost a year (since July 2012). Despite the hard work by UNICEF to get things moving with regard to nutrition security policy development, this has appeared to be a slow and often difficult to understand process beyond the sphere of influence of UNICEF staff. This also applies to the Lao SUN membership.

- The first two results under pillar 1 of the Nepal, MYCNSIA programme are closely related: the development of the Multi Sectorial Nutrition Plan (MSNP) and the provision of administrative and technical support to scale-up essential nutrition interventions in 6 MSNP districts. Activities have extended to all relevant stakeholders, also from an inter-sectorial point of view. REACH staff will be placed in the newly established MSNP Secretariat in the Nutrition Planning Committee, thus forming part of a team that also has national staff funded by DFID and the World Bank. UNICEF Nepal chaired the IYCF technical working group on IYCF which drafted the comprehensive IYCF strategy, in line with MSNP in 2012. UNICEF was also an active member of the technical working group on maternal nutrition to draft a maternal nutrition strategy in the same year. Both strategies have been endorsed by NUTEC and have been submitted to the MoHP for approval. Also, the existing community IYCF training materials and tools were reviewed, revised and updated based on a consolidated review of the existing materials and tools developed for Nepal by all key partners and in line with the latest UNICEF/WHO global IYCF guidance, materials and tools. The updated materials are being piloted/tested in the 9 MIYCF/MPNs early expansion districts, and will also be adopted in the multi-sector nutrition plan of action model districts.

- In The Philippines, the Philippines Plan of Action for Nutrition 2011-16 (PPAN) is the main policy document with regard to nutrition security. The PPAN could be the most important entry point for UNICEF to advocate for relevant approaches to enhance nutrition security, in line with the first expected output under pillar 1 of the MYCNSIA. However, the National Objectives of Health 2011-2016 already include specific objectives and programmes related to nutrition so it is not clear why UNICEF has included this activity in their work plan. The stakeholder mapping based on the REACH methodology (second activity under MYCNSIA) provides a good and detailed overview of many organisations that are active at local levels but it is not clear to the evaluators how the acquired information has been used in the further positioning and strategizing of the MYCNSIA programme. The UNICEF-commissioned review in December 2012 on the Mandatory Food Fortification provides a very good and detailed overview of the specific issues with regard to the situation in the Philippines. Advocacy for Exclusive Breast Feeding (EBF) is done through support to the Expanded Breastfeeding

---

65 An inter ministries working group under the Prime Minister’s Office and with the participation of the Ministries of Health and Agriculture, is expected to develop a consolidated strategy. FAO has been requested to provide technical advice to the new strategy, whereas UNICEF is expected to provide an input with regard to the maternal and young child nutrition aspects.

66 Support to the development of a guideline for the promotion and utilization of MNP is not planned despite the fact that under pillar 2 attention for the distribution of sprinkles is cited. Laos avails of general national guidelines that include promotion and distribution of micronutrients like Vitamin A and IFA.

67 For example, UNICEF staff drafted the first versions of the job description for the Nutrition Programme Officers, who will be posted at district level with a truly multi-sectorial task on provision of support of the District Development Committee (DDC). UNICEF field staff is assisting the five MSNP districts in their first multi-sectorial planning exercise (result 1.2). UNICEF Nepal will partner with the Nutrition Collaborative Research Support Programme for complementary research on the way policy and program interventions can most effectively achieve improvements in maternal and child nutrition by leveraging agriculture, at scale. All this is generally done in cooperation with other actors. Increasingly other partners take up support tasks originally initiated by UNICEF. An example is the collaboration in REACH.

Promotion Act. However, the output for this activity in the log frame is formulated in such a way (the actually signing of the act, the prerogative of the authorities) that achievement of this output is beyond the span of control by UNICEF. Promotion of breast feeding and enforcement of the BMS Code are quite problematic in The Philippines as it occurs every now and then that parliamentarians with support from the commercial sector try to amend and weaken the existing legal framework. UNICEF’s participation as advocate and technical advisor in a wide coalition of other stakeholders has finally succeeded to avert the amendments.

97. A positive effect brought about by MYCNSIA and other key players on nutrition is a certain shift in awareness on the importance of nutrition, and more specifically the first thousand days. The shift is apparent in many different ways, and has had the nature of “one step at the time”. It has in all cases required measures to reinforce and emphasize the community level, and thus the staff at the bottom of the health pyramid (FWAs in Bangladesh; FCHVs in Nepal, etc.). Examples are renewed interest at Government’s side in growth monitoring including height monitoring (Bangladesh –not under MYCNSIA-, Philippines); MNP and IFA supplementation; MUAC / height screening piggy-backed on Vitamin A campaigns (Nepal, Indonesia) or during home visits or mothers’ group meetings (Bangladesh, Nepal).

98. To what extent activities under the MYCNSIA programme contribute (or can realistically contribute) to new policies or to the revision of existing policies is difficult to assess. Work on many policies had already started before the MYCNSIA, in some cases policies actually were already in place. For UNICEF this meant challenges in defining quantitative base-line values (and questioning the usefulness of quantification of policies). Another complicating factor is that in some MYCNSIA countries such as Nepal and to a lesser extent Indonesia, “all” nutrition-relevant policy development interventions are categorised under MYCNSIA while this is less the case in the other countries.

99. Within the MYCNSIA programme, Local Nutrition Action Planning has provided a good opportunity for different sectors to collaborate at the local level and to integrate Nutrition Security into the District Development Planning that has been used well. In the countries where Local Nutrition Action Plans / Food and Nutrition Security are being developed (Indonesia and the Philippines), many stakeholders are contributing to the formulation of nutrition relevant actions. In these countries, the adoption of Nutrition Action Plans has contributed to a greater commitment of the local authorities and line ministries to work on nutrition security. The Nutrition Governance study implemented in the Philippines shows this commitment and interest to further develop this tool of Local Nutrition Planning. However, it was found by the evaluators that more attention needs to be given within MYCNSIA to stimulate local Government to implement and monitor the outputs and health outcomes of the Local Nutrition Action Plans. Also, it was noted during the field work for this MTE that there is a need to better tackle knowledge gaps of local stakeholders.

5.5.2 Pillar 2

### Specific evaluation questions:

2c) Did the programme create curricula and materials on nutrition for ‘standardized’ training courses for health staff? (R2.9) Increased capacity for integration of nutrition in programmes in other sectors? (R2.10)

### Regional level

100. While it clear that capacity development work primarily is to be taken up at the level of the country programmes, the assessment of this MTE is that the amount of work under Pillar 2 that has been done by the regional MYCNSIA programme is rather low. There have been some though modest advancements on rolling out nutrition capacity development directed to the health sector, but no concrete steps as of yet on integration of nutrition in capacity development in other sectors.

101. The main regional-level activity that has happened under Pillar 2 was in 2011 when MYCNSIA organized two 6-days Training of Trainers (ToT) courses on community-based IYCF counselling (Manila ToT...
course, Jakarta ToT course, both in September 2011, with 39 participants from six countries in total). The pre/post training knowledge test indicated that nearly all participants already had strong knowledge on IYCF. It is unfortunate that in most MYCNSIA countries roll-out of these trainings at national level has been delayed (not in Bangladesh and Indonesia). Reasons for the delay were e.g. that time was needed to adapt the ‘generic’ IYCF training modules to local circumstances, that Government budgets for IYCF roll-out were not available, the need to first build sufficient political commitment to IYCF, etc.

102. Another activity under Pillar 2 that is managed through the regional component is the technical backstopping (mentoring) on nutrition data collection and analysis for the baseline studies (and later on also for the end-line studies). The consultants that are hired (University of Washington) also engage in development of M&E systems for sub-components within MYCNSIA in the various countries.

103. When the PMU realized that there were already several training courses on nutrition security on offer in the region through other initiatives (SAFANSI collaborating with Mahidol University, Menzies School supported by AUSAID, FAO), the decision was taken to step back in order not to replicate what is already done by others. Instead, the focus was on a nutrition capacity needs assessment in three of the MYCNSIA target countries (Nepal, Bangladesh, and Indonesia). Data collection for these assessments was done in 2012. The reports include a mapping of stakeholders on nutrition security in the country at national and district levels, the various roles they have, the capacities that are present and the gaps that exist. Efforts will be made in 2013 to collate these national reports into a comparative analysis that has value at regional level. For instance, by exploring where synergies exist at regional level in terms of production of learning materials and capacity building efforts (taking into account what is already exists, e.g. SAFANSI/Mahidol and Menzies School of Health Research). A point of attention here will be how to make sure that interventions under Pillar 2 are supporting achievements in the other pillars for MYCNSIA. Obviously, training is not an end in itself!

Within the MYCNSIA target countries

104. An overall finding is that effectiveness for Pillar 2 activities is hard to judge based on the information that was made available to the evaluation consultants. One of the reasons for this is that indicators for each output and (sub)-output in the work plans are not systematically and routinely reported upon in the annual reports.

105. Also, and more importantly, effectiveness of capacity building to a large extent was found to depend on other factors (‘enabling environment’). In some countries, the situation has been that external factors formed a hindrance that blocked the effect of Pillar 2 activities undertaken under MYCNSIA. Examples are given here for Bangladesh and Lao PDR. In Bangladesh, the effectiveness of pillar 2 activities on CMAM has suffered from the current halt on the programme as it was decided by the Government not to continue with use of RUTF as it is envisaged to go for local production of another suitable therapeutic food. However, the latter still is in the piloting stages and not yet available for widespread use which affects the implementation of a full package of activities for CMAM. In PDR Lao it was found by that the interdependency of a multi-pillar endeavour has been an obstacle for implementation of the pillar 2 outputs related to IYCF.

106. In contrast, it is very positive that in some countries MYCNSIA capacity development entailed training of Local Nutrition Committees which, especially in a setting of decentralized decision-making and resource allocation, has provided excellent opportunities to advocate for direct nutrition interventions plus integration of nutrition-sensitive interventions in programmes in other sectors.

- In the Philippines, the Nutrition Governance study can be considered as a training needs assessment of the topics and issues that need to be addressed in enhancing the capacities of LGUs. Although the study provides a comprehensive overview of the functionality, effectiveness and sustainability at LGU level with regard to MYCNSIA, it does not provide clear recommendations of what support is needed to improve the management of nutrition security by LGUs. For instance the issue of performance of

---

69 However, the participants were very enthusiastic about the training method which was based on innovative methods for ‘adult learning’; it increased their enthusiasm to become ‘Master Trainers’ and they were familiarized with the methods and materials in the new global IYCF toolkit developed by UNICEF New York.
70 This activity also could have been presented under Pillar 3 as it pertains to nutrition information collection and analysis.
71 E.g., on the overall MSNP monitoring framework and the IYCF/Child Cash Grant programme in Nepal, the IYCF programme through PKH Prestasi (Conditional Cash Transfers) in Indonesia, and the MNP distribution programme in Lao PDR.
Local Nutrition Committees is addressed but is not translated in a clear recommendation how the LNC can operate as an inter-sectorial committee at local level. Examples of well-functioning LNCs and good practices of activities are not presented and analysed. Membership of organisations beyond the government’s institutions is a problem: only about one-third 30% of LNCs have member from outside the government. So far, no concrete capacity development activities have been identified on the basis of the study.

- In Indonesia, the case of Klaten shows that capacity development to the local authorities and line ministries has contributed to the formulation and adoption of a set of local policies, rules and regulations relevant for nutrition security.

### 5.4.3 Pillar 3

<table>
<thead>
<tr>
<th>Specific evaluation questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2d)</strong> Are all countries assisted to strengthen their nutrition monitoring systems (R3)? Any models that can be scaled up? (R3.2) Number of peer-reviewed publications produced as a result of the capacity development pillar in MYCNSIA/ANSP? (R2.5)</td>
</tr>
</tbody>
</table>

#### Regional level

107. In the first two years of MYCNSIA implementation, there has been considerable attention for establishment of MYCNSIA programme monitoring systems which resulted in a number of products to guide the process at country-level. This refers to the contracting of a consultant and collaboration with CDC (UNICEF global partner) for elaboration of a ‘generic logical model’ for MYCNSIA which was accompanied by a ‘generic monitoring framework’. These generic frameworks were developed in order to provide guidance to the five Country Offices on how to define indicators, etc. This guidance resulted in sufficient uniformity (the four pillars) of the country-specific log frames that were developed in each of the five countries to make them fit with the specific national / district-level contexts. However, the effectiveness of all of this work has been modest (to say the least) as the log frames actually have not been used. Later on, another set of indicators was developed as programme monitoring tool at country or regional level which primarily focuses on implementation progress of the activities in the annual work plans. The reason for this programmatic change that was given by UNICEF is that the log frames were felt to be too complicated and that required information was not available for many of the indicators listed.

108. The engagement with the University of Washington (UoWash) has resulted in technical guidance on baseline studies, guidelines for some country-level evaluation, internships of three students in Indonesia, Philippines and Lao PDR who undertook some further analysis of the baseline data, and in some cases also of other databases. This work by UoWash is seen as important step in the MYCNSIA programme support towards strengthening of national/local nutrition information systems. It is relevant to mention here that the context for this work was very conducive as the interest in nutrition among Government counterparts substantially increased in recent years as a result of SUN and other initiatives. More work on nutrition monitoring is currently envisaged to be taken up in the country-level programmes (as has e.g. already been started in the Bangladesh programme).

109. The other result area at regional level is the establishment of inter-linked forums among the countries. A start was made through participation of nearly all MYCNSIA countries in the 3-day Knowledge Management Workshop in Bangladesh in April 2011. This workshop was organized by the MDG-F programme\(^\text{72}\) and co-facilitated by a staff member of the PMU. Another activity under MYCNSIA was to introduce all countries to the knowledge management platform (TeamWorks) for sharing of experiences and good practices\(^\text{73}\). However, the PMU has not actively engaged in stimulation of its use, and the platform was not mentioned by any nutrition staff in the visited Country Offices as a key source of information. When it became

\(^{72}\) The MDG-Fund is an agreement between the Government of Spain and the UN system to accelerate progress on the MDGs. The programme was established in 2007 and in total covers 50 countries around the globe. In Asia, MDG-F is implemented in Afghanistan, Bangladesh, Cambodia, China, Philippines, Timor-Leste and Vietnam. Ref. [http://www.mdgfund.org](http://www.mdgfund.org).

\(^{73}\) MYCNSIA here could build on the TeamWorks platform that was already established under the MDG-F programme. The new element is that it now was made available to three new countries (Indonesia, Nepal and Lao) that did not participate in the MDG-F programme.
clear that the MDG-F would close in the course of 2012/2013, the intention was to maintain the knowledge management function covering all MYCNSIA countries. The idea is that this should build on already existing knowledge management on nutrition security in the region. However, no progress was made on this activity in the course of 2012 and the activity now is scheduled for 2013.

110. **Within MYCNSIA, UNICEF so far has not been able to systematically exploit cross-country learning opportunities.** During the MTE field work it was observed that national UNICEF staff were only to a limited extent aware of the experiences in scaling-up approaches in the different countries. The variety of implementation approaches in the programme countries provides a good opportunity for cross-country learning how crucial elements of a nutrition security approach are being implemented in different country contexts. The integration of nutrition in CCT (Indonesia and Philippines), the implementation of Local Nutrition Action Planning (Nepal, Philippines, Indonesia), the integration of MNP in the IYCF programme (Nepal) or the IYCF counselling of pregnant women (Bangladesh) provide good opportunities for learning across the countries.

**Within the MYCNSIA target countries**

111. **There appears to have been a certain ambiguity on results and outputs under Pillar 3 within MYCNSIA.** Under this pillar the outputs have either been formulated in terms of **measuring impact of MYCNSIA interventions**, or as **strengthening mainstream management information systems**. Remarkably, the work plans rarely specify an intention to mainstream innovations achieved in any of the MYCNSIA pillars into the system at large.

- **Nepal** is the only country which clearly states that interventions are ready to be rolled out at a larger scale. The preparation for mainstreaming in Nepal thus includes changes in the MoHP reporting forms. Both in IYCF/MNP and in CMAM/IMAM districts monitoring and reporting forms have been adapted and are in full use by the Ministry. In Nepal there also is a routine of evaluating pilot interventions and adapting the intervention with the findings in hand, in conjunction with the Ministry. In other countries such pilots are less routine, but do occur, (e.g. CMAM pilots in Bangladesh and Indonesia).

- In **Bangladesh**, the MIS is designed to serve as a pilot for mainstreaming (a subset of) nutrition indicators in the national HMIS.

- In the **Philippines**, UNICEF has been able to introduce nutrition security relevant indicators (MNP and IFA use) in the Family Health Services Information System (FHSIS).

112. In several countries the result has been **a combination of piloting certain interventions (IYCF/MNP; CMAM/IMAM; IFA) in the target areas under Pillar 4 and inclusion of activity figures for these interventions into the local management information system**. In Bangladesh and Nepal inclusion is expected to become nation-wide with the expansion of the intervention. (In Bangladesh the intervention is a different kind of novelty: the shift to an electronic web-based form of reporting, which was piloted in MYCNSIA upazilas – see Box below). In Klaten, Indonesia scaling up may eventually happen beyond the pilot domain.

### Piloting a nutrition information system in Bangladesh

The MYCNSIA in Bangladesh is piloting an innovative computerized and web-based monitoring information system (MIS) with the aim to speed up the data collection process and availability of data, enabling timely adjustments in implementation modalities if necessary. The monitoring system will be shared for incorporation in the HMIS. One of the strengths of the MIS is that it also measures its own effectiveness. To this end, M&E officers compare findings on the performance of FWAs as observed by themselves with information recorded in the registers as well as information obtained from the clients. Observation during field visits entails checking if (i) FWAs carry a register at the time of contacting clients; (ii) FWAs correctly record information in the register; (iii) FWAs reports match with the recording form. All information combined allows comparison of coverage findings in the MIS report, through observation by M&E officers and as reported by clients during home visits. First results indicate that data on the coverage of counselling from household visits are consistently lower than those obtained from the MIS records (on average about 10%) and those obtained through M&E observing PWAs at work (on average 20%). Measures taken included instruction to the M&E officers to: (i) increase monitoring visits and share findings;

---

74 In Indonesia the R4 implementation districts were altogether too limited and too dispersed to serve as pilots with national level relevance. For example, the work on growth monitoring and promotion has concentrated in the three target districts. The programme is most advanced in Klaten where the use of height boards and use of indicators on early initiation of breast feeding have been introduced. A showpiece for MYCNSIA in Indonesia has been the introduction of nutrition indicators in the computer-based monitoring of health interventions in Klaten.
(ii) provide assistance to field staff in proper counselling, recording and reporting; and (iii) request DGFP supervisors to increase supervision in the field. A disadvantage of the MIS is the high transaction costs in reporting plus loss of information and of quality in the sequence of reporting (from local NGO to CARE to UNICEF).

113. It is clear that the heightened interest of Governments in nutrition has come with new opportunities for UNICEF with projects such as MYCNSIA. Although MYCNSIA was not designed to operate beyond its own Logical Framework and to introduce adjustments according to new requirements, in several countries (Bangladesh, Nepal, and Lao PDR) there have been efforts as part of MYCNSIA to support Government ambitions to introduce a full set of nutrition relevant indicators in the country’s HMIS.

114. Another output (at a different level) for the MYCNSIA programme as a whole consists of the evidence on delivery models / implementation models that is generated through studies on the scaling up of specific direct nutrition intervention packages. A good example is the coverage surveys of IYCF/MNP in Nepal, the CMAM evaluation in the same country and the intended effective IFA coverage study in Bangladesh. Such studies are particularly meaningful and useful when they are designed to be used as input for decision-making on how certain interventions should be mainstreamed at a larger scale. Even more so when the studies were designed in such a way that they can provide rapid results.

5.4.4 Pillar 4

Specific evaluation questions:

| 2e) Has MYCNSIA already been able to improve IYCF / CMAM / micronutrient supplementation in the targeted countries (or geographical areas therein?) as per the planned targets? (R4.1; R4.2; R4.3; R4.4; R4.6;R4.5) |

115. The first overall finding on Pillar 4 is that MYCNSIA has been able to contribute to scaling up and improvement of direct nutrition interventions in all five countries (although with varying levels of geographical coverage) and that these interventions are all (with one exception –Local Nutrition Planning –) part of the category of “High Impact Nutrition Interventions” (see 2.1).

116. However, the second overall finding is that the effectiveness of the Scaling-up activities is rather dependent on the complex and highly dynamic environment and that achievement of results is widely different from country to country (and even within countries sometimes). The simple fact is that UNICEF can advocate for the nutrition cause but the agency at the end of the day has no direct control over national Governments which decide if, when, where and how nutrition-specific interventions are introduced on a wider scale. It is also a reality that in each country there are many other actors contributing to Mother and Child health care and nutrition (often as part of a national SUN movement) also that UNICEF is not the only agency working on development of delivery models etc... This underlines the importance of looking at contribution rather than attribution.

117. The following section gives a listing of key findings on the effectiveness of the main direct nutrition interventions under Pillar 4: IYCF, micro-nutrient supplementation, food fortification, CMAM, and support to local nutrition action planning:

IYCF

118. The scaling up and further development of IYCF presents itself to be a cornerstone of any nutrition security intervention that MYCNSIA justifiably heavily invests in. However, a key finding is that the IYCF toolkit provides limited guidance on how to support improvement of maternal nutrition. Having said so, it appears that in the five MYCNSIA countries the emphasis of the IYCF approach may differ. In Nepal the IYCF activity – in combination with MNP distribution – shows some significant documented successes. In Bangladesh and Indonesia, in particular the counselling cards were of great help to community-based

---

In Nepal, the involvement of community volunteers who become IYCF counsellors – and who themselves are often mothers – was found to be a highly appreciated and effective means to reach out to pregnant women and lactating mothers. There is early evidence of increasing popular awareness of the importance of IYCF in combination with MNP. This has the nature of “seeing is believing” – when children are visibly “brighter” and more playful than their older siblings and this is attributed to their improved diet, including MNPs.
counsellors to communicate relevant messages to pregnant women and mothers.\textsuperscript{76} In the absence of the formal approval of the IYCF guidelines by the Lao government, the emphasis has been on EBF, which resulted in an increase in EBF rates from 23 to 40%. In the Philippines it was found that the integration of IYCF-related health and nutrition messages in CCT programmes led to a considerable reduction of severe stunting with a 10% point percentage indicating that CCT can be an excellent method to improve nutritional status of children in poor households\textsuperscript{77} and an effective tool to complement other IYCF interventions.

**Micronutrient supplementation**

At this stage it is difficult to assess the effectiveness of micronutrient supplementation delivery models that are supported by MYCNSIA in the various countries. This is because monitoring systems for MNP / MMN / IFA distribution mainly concentrate on collection of distribution data and do not provide coverage figures, information on compliance or the demonstrated effects of the supplements on the health status of the recipients. Anecdotal evidence from Nepal (testimonies of mothers, health centre workers, community counsellors) suggests that MNP consumption by under two children\textsuperscript{78} has a positive impact in terms of decline of malnutrition, children being more energetic, with improved appetite, lower morbidity levels, etc.

Across the board, it was noted that MNP distribution programmes are not yet functioning optimally as (Government) logistics still are causing delays in reaching out to targeted areas which leads to disruptions in supply to health facilities. The problems usually were due to lack of logistical organisation plus existence of cash flow gaps in Government budgets (Nepal, Laos). The pilot in Lao PDR on testing the effectiveness of public (health centres) and private (shops) delivery systems for MNPs is therefore of very relevance to identify whether alternative supply chains through the private sector would be more effective to ensure continuous supply and high distribution figures.

---

**UNICEF supports promotion of fortified rice in Philippines**

The only country where UNICEF is supporting (Mandatory) Food Fortification is the Philippines where active cooperation is taking place with the National Food Authority to promote iron fortified rice (i-Rice). The UNICEF supported advocacy campaign included information dissemination to LGUs which has effectively led to a number of municipalities and barangays adopting resolutions in support of i-Rice. School visits were considered to be an effective promotion strategy as the campaign included the students as well as their parents. The promotion campaign held from mid-2011 to early 2012 led to significant sales increase in the three target regions from one year to the next. However, it was observed that acceptance of i-rice by consumers was still rather low because of taste, appearance and cooking qualities. It is recognized that the sales increase is seasonal and to a large extent related to the subsidies on i-Rice. UNICEF currently supports its government partner NFA to introduce the hot extrusion technology to overcome taste and appearance problems with fortified rice.

---

**CMAM**

The implementation of CMAM has proven to be an effective way to identify cases of SAM. However, case identification is only the first step in the process and is not an end in itself. The finding from the MTE is that case finding is not always followed up with provision of suitable and effective treatment and counselling to families. It is fair to mention here that CMAM roll-out is at entirely different levels of advancement in the different country programmes\textsuperscript{79}. Once the system is in place, CMAM effectiveness depends on the level of training of institutional health workers and community health volunteers. As was shown in Lao PDR, if basic training has been provided CMAM appears to be effective in terms of screening. However, the treatment side thus far seems less effective. In Bangladesh this is because the Government stand-still on the import of RUTF and shift to local food as per the national guideline, but in other countries where RUTF is available (Lao PDR, Nepal, Indonesia) it appears that there still are some flaws with regard to the use of RUTF. Nevertheless, it was found that in three out of the four MYCNSIA countries the results of the CMAM programme in terms of

---

\textsuperscript{76} There is evidence from Indonesia (Klaten district) that EBF levels had increased as a result of IYCF.

\textsuperscript{77} World Bank, AusAid, ADB: Philippines CCT Program Impact Evaluation 2012.

\textsuperscript{78} There were some initial problems with acceptance that were overcome by time as pregnant mothers and children got used to the taste. Also, lack of information on how to utilize the MNPs in food preparation for young children had some negative influence in particular on initial acceptance.

\textsuperscript{79} In Nepal and Indonesia it is part of pilot programmes at district level, whereas in Laos the programme was introduced as part of an emergency response to local flooding. In the Philippines it is not part of the MYCNSIA programme but supported through other sources of funding. In Bangladesh support to CMAM is continuing, but with use of local foods as per national guidelines.
recovery rate and health status after treatment are in line or above international standards. Appropriate registration and monitoring of SAM cases as well as supervision of health centre staff appear to be problematic as is the case for instance in Laos and also to some extent in Nepal. For MAM cases, the Bangladesh review hints (on the basis of anecdotal information) that "screening is potentially effective if also action is taken in case moderately malnourished children are traced and mothers are counselled at community level".

### Piloting CMAM implementation in Indonesia

In 2012, UNICEF decided to keep the CMAM programme pilot confined to Sikka district. In principle this means that the programme target of extension to two new districts by end of December 2013 will not be reached. The decision not to expand was based on the results of the baseline survey that indicated that the prevalence of SAM is very low in the other two MYCNSIA target districts. The need to adjust the design is exemplary for the in-built need for flexibility when programme planning is done and targets are fixed in the absence of district-level baseline data.

The MYCNSIA achievement indicator is a measure for the geographical expansion of the CMAM that is accomplished. However, it does not indicate what contribution is made through the support provided by UNICEF, what quality the provided SAM treatment services have, and what the impact is on treatment results for children with SAM. The work plan indicates that there are three activities under the 4.2 output area: (a) technical support for piloting IMAM/CMAM in NTT province; (b) procurement of RUTF; and (c) support to development of local RUTF in partnership with WFP. From the annual reports it is gathered that the first two activities indeed have taken place while local production of RUTF is still in the ‘discussion stage’.

The evaluation by Valid International of this programme indicates that results thus far have not been very encouraging. Nearly three out of four children undergoing SAM treatment default before completion. Problems were identified with screening by untrained community-based staff. Also it was found that posyandu staff often does not recognize SAM cases. This is despite the fact that most health staff actually is more oriented towards treatment than prevention of malnutrition. Upon graduation from treatment of SAM, in Sikka the only support mothers get is in the form of nutrition messages plus, in some cases, provision of small amounts of food such as rice, green beans, eggs, vegetables, coconut oil, etc. This is because WFP support to MAM treatment is not available in Sikka district (it covers NTT but targets other districts) and the GoI system for treatment of acute malnutrition is based on nutrition counselling only.

Local villagers told the evaluator that their experience is that this approach leads to limited weight gain and relapse of most of the children. Supportive supervision on CMAM by DHO staff is not taking place (the programme is not yet integrated in their package of work). In the visited health centres, the evaluator found batches of expired RUTF (‘Eezeepaste’). In the villages that were visited during the MTE mission, it appeared that from the side of the population there is high appreciation for the pos gizi approach. This is the Positive Deviance nutrition improvement programme is implemented by some international NGOs (CRS in NTT) which however is less appropriate for treatment of SAM, especially not in case of medical complications requiring treatment. The pos gizi approach is liked because it is felt to be easier to manage for the mothers as they do not have transport problems to come weekly to the posyandu but can stay near the health centre for a consecutive number of days.

### 5.5 Impact

#### 5.5.1 Feasibility of achieving programme impact targets for reduction of anaemia and stunting

**Specific evaluation questions:**

Do programme targets for reduction of anaemia and stunting appear feasible taking into account the findings

---

80 In particular Nepal and Bangladesh stand out for their results of SAM identification and treatment. In Indonesia there is a relatively high incidence of defaulting.

81 Like many other non-emergency countries, Indonesia does not avail of a nation-wide MAM treatment programme based on use of specialized nutrition products. This is because of the high costs associated with such programmes. GoI rather looks at provision of nutrition counselling together with measures to strengthen purchasing power of the poorest households through conditional cash transfer programmes.

82 The case study is based on the report of the CMAM evaluation undertaken end 2012 and field-level findings in the villages visited by the evaluator. Further information was found on the web: The Posgizi approach was piloted in Indonesia in the period 2003-2008 by five international NGOs with funding from USAID. The main focus in this approach is on behaviour change through intensive counselling on IYCF during 12 consecutive days per month based on a ‘community kitchen’ approach. See: [http://www.positivedeviance.org/PD_Evaluation_Report_for_DEPKES_FINAL.pdf](http://www.positivedeviance.org/PD_Evaluation_Report_for_DEPKES_FINAL.pdf)
122. The question for this MTE on impact was framed as whether "programme targets for reduction of anaemia and stunting appear feasible". As a matter of fact, with only the baseline studies in hand it is rather presumptuous to predict what impacts on prevalence of stunting and anaemia probably will be achieved by end 2014 in each of the five target countries. However, it can justifiably be said that impact levels probably have been set at rather ambitious levels. This is in particular the case with stunting reduction where so many causal factors. But also the expectations on achievements in anaemia reduction among pregnant women should better not be too high as success is very dependent on effective public health care systems and compliance of beneficiaries with IFA supplementation. In particular in the MSNP target areas in Nepal there is a lot of and well-integrated focus on nutrition with rather good programme coverage which can be expected to translate into considerable achievements on the impact indicators.

123. A key comment in this MTE is that it actually is not entirely appropriate to focus impact measurement for MYCNSIA purely on stunting and anaemia results attained in the districts / provinces targeted by the programme through Pillar 4 activities (in some countries in direct connection with capacity development work under Pillar 2). The underlying objective for the MYCNSIA programme clearly is to bring change in policies, systems and models and not only to implement projects.

5.5.2 Broader unintended effects at the various levels of implementation

Specific evaluation questions:

What have been broader unintended effects (positive or negative, direct or indirect), at any level of implementation, ranging from activities to impact? (Environmental, economic, social, political, or technical).

124. During this MTE, it has not been possible to thoroughly explore what broader unintended effects the MYCNSIA programme thus far has had. The information base in the annual reports and in other documentation that was made available is insufficient to come up with clear statements in this respect. The topic of unintended effects also has not arisen during the interviews as part of the field missions to the five countries. The question whether other than intended effects have occurred nevertheless is certainly important and definitely should be taken up in the final evaluation.
5.6 Sustainability

5.6.1 Regional and national-level capacities and ownership for sustained results

Specific evaluation questions:

1a) Did the programme create sustainable capacities on policy development? (regional/national/local) On implementing nutrition capacity development programmes? On running nutrition information systems? On implementation of effective direct nutrition interventions?

1b) In what ways were MYCNSIA/ANSP interventions integrated into existing national / local efforts? (Give details for each result area) Is good ownership created for MYCNSIA/ANSP activities by government partners and/or other partners?

125. Because of the wide diversity in the country settings and actual programme activities, it is difficult to give an overall answer to the question whether at mid-term MYCNSIA already has been able to create sustainable capacities. In general terms, it is clear that achievements are highest in settings where the context was conducive and MYCNSIA was able to reap the opportunities that presented themselves.

- Achieving sustainability on Pillar 1 in principle is a prerequisite for sustainability of all other pillars. The achievement on Pillar 1 thus far has been quite good. The experience is that progress is quicker in a setting with strong national institutional set-up on nutrition and relatively higher levels of government budgets like in the Philippines and e.g. in Central Java in Indonesia. In all countries sustainability of nutrition support work is benefitting from the enormous boost for nutrition generated by SUN, REACH and other initiatives.

- Sustainability of Pillar 2 activities would need good integration of the capacity development in Government budgets, health staff training curricula, etc. With the exception maybe of the Cascade training approach (e.g. Nepal and Indonesia) such a level of sustainability has not yet been achieved by the MYCNSIA programme. Most of the training has been taken up as one-off effort.

- The Pillar 3 interventions are relatively most sustainable in when the MYCNSIA programme achieves to have new nutrition indicators integrated in existing health management information systems, or other monitoring systems in other sectors. Such results can be attained at national and/or local levels of governance. MYCNSIA has managed to bring such change in e.g. Nepal as part of the MSNP, and in Indonesia (Klaten) and Bangladesh at district level as part of the HMIS.

- For Pillar 4 activities sustainability to a large extent depends on presence of qualified human resources who are trained and motivated and are reaching out to the community level (the MSNP in Nepal is the best example in case, but also e.g. the Bangladesh community clinics). The potential for sustainability for Pillar 4 interventions is higher in case opportunities can be reaped to scale up nutrition interventions (in particular IYCF) through linking up with large social protection schemes (Indonesia, Philippines).

126. In most countries there have been good opportunities that MYCNSIA has been able to reap on development of sustainable capacity due to existence of an “enabling environment” (ref the diagram on required actions to achieve optimal nutrition presented in the 2013 Lancet series):

- In the Philippines the very well-established institutional nutrition set-up from the national level (NNC) down to the Barangay level provides a lot of opportunities. At Barangay level there is substantial capacity through the Barangay Nutrition Scholars who are in close contact with the local population. At all levels there are Nutrition Action Officers. Furthermore the Local Nutrition Committee (LNC) is a well-established committee integrated at the municipality level and with representatives from the various ministries active at that level. The preparation of the Local Nutrition Action Plan is an important feature of their activities which encompasses the interventions from different sectors.

83 Although this does not mean that MYCNSIA is fully dependent on the context, rather on the contrary. The regional and country-level programmes have to play active roles to advocate for nutrition and stimulate other stakeholders to engage, which points once more to the high relevance of pillar 1 activities!
In Indonesia a result that reaches beyond the health sector is the incorporation of nutrition modules as part of PKH Prestasi and the PNPM Generasi programmes. These programmes also have a much larger geographical coverage than what UNICEF can achieve within the budget limitations. An opportunity in Indonesia is the increased awareness among government officials of the need to reverse the high stunting levels in the country. Educating GoI officials at all levels on appropriate nutrition security interventions and the 1,000 days programme within it is a major task. However UNICEF, together with other stakeholders now has the prospect of a receptive audience.

In Nepal there has been a high profile and high energy build-up towards the acceptance of the MSNP. The current roll-out to district level needs to sustain the energy and interest. In practical terms this means that a process of advocacy by word of mouth is needed. Capacity development through the cascade approach has this advantage of a natural ownership, the more so when it includes early examples of successes that can be shared, as was the case in the roll-out districts. The approach to have external Technical Assistance as a finite and temporary input, and use the cascade system in full, from top to bottom of the health care pyramid, has been very appropriate: as staff are being trained, they know that they, in turn, will need to train the next level, which makes training an active learner-oriented event that in a natural way generates ownership.

In Bangladesh as well there is the opportunity, of a dedicated service – the National Nutrition Service – in combination with a motivated Directorate (DGFP). MYCNSIA’s partnership with DGFP is a clear strength. In targeting in particular community clinics and Family Welfare Centres, MYCNSIA also builds on the Health, Population and Nutrition Sector Development Program (HPNSDP) priority of mainstreaming nutrition in the health sector, in particular through building capacity at upazila and community level. The new operational plan of DGFP is expected to reflect this mainstreaming, partly as a result of the MYCNSIA partnership.

127. Hindrances for establishing sustainable capacity by and large have been the opposite of the above: institutional blockages which MYCNSIA has not (yet) been in a position to solve. An example is the delay in the endorsement of the IYCF strategy in PDR Lao. There have been some opportunities, in the country contexts to increase sustainable nutrition capacity, that have not been acted upon. A case in point is that MYCNSIA has remained in the project modality, also when this was not, or no longer appropriate. An example is NGOs continuing to engage in the delivery of IYCF counselling in communities in Bangladesh while Government was already stepping up its community outreach, incorporating the same information through its own channels.

128. As mentioned above, in countries where UNICEF is in a position to do so, it would have been possible for MYCNSIA to target national management information systems as a specific objective, and in addition to make such systems reflect the effects of both nutrition sensitive and nutrition specific interventions. Here the expertise of UNICEF could have played a welcome role. This is particularly so now that Governments themselves are increasingly seeking to systematically incorporate nutrition in their monitoring systems (Bangladesh, Nepal) or have already done so. Taking the example of Bangladesh, support to the current ambitions (see Box below) legitimately falls in MYCNSIA’s mandate.

129. In most countries there has been apparent readiness in the pilot districts (including, in Nepal the expansion districts) to monitor and report beyond the regular HMIS reporting systems – which in itself is no small achievement. Without an additional ambition to mainstream on a wider scale however, the likelihood of sustainable change is limited. This is different in the Philippines and Bangladesh where it was the ambition from the start to include / pilot some new indicators for inclusion in the routine data collection systems.

A special concern is the issue of supplies which are funded by MYCNSIA, with little prospect of Governments taking over the financial burden. In particular this applies to procurement of RUTF and to a lesser extent of MNPs. In several countries the budget line of supplies and commodities is entirely funded by MYCNSIA. In PDR Lao distribution of supplies has been one of the capacity development outputs, but this will be effective only if the entire supply chain starts to function at all levels, especially the central one.
5.6.2 Contribution of the programme to comprehensive and inter-sectorial stunting reduction strategies at regional and national levels

<table>
<thead>
<tr>
<th>Specific evaluation questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent is MYCNSIA/ANSP contributing to an enabling environment for comprehensive and inter-sectorial stunting reduction strategies?</td>
</tr>
</tbody>
</table>

130. In the opinion of the evaluators, it is not exaggerated to state that the MYCNSIA project has contributed significantly to the creation of an enabling environment for scaling up interventions geared towards stunting reduction in the five target countries, in particular through support to direct nutrition interventions (IYCF, MNPs / MMNs / IFA, CMAM). Although UNICEF was already strong on nutrition anyways, the MYCNSIA partnership with the EU has further boosted UNICEF’s profile and opportunities to be actively present in national forums and take the lead on some specific nutrition issues. While undisputedly the programme has also contributed at regional level, the overall finding is that not enough substantiated information currently seems to exist on what changes have been brought about through MYCNSIA efforts as part the regional component.
6 EMERGING GOOD PRACTICES AND LESSONS LEARNED

131. This chapter presents distinct output of the MYCNSIA Mid-Term Evaluation. As stated in the ToR, a listing of identified ‘Good Practices and Lessons Learned’ (what went well and what went not so well) should be part of the MTE, with further elaboration of the issues in the final evaluation. This is in principle based on a similar approach for MYCNSIA and ANSP so that it will allow cross-comparison. The points that are listed below were distilled from the available information base and from the information collected during the country visits and the meetings with the PMU staff.

Selected Good Practices

- **In Bangladesh, MYCNSIA provides multi-faceted support to development of the National Nutrition Policy**
  - In Bangladesh, MYCNSIA has contributed to the development of a revised National Food Policy Plan of Action which is currently being endorsed by the Government. Support to this and other policy level processes has been facilitated through active participation (as Chair) in the Nutrition Working Group which has over 30 members from UN agencies, donors, (I)NGOs, and institutions. The work builds on other support from UNICEF side to the Government, such as elaboration of the IYCF strategy, strategy on anaemia prevention and control, and the CMAM guidelines and training manual. New policy development is supported by UNICEF through commissioning of formative research and/or action research. UNICEF supports the roll-out of these strategies through the mass-media and through orientation training in project districts and upazilas.

- **In the Philippines health and nutrition modules have been developed under MYCNSIA that are used in the Family Development Sessions as part of the large conditional cash transfer programme in the country**
  - In Philippines, MYCNSIA has supported the integration of nutritional information within the Conditional Cash Transfer (CCT) programme. This is a national programme that focuses on investment in child education and health. UNICEF contributed to the integration of nutrition security in the Social Protection programme. This provides an excellent opportunity to reach out to about one-third of the target population in the three target regions for MYCNSIA. The Family Development Sessions are a series of 15 modules on family Health, Education and Production which families have to attend during the period that they are receiving financial support.

- **In Indonesia there is a very interesting pilot of web-based nutrition information reporting and collection of height data as part of anthropometry**
  - In Indonesia, MYCNSIA has been supporting the integration of nutrition indicators in the computerised HMIS system that is operated in Klaten district (Central Java). It is a real step forward that staff from the posyandu and puskesmas (health post and health centre) now is able to do on-line reporting in the web-based health monitoring system for indicators on early breast feeding and newly introduced indicators on distribution of MNP/MMNs. For nutrition surveillance, Klaten has a bi-annual outreach campaign where height measurements have been included as new activity under anthropometry. The system is accompanied by regular supportive supervision on how to take accurate measurements and how to do proper recording.

- **Good experience has been collected with an integrated IYCF and MNP distribution programme in Nepal**
  - In Nepal it is reported that the MNP package – as integrated in IYCF counselling – is regarded as a success. Parents, FCHVs, in-charges of (sub) health posts and senior district level health staff were unanimous on the positive effects of the package, and notably of the Baal Vita (MNP) component. Mentioned were the “facts” that these children, in comparison to their elder brothers and sisters (non-users) were brighter, more alert, more playful, stronger, and more resistant to disease. Health staff declared a strong decline in cases of severe malnutrition, and even went as far as
linking decrease in under-five morbidity and mortality to the introduction of the IYCF/MNP package.

- An area of work that in nearly all countries increasingly has been taken up under MYCNSIA is the provision of technical support on inclusion of nutrition indicators in Governments’ monitoring frameworks, notably health management information systems.
  - This opens the door for further multi-sector engagement as well, as impact level indicators which used to be perceived as belonging in the health domain also are suitable measures of success for multi-sectorial achievements. Such opportunities are yet to be exploited as a prompt for other sectors to engage in joint efforts for food- and nutrition security. In this area of work, there is both need and scope to collaborate with other UN agencies and development partners – e.g. through REACH – for introduction of nutrition indicators in more general monitoring frameworks.

**Selected Lessons Learned**

- **Need to clearly specify in the programme design what the intended roles and contributions will be of the various stakeholders involved**
  - The lesson learned from the MYCNSIA experience is that the project design as framed in the work plans (actually, in EU terminology, the log frames) should be clear from the beginning. The work should either be framed as activities undertaken by UNICEF (which includes provision of support to the Government at national and e.g. district levels) or should be a framework based on a tripartite agreement with the Government where each stakeholder is having specified roles and activities which are reported in an integrated manner.

- **Inter-pillar complementarity brings added value, but also carries a risk; the caveat of interconnections between programme activities**
  - Complementarity between the pillars has been MYCNSIA strength in some of the countries (Nepal in the MSNP, Philippines at local government level). However, it is also good to realize that connecting programme activities cause dependencies between programme components. For instance, in Lao PDR, the development of the first national IYCF guidelines and training package, accompanied by a full implementation strategy, training module, facilitator’s guide, extension materials and follow-up activities, was completed as early as July 2012. However, to date the guidelines and training package have not been reproduced and disseminated as the formal approval by the MoH is still awaited.

- **In the economically more advanced countries in the region (Philippines, Indonesia), it is not appropriate for UNICEF to provide budgets or in-kind supplies to Government (IFA, ORS, Zinc, MNPs, etc.).**
  - Overall, the main focus in the support to these countries should be on provision of assistance to the Government at national and local levels for development of policies, capacities and implementation models. In such countries, the main focus for operational support should be on assisting Governments in the design and development of implementation mechanisms for scaling-up high impact nutrition interventions. Provision of supplies could be justified if taking place within the context of pilot projects that will provide field-level evidence of what works best in the particular context setting.

- **The difficulty of mainstreaming a truly multi-sectorial approach should not be underestimated. The lesson is that where the opportunity occurs it should be exploited! Social protection schemes appear to offer such an opportunity and also have the advantage of targeting under-privileged segments of the population.**
  - Opportunities to mainstream nutrition in existing social protection schemes have been used to a limited extent. Also from a multi-sectorial perspective the equity angle deserves more explicit attention. A multi-pillar (R1 through to R4) approach would be preferable.
7 CONCLUSIONS

132. This chapter starts with an overview of overarching issues on the overall MYCNSIA framework, followed by a listing of conclusions on the process and mid-term status for the four pillars in the MYCNSIA programme.

7.1 Overall MYCNSIA design

I. **MYCNSIA is primarily founded on UNICEF’s well-established corporate competencies on nutrition:**
In most countries (and also the Regional Component) MYCNSIA has primarily relied on the resources available within UNICEF itself. These resources are very relevant for engagement in nutrition security: infant and young child feeding (IYCF), micronutrients supplementation, and community-based management of acute malnutrition (CMAM) as direct high-impact nutrition interventions. It is a missed opportunity that UNICEF’s expertise on water, sanitation and hygiene is not drawn upon in MYCNSIA. The organization’s engagement with social protection has been used well in some of the countries as it has formed the basis for integration of IYCF in conditional cash transfer programmes. The MYCNSIA programme is implemented in a context with several other initiatives on nutrition in which the UN and many donors engage, REACH and SUN in particular. In some countries these resources were exploited as part of the package of MYCNSIA interventions. *(Paragraph 9-18)*

II. **The geographical scope in MYCNSIA is correct as MYCNSIA focuses on five countries that all are marked by an urgent need to address undernutrition (stunting, anaemia):**
Indonesia, Bangladesh and Philippines are three countries with very high numbers of children below 5 years who are stunted and/or wasted. Wasting is a public health problem in Nepal, stunting is in PDR Lao. Overall, it has been a good choice within MYCNSIA to base the programme on a uniform approach (the same set of overall result areas) for all of the five selected countries, as this provides a common structure. However, as country context settings differ widely and UNICEF’s specific contributions thus need to be different in each country, the MYCNSIA programme has been rightfully based on country-specific log frames. *(Paragraph 3-6)*

III. **A hybrid programme that combines two very different types of functions:**
MYCNSIA is a programme with two functions: (a) a typical project implemented by UNICEF with a set of specified activities and results to be achieved; and (b) provision of support to Governments at national level. Within MYCNSIA, the consequence of this dual function has been that work plans were formulated that partially integrate tasks to be taken up by Government. This is in particular the case for Pillar 4 (where the work plan looks at the overall set of activities for reduction of stunting and anaemia in the targeted districts to which UNICEF contributes but not as the sole actor), but also on Pillar 1 outputs on policy development etc. (where UNICEF supports Government). In the perspective of the evaluators, this second role is the core objective for a programme like MYCNSIA. The overall objectives rather should have been formulated as bringing about sustainable change in the policies, delivery systems and implementation models on nutrition or nutrition-sensitive interventions than bringing about reductions in the levels on anaemia and stunting in selected districts. This is because, within a 4-year project period, impacts at upstream policy levels impossibly can be expected to already translate into effective reduction of undernutrition levels among population target groups. The consequence is that in a programme like MYCNSIA, impacts (and sustainability, for that matter) in principle should primarily be assessed at systems level (including e.g. changes in national health and nutrition information systems). *(Paragraph 41, 46-0, 62-63, 66)*

IV. **The MYCNSIA logical models mainly focus on direct nutrition interventions:**
The MYCNSIA is based on two ‘generic’ logical models, which actually are causal models on the factors that influence anaemia among pregnant and lactating women and the factors behind stunting and anaemia (and to some extent wasting) among young children up to two years of age. To a large extent, these logical models are focusing on direct nutrition interventions. The role of other sectors for addressing undernutrition is condensed in just one of the ‘components’. This signifies that the multi-sectorial concern has not been at the forefront when designing the logical model which is not fully in line with the 1,000 days approach where nutrition-sensitive sectorial strategies are given more prominence than is currently done in MYCNSIA.
V. The MYCNSIA log frame and work plans / M&E frameworks are rated as rather weak:
The ‘generic log frame’ for the MYCNSIA programme is rated as rather weak as it does not provide good insight
in the connections between outputs and outcomes per pillar (the theory of action is missing) so that it remains
unclear how the various elements in the package of work for MYCNSIA are influencing prevalence of stunting
and anaemia (the overall impact indicators). The absence of a sound log frame has hampered monitoring of
progress for MYCNSIA. Actually, the annual reports for 2011 and 2012 have been based on sets of outputs /
outcomes per pillar on which the country-specific four-year work plans (plus that for the regional component)
were based. The consequence is that the connection between the log frame and the annual reports has been
lost. The rating system in the annual report is based on self-scoring on the level of implementation (‘delayed’,
‘on track’, ‘completed’) which indicates the focus on implementation of activities rather than achievement of
results. It makes the annual reports less informative and transparent than they ought to be. (Paragraph 41-46)

7.2 Implementation processes

133. As a short summary of key aspects in the ‘value chain’ for implementation of MYCNSIA activities, the
following elements are listed:
- **Financial aspects**: Except for Lao PDR all financial resources apparently have been made available in
time by the EU (and other donors). Cash flow issues have not formed a hindrance for implementation
of the work plan. There is a slight under-spending for the regional component but not at country level.
Through the programme revision end 2011 the funding for the MDG-F ‘Joint Action’ budget have been
integrated in MYCNSIA. It is clear that leveraging of funds for nutrition from Governments
counterparts has been increasing but unfortunately UNICEF does not avail of data that can provide
details.
- **Communication**: UNICEF received good support from HQ for development of the communication and
visibility plan and the shooting of some films on MYCNSIA. The programme has received considerable
press coverage, both at national and at regional levels.
- **Human resources and contracting of services**: There have been some constraints in staffing levels for
MYCNSIA and some problems with the delivery of contracted services. E.g., there has been a vacant
staff position on M&E in the Programme Management Unit for the larger part of the operation, and
the production of the advocacy products (technical papers, advocacy briefs, country profiles) has been
seriously delayed.

7.3 Regional and country-level achievements in the first two years

**REGIONAL COMPONENT**

I. Within the PMU, there is a need for a balance between internal network functions for MYCNSIA
programme management purposes and overall coordination of the implementation of the programme in
the five countries and the other regional-level activities aimed to reaching out to key nutrition
stakeholders in the region. In the past two years, considerable time and energy has been spent on the first
function, a bit at the detriment of the second function, especially in the first year of operation. While the
PMU apparently faced some challenges in developing its contribution to Pillar 2 and 3 (capacity
development and nutrition information systems), the support to Pillar 1 and Pillar 4 work has taken off well
and forms valuable and relevant technical backstopping to the five country offices. Some outward looking
activities like participation in technical meetings are rather ad-hoc, while others like establishment of the
NSCC and the links with SAARC and ASEAN are more systematic in nature. The MYCNSIA programme lacks
in monitoring of the results achieved on advocacy and information dissemination. (Paragraph 50-52, 90-95, 100-103, 107-110)

II. **Limited exploitation of the benefits of the multi-country approach**: One of the assumptions for the MYCNSIA programme is that there would be good synergies to be reaped when
the programme is being implemented synchronously in a number of countries in the same region. (Paragraph
19-22). The finding from the MTE is that indeed it is relevant for each Country Office to have knowledge on
what is happening in the other MYCNSIA countries. However, in practice there seems to be only limited exchange of ideas and experiences. (Paragraph 19-22, 49-52)

COUNTRIES
Progress on Pillar 1
III. In recent years, all five countries have made good progress on development of national policies and strategies on undernutrition which at least partly can be attributed to MYCNSIA but also is a result of the increased international attention for undernutrition through SUN to which all countries in MYCNSIA except The Philippines have acceded. The balance between the focus on policies related to direct nutrition interventions or to nutrition-sensitive programmes in other sectors (agriculture, social protection, water and sanitation, education) differs from country to country. E.g., UNICEF has managed to be influential through intensive networking and collaboration with other key players like World Bank and MCC on social protection in Indonesia and Philippines, and FAO in Bangladesh on agriculture. In Bangladesh and Philippines the composition of the package of work was found to have been determined by the MDG-F programme that already existed prior to MYCNSIA. Impact on undernutrition reduction is projected to be highest in the MSNP in Nepal where policy frameworks for an integrated approach to address undernutrition were already developed and the MYCNSIA budget is used for gradual step-by-step expansion of its implementation at district-level. In Indonesia, Bangladesh and Philippines, the main contribution of the MYCNSIA programme is seen to lie in provision of assistance to the Government for policy development and development of matching M&E systems on nutrition. In Lao PDR, MYCNSIA plays a significant role for building up technical expertise among Government partners and some pilot projects on service delivery for direct nutrition interventions (Paragraph 96-99)

IV. Obviously, the opportunities for Pillar 1 upstream policy development activities depended on the level of advancement in existing policy frameworks in the various countries and the overall momentum for change. The level of implementation of the established policies in relation to reduction of stunting and anaemia was found to greatly differ from country to country. The added value of MYCNSIA obviously is largest when policies are enacted and implemented. This means that the strongest strategic role is played by UNICEF when it concentrates on provision of guidance on how a set of selected interventions that has been adopted by Governments can be scaled up in the specific national / district-level context. (Paragraph 57, 125-126)

Progress on Pillar 2
V. For the relevance criterion, Pillar 2 capacity development shows a mixed picture. The level of synergy between the MYCNSIA policy development and capacity development work varies greatly between the countries. Another connection is with Pillar field-level interventions supported by capacity development. Inter-sectorial capacity development is either in its infancy or has been without a clear agenda. In several countries MYCNSIA has been insufficiently adaptive to unforeseen obstacles in the project context. Where capacity development was part of a package that could not be implemented the capacity development component for obvious reasons could not be taken up either. (Paragraph 58-61, 104-106)
VI. More specifically, capacity development under Pillar 2 is done at all levels (national and district level in particular). At regional level there have been two ToT courses on community-based IYCF but the next step in the cascade (organization of national-level training courses) in some of the countries has been delayed. Part of the reason was that the ‘generic’ toolkits cannot be just rolled out as they need adaptation to the country settings. Another action has been the technical backstopping by the University of Washington on analysis of the MYCNSIA baseline data which has been implemented through posting of students in part of the countries. While there obviously is a certain on-the-job training element here for Government staff etc., overall the impression among the evaluators is that the contribution to upgrading nutrition data analysis skills is limited only given the short duration of the in-country stays. A more ‘within-systems’ approach is the on-going nutrition capacity needs assessment on which results are expected to become available soon. The effectiveness of Pillar 2 activities within the five countries has the highest added value where it is part of a multi-pillar package, or has been integrated in existing activities in the health or other sectors. Sustainability of capacity development largely lies in the domain of Government institutions. (Paragraph 58-61, 104-106, 125)

Progress on Pillar 3

VII. At both regional and country-level, most of the focus under Pillar 3 activities in 2011 and 2012 has been on the M&E function for MYCNSIA including the baseline studies. The MYCNSIA framework is not very clear on MYCNSIA ambitions in terms of supporting mainstream management information systems. In some, but not all countries this has been incorporated in the log frame. Nevertheless, such support was present in all countries given, in particular at the level of local HMIS systems. With the exception of Nepal, it was not clear how pillar 3 efforts were meant to serve mainstreaming of successful efforts in other pillars – notably pillar 4. (Paragraph 62-66, 107-112, 125)

Progress on Pillar 4

VIII. Priority-settings for Pillar 4 activities is mainly based on country-specific settings and national Government priorities. The main focus is on scaling up of direct nutrition interventions: IYCF, MNPs, and CMAM. Apart from Lao PDR where formal approval is still being awaited, progress on IYCF roll-out in most countries is quite advanced. It was noted that the IYCF toolkits contain limited guidance on maternal nutrition. It was noted that nearly all supported MNP programmes have the nature of a pilot with focus on logistics and community-level sensitization. Monitoring of results is primarily done through collection of distribution figures. IFA distribution programmes on the other hand are a routine measure in which UNICEF has been engaged for many, many years. Currently there is renewed global interest in improving IFA coverage and compliance, which is e.g. taken up in Bangladesh. CMAM has generally been introduced in relation to emergencies and now gradually is being integrated in regular public health programmes. The programme is rated not yet to be very successful in the MYCNSIA countries, in particular as there are problems around the acceptability and proper use of RUTF. (Paragraph 67-78, 115-121)

IX. In relation to equity considerations, opportunities to “mainstream” nutrition in existing social protection schemes have been the most promising elements within MYCNSIA (Indonesia, Philippines). While the equity angle could get more explicit attention in MYCNSIA, pillar 4 activities evidently are mostly concentrated in underserved parts of the five countries with high prevalence of both poverty and undernutrition. Although there are various community-based outreach activities, no specific efforts appear to be made within the MYCNSIA target districts to ensure that services are sufficiently reaching out to the most underprivileged segments of the population. (Paragraph 79-80)

X. Overall, it is not seen to be realistic that reduction in stunting and anaemia levels would have occurred at the end of the programme period which can effectively be attributed to the set of MYCNSIA supported interventions in the Pillar 4 project areas. This is because there are too many factors at play which are not controlled by UNICEF; achieved results will primarily depend on overall Government programmes and performance in the public health sector. In addition, the delay of the baseline studies until end 2011 or early 2012 has reduced the implementation period. (Paragraph 122-123)
8 RECOMMENDATIONS

8.1 At strategic level for the longer-term beyond MYCNSIA

8.1.1 For UNICEF:

- **Focus programmes on provision of support to Government systems:**
  For follow-up programmes after MYCNSIA, UNICEF should consider to put more explicit emphasis on the provision of support to Government systems. The objectives in the new log frame should thus be framed more in terms of “support to” – rather than in terms of “implementing of” – policy development and implementation models for scaling-up high impact interventions for reduction of anaemia and stunting. This shift should then also aim to integrate systems’ level impact indicators and move away from achieving targets for key nutrition indicators at population level. The targets for the impact indicators in each country would need to be set in line with Government targets. UNICEF should refrain from framing the new programme as a ‘project’ in which it engages in provision of direct support to the Government at field level. (Ref. conclusions 7.1.III, 7.3.IV, and 7.3.IV)

- **Further engage in technical backstopping to include nutrition in national monitoring/ management information systems:**
  In ‘follow-up’ programmes after MYCNSIA, UNICEF should consider to shape a larger role for itself in the provision of technical support for inclusion of nutrition indicators in national health information systems (and possibly also together with other UN agencies or through REACH in more general monitoring frameworks). (Ref. conclusions 7.1.IV and 7.3.VII)

8.1.2 For the EU:

- **Continue the partnership with UNICEF for programmes aiming to reduce undernutrition**
  The recommendation to the EU is to continue the partnership with UNICEF on nutrition security to enable the organization to implement its ‘growth model’ with regards to its role for scaling up nutrition. This will enable UNICEF to gradually increase its sphere of influence on nutrition; including in other sectors beyond health (more focus on nutrition-sensitive interventions). The condition should be that linkages beyond the health sector are demonstrably strengthened. (Ref. conclusion 7.1.I and 7.3.I)

8.2 At operational level: action to be taken in remaining period

8.2.1 For the MYCNSIA Programme Management Unit:

- **Put more emphasis on exchange between MYCNSIA target countries:**
  It is suggested to the PMU to put more emphasis in the remaining period of programme implementation for MYCNSIA on the exchange of information and experiences between the MYCNSIA target countries. There are many ways to do this, beyond what is currently happening. This includes establishment of a twinning system, organization of country-to-country visits which include Government counterparts, etc. (Ref. conclusions 7.1. and 7.3.I)
As an example, some opportunities to increase the emphasis in the remaining MYCNSIA programme period on advocacy, knowledge sharing, and capacity development are listed here:

- **Intensification of the connection with the regional organizations SAARC and ASEAN, which are very important and influential bodies in the Asian context.**
- **Establishment of an interface with other multi-country initiatives like SAFANSI that is supported by World Bank and DFID, REACH, the new EU-funded SMILING research programme on micronutrients in 5 South East Asian countries, Feed the Future, etc.**
- **More focus on regional-level capacity building to support national and sub-national roll-out of IYCF and CMAM (which could ensure a certain harmonization of approaches across countries).**
- **Establishment of mechanisms for inter-country sharing of experiences and good practices involving national and below-national levels.**

**Look for options to reap synergies between countries on capacity development**

The PMU within UNICEF should assess which opportunities exist to exploit synergies between countries on capacity development and mutual learning within MYCNSIA. It is expected that this can build on the results of the nutrition capacity assessments that recently have been undertaken in nearly all MYCNSIA countries. (Ref. conclusions 7.3.I and 7.3.VI)

**Further engage with ASEAN and SAARC for information dissemination and capacity development:**

It is highly recommended that UNICEF further develops the engagement with ASEAN and SAARC, as the most important ‘regional-level’ stakeholders for the programme, including beyond the boundaries of the MYCNSIA programme (both in time and in content). E.g. ASEAN and SAARC could offer good opportunities and high-profile networks for information dissemination and capacity development, e.g. through organizing conferences and/or workshops under the aegis of ASEAN or SAARC targeting senior officials from the health sector and from other sectors like agriculture, social welfare, etc. (Ref. conclusions 7.3.I)

**Analyse how equity can better be operationalized in the MYCNSIA M&E systems**

As part of the intensified emphasis within UNICEF worldwide on promotion of equity, it is necessary for UNICEF to ensure in future programmes that baseline and end-line surveys as well as project monitoring of field-level interventions include disaggregated figures (gender and where possible/relevant wealth and age group). This is all the more relevant where there are indications of increasing inequity in nutritional status, even as over-all trends are improving. (Ref. conclusion 7.3.IX)

**Commission a MYCNSIA impact study:**

As an add-on to the MYCNSIA final evaluation which will be an assessment based on the same evaluation framework as the MTE, it is suggested to the EU and UNICEF to commission an impact study of the MYCNSIA programme that will identify what contributions MYCNSIA has made in terms of introduction of key changes in Government programmes and the processes of provision of support to direct nutrition interventions and nutrition-sensitive strategies and programmes (both at national and district-level). (Ref. conclusions 7.1.III)

### 8.2.2 Overall for MYCNSIA at UNICEF Country Office level:

- **Continue to use the existing work plans for remaining project period but with the insertion of some new activities:**
  
  Only in case country contexts have changed substantially and the outputs in the work plan have lost their feasibility (as for CMAM in Bangladesh) or relevance, it is recommended to adjust the work plan. (Ref. conclusion 7.3.III-7.3.VIII)

---

84 SMILING brings together 6 research institutions in five South East Asian countries (Lao PDR, Cambodia, Thailand, Indonesia, and Vietnam) and 5 European nutrition research institutes. There are 8 work packages that are being developed: coordination and management, mapping of data on nutritional status and micronutrient interventions, updating of food composition tables, mathematical modelling on nutrition policy and intervention planning, prioritizing and characterising the best intervention strategies, stakeholders’ analysis of the best strategies, policy advocacy and developing road map, communication and dissemination. See: [http://www.nutrition-smiling.eu/content/view/full/48732](http://www.nutrition-smiling.eu/content/view/full/48732)
It is suggested to base them on the output-level indicators listed in the work plans in the Annual Reports 2013 and 2014. This data will substantiate self-scores used thus far as main tool for reporting on progress achieved.

It is preferable that in annual reports it is indicated in how far the outputs of the sets of activities per pillar translate into overall change at policy level (R1), knowledge level (R2), nutrition information level (R3), and service delivery level for direct nutrition interventions (R4). (Ref. conclusion 7.1.VI)

**Consider to schedule quick scans on level of national policy implementation**

The UNICEF Country Offices could consider scheduling a quick ‘stock-taking exercise’ on the implementation status of the national policy frameworks for addressing undernutrition as input for strategic decision-making on activities for MYCNSIA in 2014 and beyond. This would be an add-on the existing work plan. (Ref. conclusion 7.3.IV)

**Further invest in MIYCF capacity development as part of social protection schemes:**

Opportunities for mainstreaming nutrition in such government programmes are rare and definitely should be exploited. However, the difficulty of mainstreaming nutrition in a truly multi-sectorial approach should not be underestimated. As this is meant to be a main focus of MYCNSIA more effort should be made to share and learn in this respect. (Ref.conclusion 7.3.VI)

**Consider commissioning of a costing study on one or more key Pillar 4 interventions:**

One or more UNICEF Country Offices could also consider revising the work plan to integrate a costing study for some selected Pillar 4 interventions. Such a study could provide a firm basis for advocacy work aimed at Governments. This could build on the methodology in the CMAM evaluation in Nepal (also in some other countries outside Asia) where costs per case treated were calculated and a distinction was made between the one-off capital costs required for establishment of the service and the recurrent costs that will have to be borne (by Government and/or UNICEF) year after year. (Ref. conclusion 7.3.VIII)

**Advocate for use of nutrition indicators in other sectors and in multi-sectorial efforts:**

Across-the-sectors relevance of what used to be considered as nutrition-specific indicators, notably stunting and anaemia, should be exploited by the UNICEF Country Office (in collaboration with the Government and other stakeholders on undernutrition in the country) to stimulate impact monitoring on undernutrition for both nutrition specific and nutrition-sensitive interventions, plus the multi-sector endeavours where they exist. UNICEF should make use of its comparative advantage in the water and sanitation, education and social protection sectors to set examples of how nutrition mainstreaming could be done. (Ref. conclusion 7.3.Error! Reference source not found., 7.3.VII)

**Promote the elaboration of a national matrix for addressing undernutrition:**

In order to avoid duplication or gaps, it is suggested that the UNICEF Country Offices together with the other involved UN agencies work out a matrix which specifies the role each agency will take up for promotion of HINI. This should logically reflect the division of roles and responsibilities as per the global MoU between UNICEF and WFP. In most countries, the main forum for such consensus-building would be through the REACH Secretariat. Similarly, it is suggested to UNICEF and the other involved UN agencies present in the country to work out a matrix on the roles for each agency on promotion of nutrition-sensitive sectorial activities. (Ref. conclusion 7.3.)

### 8.2.3 Specific recommendations to individual UNICEF Country Offices:

<table>
<thead>
<tr>
<th>Recommendations MYCNSIA Bangladesh</th>
</tr>
</thead>
<tbody>
<tr>
<td>⇒ To adjust the log frame and matching work plans to reflect the actual project ambitions, in a changed context. This is imperative for the CMAM component. Work plans and annual reports should be precise on the scope and coverage of an activity.</td>
</tr>
</tbody>
</table>
⇒ To address the lack of progress regarding the curative aspects of CMAM by shifting CMAM to the potential of preventing MAM and SAM cases, through early diagnosis, screening and additional attention at community level.

⇒ To emphasize the role of MYCNSIA as a breeding ground of good IYCF practices. A current example is the distribution of MNP to children under two which intervention is presently rolled out. Another example is counselling in particular on the most critical factor(s) in improving IYCF practices.

⇒ NGOs to focus on (continued) capacity building of DGFP staff (also beyond targeted upazilas), in particular in IYCF counselling and MUAC screening.

⇒ To explore to what extent the MIS can be simplified but still remain able to inform effectiveness (e.g. by limiting the very detailed differentiation (age-groups, type of women). It could be considered to pilot a “light” MIS with limited support in Rangpur.

⇒ To further implement the on-going countrywide monitoring of IFA coverage and bottleneck analysis.

⇒ To explore options for partnering with other NGOs (e.g. Muslim Aid in Lohagara) for complementary multi-sectorial activities.

**Recommendations MYCNSIA Indonesia**

⇒ In order to make sure that limited resources are used well, UNICEF Indonesia should consider prioritizing a number of key interventions under MYCNSIA for the remaining project period, and choose those strategically in line with the core competences of the organization.

⇒ UNICEF Indonesia to discuss with the EU how best to report on new activities that are integrated in the 2013 (and 2014) work plan but which were not formally part of it.

⇒ UNICEF Indonesia to continue to provide in 2014 (and beyond) its important contribution to upstream policy development on nutrition security and next to that seek to stronger position itself as an agency providing assistance for development of implementation models for key high-impact nutrition interventions that fit in the specific context in Indonesia (which should be the main focus in Pillar 4 activities in the remaining project period), and for capacity building to roll out these models to larger geographical areas.

⇒ UNICEF is advised to strategically select where involvement in capacity development (EBF/IYCF is a good area to focus on) can have maximum impact. It would be advisable to undertake a (quick) comparative study on what impact can be achieved through community outreach channels within and outside the health sector (the social protection schemes). There is a need to continue to advocate for inclusion of height measurements in the Growth Monitoring and Promotion programme.

⇒ UNICEF to increase the sustainability of the results of capacity development efforts through support to establishment of mechanisms for regular follow-up through refresher training and on-the-job supervision. This extends to interventions through the health system and channels outside the health sector such as the social protection schemes with which UNICEF has recently established good connections on nutrition.

⇒ UNICEF to increase the sustainability of the results of capacity development efforts through support to establishment of mechanisms for regular follow-up through refresher training and on-the-job supervision. This extends to interventions through the health system and channels outside the health sector such as the social protection schemes with which UNICEF has recently established good connections on nutrition.

⇒ As part of the 1,000 days approach, UNICEF Indonesia to consider advocating for development of one or more indicators on Government budget allocations for nutrition, with regular reporting mechanism(s).
Recommendations MYCNSIA Lao PDR

⇒ It is suggested to continue a dialogue on existing SUN membership how to strengthen and coordinate actions for nutrition security.

⇒ It is important to make use of the interest and opening by the Ministry of Agriculture and Forestry to collaborate and coordinate for nutrition security in order to make the programme a truly multi-sectoral programme.

⇒ Present the main components of the MYCNSIA programme – such as the micronutrient distribution and promotion or the IYCF development – as main programme elements cutting across the different pillars. This will clarify and strengthen the linkages between the activities and enhance their visibility in the country.

⇒ UNICEF is interested in developing a ‘model province’ where there is good coordination between the various line ministries on nutrition. The MTE supports the proposal to use Saravane province as a ‘flagship area’ for integrated SUN interventions via three main sectors: Health, WASH and agriculture and food security that would serve as model for rolling out to other parts of the country.

⇒ There is a need to review project and programme experiences of development partners and NGOs in linking food security to health and nutrition. IFAD and CARE are good examples to be assessed.

⇒ The experience from the Philippines on integrating health and nutrition modules in the CCT programme could provide an example to Laos; this calls for a further collaboration with the World Bank/ Helvetas programme on CCT/Access to health services.

Recommendations MYCNSIA Nepal

⇒ UNICEF to profile a future programme building on MYCNSIA as a support to Government of Nepal’s endeavours in food and nutrition security and not as project with its own objectives. The current four pillars could remain as they are, although with more in-built equity focus (and more attention for costing issues – see below). Output and outcome monitoring should then focus on what contribution the programme has made as a catalyst for accelerating the food and nutrition security agenda.

⇒ MYCNSIA should maintain its focus on prevention during the first thousand days, including through the established community-based implementation mechanisms for CMAM. UNICEF to promote use of MUAC as a screening tool and, at population level, as a tool to depict (positive) trends. This applies a fortiori to the MSNP pilot districts.

⇒ MYCNSIA to explore how best to support institutionalization of nutrition security in social protection schemes. In particular: how the 1,000 days concept (including maternal nutrition!) can be mainstreamed in such schemes.

⇒ UNICEF to support efforts for costing of high impact nutrition interventions, and nutrition-sensitive activities in other sectors alike. Costing could be in the form of calculating additional costs on top of existing packages so that decision-makers are in a better position to weigh advantages against (additional) costs.

⇒ UNICEF to use the information that has been generated through the range of surveys on IYCF/MNP and CMAM as input for the upcoming training and subsequent planning of MSNP at district level. Notably the

85 The Nepal Country Office commented that, “CMAM is designed for under 5 and explicit focus on 1000 days is difficult. MUAC is applicable only for CMAM districts. MSNP has focused/goal for reducing stunting. MSNP districts (initial 6) also include CMAM as a health sector action, but this may not be true for all districts.”
consistently low score, and district variation, on the “minimum acceptable diet” could be a meaningful starting point for multi-sectorial planning.

⇒ In the absence of impact data that clearly can be attributed to MYCNSIA, UNICEF could consider to adopt a practical definition of impact that is in line with its support role. An indicator could e.g. be the contribution to increased quality of implementation, efficacy, equity and sustainability of interventions (ref. ODI, 2013)

⇒ For the more expensive interventions which require products such as MNPs and RUTF, there is a need to look at ways to keep costs levels to a minimum. There is potential for more efficient approaches through stockpiling at regional and not at district level, and through incorporation in regular MoH logistics and local production.86

Recommendations MYCNSIA Philippines

⇒ The involvement in and contribution to the formulation of the National Nutrition Plan of Action should be a priority for UNICEF.

⇒ Geographic targeting: among the provinces with the highest undernutrition levels (based on anaemia or stunting rates) one or two should be selected per region in order to create a new layer for intensified scaling-up activities at province level. In these selected provinces MYCNSIA should come up with an integrated package, more intensive than what is happening at present, with the intention to bring about real change at the implementation level.

⇒ Suggestion to shift away from 100% supply-driven approach and make it more demand-driven (LGUs needs to have more buy-in).

⇒ For convergence of services it will be important to link up with other agencies including NGOs active at the provincial and municipality levels.

⇒ It is proposed that funding support for MNP and IFA procurement is stopped and those funds are being targeted for the full roll-out of the IYCF programme. For instance a reprint and distribution of more IYCF counselling cards is requested at Provincial and LGU levels.

86 The Nepal Country Office commented that, “Since the program is in (only) 11 districts, the stockpiling at regional medical stores is difficult (as inter-regional medical store transportation takes longer processes/time than that needed from the central store), but once the program expands/scales up, this will be possible.”