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

REPUBLIC OF MOZAMBIQUE COUNTRY CASE STUDY
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REPUBLIC OF MOZAMBIQUE COUNTRY CASE STUDY
March 2017

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This report for Mozambique constitutes part of a global evaluation titled “Reducing Stunting in Children Under Five Years of Age: A Comprehensive Evaluation of UNICEF’s Strategies and Programme Performance” which includes six country case studies. The Mozambique case study report was prepared by an independent consultant namely Anna Tarrant from ICF. Krishna Belbase, Senior Evaluation Officer, EO led and managed the overall evaluation process in close collaboration with the UNICEF Mozambique Country Office where Mathieu Joyeux was the lead counterpart. Abdoulaye Seye, Evaluation Specialist in the EO, supported the management of the evaluation including inputs to quality assurance.

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For further information, please contact:

Evaluation Office
United Nations Children’s Fund
Three United Nations Plaza
New York, New York 10017
evalhelp@unicef.org
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<td>Community-Led Total Sanitation</td>
</tr>
<tr>
<td>CO</td>
<td>Country Office</td>
</tr>
<tr>
<td>CP</td>
<td>Country Programme</td>
</tr>
<tr>
<td>CPD</td>
<td>Country Programme Document</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>EO</td>
<td>Evaluation Office</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GT-PAMRDC</td>
<td>Technical Working Group - Multisectoral Action Plan for the Reduction of Chronic Malnutrition (Grupo de Trabalho - Plano de Acção Multisectorial para a Redução da Desnutrição Crónica)</td>
</tr>
<tr>
<td>IFAD</td>
<td>International Fund for Agricultural Development</td>
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<tr>
<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interview</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
</tr>
<tr>
<td>MNP</td>
<td>Micronutrient Powder</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MTR</td>
<td>Midterm Review</td>
</tr>
<tr>
<td>NGO</td>
<td>Nongovernmental Organisation</td>
</tr>
<tr>
<td>PAMRDC</td>
<td>Multisectoral Action Plan for the Reduction of Chronic Malnutrition (Plano de Acção Multisectorial para a Redução da Desnutrição Crónica)</td>
</tr>
<tr>
<td>PIS</td>
<td>Integrated Sanitation Programme (Programa Integrado de Saneamento)</td>
</tr>
<tr>
<td>PRN</td>
<td>Nutrition Rehabilitation Programme (Programa de Reabilitação Nutricional)</td>
</tr>
<tr>
<td>RAR</td>
<td>Regional Analysis Report</td>
</tr>
<tr>
<td>REACH</td>
<td>Renewed Efforts Against Child Hunger and Undernutrition</td>
</tr>
<tr>
<td>ROMP</td>
<td>Regional Office Operations and Management Plan</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>SETSAN</td>
<td>Technical Secretariat for Food Security and Nutrition (Secretariado Técnico de Segurança Alimentar e Nutricional)</td>
</tr>
<tr>
<td>SP</td>
<td>Strategic Plan</td>
</tr>
<tr>
<td>SUN</td>
<td>Scaling Up Nutrition</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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Reducing Stunting in Children Under Five Years of Age: A Comprehensive Evaluation of UNICEF’s Strategies and Programme Performance
Republic of Mozambique Country Case Study
Reducing Stunting in Children Under Five Years of Age: A Comprehensive Evaluation of UNICEF’s Strategies and Programme Performance
Republic of Mozambique Country Case Study

UNDAF  United Nations Development Assistance Framework
UNICEF  United Nations Children’s Fund
WASH  Water, Sanitation and Hygiene
WFP  World Food Programme
EXECUTIVE SUMMARY

Background

Approximately 156 million of the world’s children under the age of 5 are stunted, with an estimated 80% of these children concentrated in only 14 countries. Stunting jeopardises child survival and development by contributing to child mortality, morbidity, and disability, including impaired or nonoptimal physical growth and cognitive development. In recent years, the global nutrition community has increased its focus on stunting. Scientific developments have supported the causal relationship between stunting and short-term childhood development, as well as with long-term intergenerational effects on families. These relationships highlight the critical importance of nutrition during the first 1,000 days between a woman’s pregnancy and her child’s 2nd birthday, a period associated with risks of irreversible effects. In addition, research has provided evidence identifying effective, cost-efficient, and scalable interventions to address stunting. Concurrently, the international community working to reduce stunting has recognised lessons learned and models to support multisectoral approaches to improvements in nutrition.

Case Study and Approach

Given the global commitments, the United Nations Children’s Fund (UNICEF) contracted with ICF to conduct an evaluation of UNICEF’s stunting-reduction efforts. The evaluation is the first formal, global attempt to assess UNICEF’s global strategies and country programme performance in reducing stunting among children under 5. The evaluation consists of three related studies: a desk review of documents from 24 globally representative countries, in-depth case studies of UNICEF’s stunting reduction efforts and activities in six countries (which is the focus of this report), and a global synthesis of UNICEF efforts.

Country selection took into account the range of country contexts where stunting is widely prevalent, giving attention to development settings and to contexts affected by fragility and humanitarian emergencies. Stunting prevalence in Mozambique has declined only slightly since 2000, and the overall stunting burden is actually increasing, coupled with extreme poverty and high under-5 mortality rates. The Mozambique case study also represents an opportunity to explore key political factors, including the presence of a decentralised multistakeholder platform for nutrition.

The case study addresses three UNICEF objectives:

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

Key Conclusions

Conclusion 1: UNICEF Mozambique has been highly successful in advocating with government for attention to a multi-sectoral approach for stunting reduction.

With support from UNICEF, the government of Mozambique approved a key policy, the Multisectoral Action Plan for the Reduction of Chronic Malnutrition (Plano de Acção Multisectorial para a Redução da Desnutrição Crónica; PAMRDC) in 2010, committing to a multisectoral approach to reducing stunting. A coordinating agency (Technical Secretariat for Food Security and Nutrition [Secretariado Técnico de Segurança Alimentar e Nutricional]; SETSAN) was established to coordinate between other ministries that are charged with implementing PAMRDC. UNICEF and its partners also successfully advocated for the inclusion of stunting in the government’s 2015–2019 5-year plan. Since 2010, UNICEF Mozambique has primarily focused on supporting SETSAN and the Ministry of Health (MOH) in achieving the targets set forth in the PAMRDC.

Conclusion 2: UNICEF Mozambique has also been highly successful in providing formal and informal leadership to three key partnership fora, the Scaling Up Nutrition (SUN) Nutrition Partners Forum, the UN Nutrition Group, and the Technical Working Group for the PAMRDC (GT-PAMRDC [Grupo de Trabalho-PAMRDC]).

UNICEF has driven the implementation of PAMRDC and mobilised other partners to support SETSAN. Key successes have been seen in working with other United Nations (UN) agencies on multisectoral nutrition activities with particularly impressive results in linkages to agriculture, health, and reproductive health. A key driver of this success has been concrete action items on which these groups could work, including developing the UN Agenda for the Reduction of Chronic Malnutrition in Mozambique 2015–2019 and a mapping exercise assigning implementing partners to each of the 17 key interventions of the PAMRDC.

Conclusion 3: Longer-term stunting-related indicators are seeing stagnant or reversed progress.

Preliminary results of the SETSAN baseline study, as reported in 2014, indicated that UNICEF’s key targets related to overall stunting prevalence, anaemia reduction, exclusive breastfeeding, and complementary feeding are not likely to be achieved. However, sanitation and hygiene practices, an area to which UNICEF is also a key contributor, do show progress.

Conclusion 4: Because of a lack of nutrition expertise in the country overall and an insufficient number of staff, UNICEF may be overextended in its nutrition work.

Stakeholders were concerned that UNICEF Mozambique’s approach to stunting reduction may be overly ambitious. Country programme documents have been fairly broad, allowing for flexibility. However, without specific priorities identified, UNICEF staff find themselves stretched thin trying to
support government in addressing all of the drivers of stunting at all times, especially as one of the only organizations with nutrition-specific expertise. This includes a focus on upstream policy work while also working on the ground in two provinces to reach the most vulnerable populations and generate evidence. A plan for making these elements work together efficiently would be beneficial. In general, stunting-related interventions could also better incorporate gender dimensions and the needs of a growing urban population. Lastly, more conclusively identifying the specific pathways of change for stunting may also help prioritise interventions. UNICEF has supported data analysis activities to identify these but they were inconclusive.

**Conclusion 5: The concepts of multi-sectorality and integration are largely understood as the planned geographic convergence of interventions from different sectors.**

Stakeholders have further reported that they have struggled to move beyond what they described as a “stapler” approach to multi-sectoral work—in other words, each sector is working in the same geographic location but their programming is not yet integrated. Staff outside of the nutrition section are involved in planning efforts to address stunting. The country programmes reflect a growing degree of multi-sectorality, a nutrition task force has been established and funded to promote cross-sectional learning, and integrated work is championed at a high level within the office, but an evidence-based understanding of what integration really means is lacking. In addition to the lack of consensus around what integration means, multi-sectoral efforts have also proven difficult because of competing priorities.

**Conclusion 6: There is a strong potential for UNICEF’s model for stunting reduction to be sustained, but this is subject to the external threats of a fiscal crisis, rapid urbanization, and lack of nutrition expertise.**

The approach outlined in the 2017–2020 country programme is robust and touches multiple nutrition-sensitive sectors. Its focus on supporting the PAMRDC and implementation through government structures is responsive to UNICEF’s mandate, and the move from supporting semiannual Child Health Weeks to working within the existing health system is a move towards a more sustainable approach.

**Recommendations**

1. UNICEF Mozambique and partners should develop a systematic approach to capacity development for SETSAN and implementing ministries of the PAMRDC. UNICEF should maintain its focus on capacitating SETSAN and provincial and district authorities in the two provinces where it has a physical presence. Central to this process will be identifying highly skilled nutritionists who also are proficient in developing capacity and building relationships.
2. UNICEF Mozambique should assume a lead role among the UN agencies to document best practices of their partnership, including separating mandates and working towards concrete action items. They should closely evaluate whether their mandates are a logical split in terms of resource mobilization, logistics, and systems.
3. UNICEF Mozambique should prioritise work in nutrition-specific sectors to focus on upstream policy work and developing robust evidence-generation systems. This should include aligning it country programme documents and approaches more fully with the
PAMRDC, as it serves as the guiding document for UNICEF nutrition activities. Approaches should clearly delineate which of the 17 nutrition interventions UNICEF is supporting, where this is being done, how UNICEF plans to support capacity building and coordination, and through which government ministries efforts will be focused. The evaluation notes that this was in progress as part of UNICEF’s new partnership with the European Union (EU).

4. UNICEF Mozambique should lead efforts to improve subnational nutrition data availability and quality to more conclusively identify target populations. This would also improve evidence-generation systems.

5. UNICEF Mozambique should build internal consensus around the concepts of multi-sectorality and integration and strengthen incentive, coordination, and accountability structures to facilitate multi-sectoral work. Allocating specific amounts of time to integrated efforts and creating a culture that supports these efforts is likely a first step. Externally, nutrition, WASH, and social protection staff at UNICEF should share guidance on how to design, implement, monitor, and evaluate multi-sectoral stunting-reduction interventions with partners.
1. Introduction

1.1 About This Report

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

1.2 Global Context

Approximately 156 million of the world’s children under the age of 5 are stunted.¹ Stunting, or low height for age, results from chronic undernutrition, frequent infections, and other conditions that reduce absorption of important nutrients. Stunting is most likely to occur within the first 1,000 days, the period from conception through the child’s first two years of life.² Stunting is associated with suboptimal mental and physical development, having long-term impact on

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intellectual functioning, school performance, future earnings, risk of obesity, and risk of chronic diseases.\(^3\) These effects are often irreversible, even with improvements in nutrition after age 2.\(^4\)

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

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

### 1.3 UNICEF’s Focus on Stunting

With a greater focus on and understanding of the long-term consequences of chronic undernutrition, UNICEF and other international actors shifted their emphasis from efforts to reduce the prevalence of underweight to the prevention of stunting among children.\(^8\) UNICEF prioritised stunting reduction in its Strategic Plan (SP) 2014–2017. The SP 2014–2017 includes Outcome 4: Nutrition: “improved and equitable use of nutrition support and improved nutrition and care priorities,” and the corresponding six output statements (Exhibit 1). Impact Indicator 4a measures the “number of children under 5 years who are moderately and severely stunted” and aligns with the WHA Global Nutrition Target 2025 for stunting, which calls for a 40% reduction in the number of children under 5 who are stunted. These commitments require UNICEF to work in an integrated manner across sections including nutrition, health, WASH, early childhood development, education, and social protection to reduce stunting. Concurrently, UNICEF has increased its funding and investment in nutrition, health, WASH, education, and social protection. In 2015, UNICEF developed its Approach to Scaling Up Nutrition, which more clearly


\(^7\) About REACH. REACH Web site. Retrieved from: [http://www.reachpartnership.org/about-reach;jsessionid=0D3C0DC189D15E77CBF2447CF2EF026](http://www.reachpartnership.org/about-reach;jsessionid=0D3C0DC189D15E77CBF2447CF2EF026).

articulates “malnutrition’s multifactorial aetiology” and the importance of coordination across sectors to achieve optimal and sustainable impact towards the reduction of stunting. Although this document has not been formally adopted by UNICEF’s Executive Board, it serves as an important resource for country offices (COs).

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

<table>
<thead>
<tr>
<th>Outcome Area 4: Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced support for children, caregivers, and communities for improved nutrition and care practices</td>
</tr>
</tbody>
</table>

1.4 Need to Assess UNICEF’s Strategies and Performance

Given these global commitments, UNICEF’s Evaluation Office (EO) commissioned a corporate-level external evaluation of UNICEF efforts to reduce stunting, produce concrete policy and programmatic evidence, and inform future global strategies and country programmes. The purpose of the comprehensive evaluation is to provide evidence to enhance UNICEF’s accountability, effectiveness, and organisational learning and advance its work to reduce stunting among young children. The evaluation is the first formal, global attempt to assess UNICEF’s global strategies and country programme performance in reducing stunting among children under 5. The evaluation was independently managed by the UNICEF Evaluation Office.

2. Global Evaluation Methodology

2.1 Methodological Approach

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

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

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

10 Case study countries considered were Cambodia, Haiti, India, Mozambique, Rwanda, and Niger.
The global evaluation uses a mix of qualitative and quantitative data and analytical methods to assess UNICEF’s strategies and programme performance for the period 2010–2015. Data was aggregated and triangulated to track common themes, trends, and patterns across key evaluation questions. Both qualitative and quantitative data were utilised, but the qualitative data received more weight in the interpretation of findings.

### 2.3 Country Selection

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

Case study countries were selected to explore successful and less successful programs in varying contexts. Although they are intended to represent diverse program implementation circumstances and outcomes, the selected case study countries are not intended to represent all UNICEF stunting reduction programs globally. One case study was conducted in each region with the exception of the Middle East and North Africa regions, where no case studies were conducted, and the East and Southern Africa regions, where two case studies were conducted. Consideration was also given to country office staff capacity and willingness to participate in a case study.

Mozambique was selected as one of the two case study countries for the East and Southern Africa region because its stunting prevalence has declined only slightly since 2000, and the overall stunting burden is actually increasing. A high stunting burden and prevalence are coupled with extreme poverty and high under-5 mortality rates. Mozambique also represents an opportunity to explore key political factors, including the presence of a decentralised multistakeholder platform for nutrition.
3. Mozambique Case Study Methodology

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

This report provides an overview of stunting among children under 5 in Mozambique and findings from the case study in seven areas:

1. Relevance, appropriateness, adequacy, and coherence of strategies and plans
2. Effectiveness of the country programme in addressing stunting
3. Efficiency of management and operations
4. Sustainability and scale-up
5. Leadership and leveraging partnerships
6. Equity and reach of disadvantaged children
7. Knowledge/data generation, management, and use
8. The design of this case study was reviewed by an Evaluation Reference Group. A list of reference group members is included as Annex 2.

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

3.1 Data Sources

The Mozambique case study relied on four data sources:

1. Document review of UNICEF-provided documents
2. Secondary quantitative data
3. Key informant interviews (KII) with UNICEF Mozambique staff and relevant external stakeholders
4. CO and external stakeholder survey data

Document Review

The qualitative assessment was informed by documents gathered by the UNICEF EO, Regional Office, and Mozambique CO, as well as publicly available documents extracted from UNICEF Web sites. Documents for the case studies included UNICEF Country Programme Documents (CPDs), annual reports, United Nations Development Assistance Frameworks (UNDAFs), United Nations Development Assistance Plans, and Midterm Reviews (MTRs) for the years 2010–2015. In addition, the evaluation team reviewed Regional Office Operations and Management Plans (ROMPs), Regional Analysis Reports (RARs), and global strategic documents related to stunting reduction. A complete list of documents reviewed for the Mozambique case study is included in Annex 3.
Secondary Quantitative Data

The Mozambique Demographic and Health Surveys (DHS) conducted in 2011 serves as the primary source of secondary quantitative data. DHSes are nationally representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition. Additional data sources such as the UNICEF Joint Monitoring Program and the Food and Agriculture Organization of the United Nations’ (FAO’s) Food Security Statistics were used to inform global and national measures and trends related to stunting reduction efforts. As a proxy for resources, UNICEF shared funding information related to overall and nutrition-related programming for Mozambique’s CO.

Key Informant Interviews

Thirty-two KIIs were conducted by an ICF evaluation team member primarily during a one-week site visit in June 2016. The evaluation team worked with the Mozambique Evaluation Reference Group to identify key informants, who included UNICEF Mozambique technical staff and leaders, national and subnational policymakers and programme coordinators, donors, other UN agencies, and nongovernmental organisation (NGO) partners. A full list of KII respondents is included in Annex 4.

Interviews were primarily conducted in Maputo, but the team also visited Quelimane in Zambézia province. Zambézia was selected for a field visit because it is a focus of the current country programme and experiences some of the worst development outcomes.

Country Office and External Stakeholder Survey

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

3.2 Data Analysis

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

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

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

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

3.3 Case Study Limitations

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

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

The time period for this evaluation is 2010–2015, which coincides with Mozambique’s 2012–2016 country programme. As the evaluation is formative and forward-looking, the evaluation also considers UNICEF Mozambique’s current country programme (2017–2020), in all areas except for effectiveness. It is too early to evaluate the effectiveness of the new programme.

4. UNICEF Mozambique Programme Overview

4.1 Overview of Stunting in Mozambique

Background and Recent Trends

Mozambique has seen rapid economic expansion following decades of conflict that ended in 1992. Investment by the private sector and the strong South African economy have resulted in strong economic growth over the last decade. Agriculture employs 83% of the population and accounts for a large share of exports, with minerals comprising an increasing share of exports and a strong potential to develop gas deposits. The country has strong economic growth potential, including 36 million hectares of fertile land, a long coastline offering opportunities for fisheries and tourism, and three strategic ports.\(^{11}\)

However, Mozambique has struggled to turn economic growth into equitable social and economic development. The 2010 Human Development Report ranked Mozambique 165th out of 169

countries in 2010. UNICEF has listed Mozambique in a category of countries with “low underweight prevalence but unacceptably high stunting rates.” Stunting has declined by only about six points since 1999, as seen in Exhibit 4. Given demographic growth, this means that the overall number of stunting children is expected to continue to increase. Undernutrition in Mozambique is fuelled by high rates of chronic food insecurity and is associated with underlying causes of poor dietary diversity, low meal frequency, poor feeding practices, and high levels of disease. Data from the 2011 DHS shows that stunting is more prevalent in Nampula (55%) and Cabo Delgado (53%) provinces, provinces with some of the lowest gross domestic product (GDP) per capita. The lowest stunting prevalences are in Maputo Province and City (23% each). However, stunting prevalence has decreased in Nampula and Cabo Delgado and has increased in Maputo Province and City. Similarly, between 2011 and 2013, rural stunting prevalence in rural areas decreased from 46% to 45% but increased in urban areas from 35% to 39%.

Exhibit 4. Trends in Stunting in Mozambique From 1997 to 2013

Government Strategies

The Government of Mozambique and development partners committed to implementing the Mozambique Multisectoral Action Plan for the Reduction of Chronic Malnutrition in Mozambique or Plano de Acção Multisectorial para a Redução da Desnutrição Crónica (PAMRDC) in 2010.

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PAMRDC sets out seven strategic objectives, outlines specific interventions as well as key progress indicators, and identifies which government institutions will assume primary responsibility for achieving results. It focuses on setting up a package of priority interventions which will complement the activities included in other relevant plans and strategies, such as the Food and Nutrition Security Strategy (ESAN II) and the Integrated Plan for the attainment of Millennium Development Goals (MDGs) 4 and 5. The Technical Secretariat for Food and Nutrition Security (SETSAN), within the Ministry of Agriculture, is charged with coordinating implementation of the PAMRDC, but other line ministries (Agriculture, Education, Health, Women’s, and Social Action) and their provincial and district counterparts are charged with actual implementation.

4.2 UNICEF Mozambique Country Programme

UNICEF has supported Mozambique for almost four decades. UNICEF opened its first office in Maputo after independence from Portugal in 1975, supported women and children during the period of civil war from 1985–1992, and supported reconciliation and recovery efforts throughout the 1990s. Since the end of the 1990s, the response to the escalating AIDS crisis has become a major focus for UNICEF due to the increasing impact of the pandemic, especially on children. UNICEF Mozambique now works in education, WASH, child and social protection, health, HIV/AIDS, social policy, research and data, communication and participation, and nutrition.

UNICEF’s country-specific strategies are organised in 3- to 5-year country programmes that have usually been evaluated during an MTR process. Mozambique’s recent country programmes were developed for 2007–2009 (extended to 2011 to align with government and UN planning cycles), 2012–2015 (extended through 2016 because of national elections) and 2017–2020.

4.3 UNICEF Mozambique Approach to Stunting

Because the period for this evaluation is 2010–2015, this report primarily focuses on the 2012–2016 country programme, both as originally planned and as revised following the MTR. The approaches to stunting prevention in each of the three most recent country programmes—as identified through CPDs, KII data, and survey data—are summarised below.

2007–2011 Approach to Stunting Reduction

During this period, stunting was primarily addressed in the first of three country programme priorities: Young Child Survival and Development, Basic Education and Gender Equality, and HIV/AIDS. The Child Health and Nutrition Programme was primarily responsible for addressing stunting.

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

A key result of the Child Health and Nutrition Programme was that national budgets, policies, sectoral strategies, and annual plans prioritise issues related to maternal, neonatal, and child health and nutrition. The WASH programme also aimed to reduce disparities in access to its offerings through national budgets, policies, strategies, and plans prioritizing vulnerable groups. The social policy, advocacy, and communication programme aimed to influence policy analysis and resource allocations to reduce child vulnerability through the use of up-to-date, reliable, disaggregated data and evidence from a multisectoral integrated model.

Increased national capacity to provide access to nutrition interventions

A primary strategy of this country programme was to support the development of institutional capacity of governmental and nongovernmental partners to ensure high-quality service delivery, particularly at subnational levels, complemented at the local level by community capacity development. This included nutrition services. Together with the World Food Programme (WFP) in Mozambique, and in response to the triple threat of food insecurity, HIV/AIDS, and weakened coping capacities, the Child Health and Nutrition Programme planned to support the MOH and NGOs in implementing integrated health and nutrition programmes for malnourished children. The WASH programme aimed to support the operationalization of planning, monitoring and evaluation, and management procedures for drinking water and sanitation in targeted provinces.

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

Support of Nutrition-Specific Service Delivery Approaches

The Child Health and Nutrition Programme planned to support preventive and curative interventions to address nutritional deficiencies in children under 5 in targeted areas. A key result of the Child Health and Nutrition Programme was that at least 70% of vulnerable children under 5 receive health facility and/or community-level preventive and curative interventions addressing nutritional deficiencies as required in targeted districts.

Support of Nutrition-Sensitive Service Delivery Approaches

A key result of the Child Health and Nutrition Programme was that at least 80% of health facilities and community outreach services have improved the quality of care in the prevention and management of neonatal conditions and childhood illness in targeted districts. An additional key result was related to immunization delivery. The WASH programme also aimed to support access to and use of safe water and appropriate sanitation and improved hygiene practices by at least 1 million new users, prioritizing vulnerable groups.

2012–2016 Approach to Stunting Reduction

UNICEF Mozambique country staff felt strongly that all seven components of the 2012–2016 country programme were part of the approach to reduce stunting. The results matrix (updated based on the midterm review) for these components is presented in Annex 5. The Child Health and Nutrition Programme continued to be primarily responsible for addressing stunting. Key
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nutritional outcomes from the results matrix included the percentage of children under 5 who are stunted, the integration of nutrition priorities into the National Strategic Plan for the health sector, and the percentage of children who are exclusively breastfed.

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

With PAMRDC newly in place at the beginning of the 2012–2016 country programme, building commitment and capacity to implement this plan was the most important component of UNICEF Mozambique’s approach to stunting reduction. A key expected result of the child health and nutrition program was that national policies, operational plans, and adequate resource allocations were in place to improve the health system’s performance—namely, the health budget allocation. Enforcement of the breastmilk substitutes marketing ban and salt iodization policy were also components of this approach.

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

UNICEF Mozambique also planned to devote regular resources to technical assistance to government counterparts for delivery of essential nutrition and nutrition-sensitive services to the most vulnerable populations—presumably this is towards implementation of the PAMRDC, but it is not stated in the CPD. This included collaborating with the MOH and the health directorates of selected provinces in the preparation and implementation of their respective plans. UNICEF Mozambique also planned to provide technical support to Tete, Manica, Sofala, and Zambézia provinces for scaling up rural WASH, as well as technical support to the national food fortification programme.

An added component of the 2012–2016 approach included contributing to joint UN programmes on health and nutrition, working with NGOs to deliver services to hard-to-reach areas, and piloting innovative approaches.

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

*Support of Nutrition-Specific Service Delivery Approaches*

A key expected result of the Child Health and Nutrition Programme was that vulnerable children and their families have access to, and make use of, quality promotive, preventive, and curative nutrition services (as well as health and HIV services). Nutrition services were primarily planned to be delivered through national Child Health Weeks, which were carried out mostly outside of the regular health system with targeted interventions in priority provinces and for priority populations. Severe acute malnutrition (SAM) diagnosis and treatment through MOH was also planned, as was community infant and young child feeding (IYCF) counselling.

After the 2014 midterm review, UNICEF Mozambique identified three priorities for chronic undernutrition:

1. Develop and implement a strategy to improve **IYCF practices** in selected provinces, and incorporate relevant aspects in national protocols.
2. Ensure that the **Nutrition Rehabilitation Programme** (PRN) has functioning data management and supply management systems at a central level and delivers quality services, in compliance with the national protocol, in selected provinces.

3. Construct a strengthened forecasting, procurement, management, and distribution system of **essential nutritional commodities** (vitamin A, deworming tablets, iodised salt, micronutrient powders, nutrition rehabilitation products, etc.).

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

Nutrition-sensitive service delivery approaches comprised nutrition-sensitive components of Child Health Weeks, such as immunization, as well as improving access to water and sanitation infrastructure, particularly among remote rural and neglected peri-urban areas. Other planned components included social protection, malaria, and HIV prevention, along with access to education.

**2017–2020 Approach to Stunting Reduction**

In the 2017–2020 approach, nutrition will receive its own outcomes rather than being integrated with health. The current country programme focuses nutrition efforts in Zambézia and Nampula, which have the largest child population and consistently poor performance against child indicators. In 2016, the European Union (EU) and UNICEF Mozambique announced a joint partnership to dedicate EUR 25 million for the reduction of chronic malnutrition in Mozambique in Nampula and Zambézia provinces. This project was still being developed and finalised during the evaluation but will serve as an important component of the 2017–2020 UNICEF Mozambique programme. The country programme document acknowledges the necessity of a multisectoral approach to nutrition and identifies nutrition as a flagship issue.

Mozambique is one of eight pilot countries for the UN Delivering as One initiative, which established a consolidated UN presence with one programme and one budgetary framework. As a result, UNICEF Mozambique planned their 2017–2020 country programme jointly with 20 other UN organizations. The joint UN programme is outlined in the UNDAF.

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

Building commitment and national capacity to implement PAMRDC remains the most important component of UNICEF Mozambique’s approach to stunting reduction in the 2017–2020 country programme. Partnerships gained an increased focus from the 2012–2016 approach, specifically with other UN agencies, SETSAN, the Nutrition Partners Forum, MOH, and civil society.

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

There is an explicit focus on developing replicable, sustainable integrated models for nutrition, “tied to government systems and capacities, with clearly defined roles for long-term action.” Capacity for subnational coordination is an important focus of this approach.
Enhanced support for children, caregivers, and communities for improved nutrition and care practices

Support of Nutrition-Specific Service Delivery Approaches

UNICEF Mozambique will incorporate a focus on the first 1,000 days of the 2017–2020 country programme by focusing interventions on adolescent girls and lactating and pregnant women, specifically designed to reduce stunting in high-burden provinces. UNICEF also plans to support nutrition services, such as vitamin A supplementation, deworming, and quality child nutrition rehabilitation services.

Support of Nutrition-Sensitive Service Delivery Approaches

The health programme will shift to a more systems-strengthening approach, moving from a focus on Child Health Weeks to integration into the existing health system, including the rollout of a community health worker programme. The WASH programme planned to continue a Community-Led Total Sanitation (CLTS) approach, specifically aimed at reducing diarrhoeal diseases. WASH is recognised as an essential intervention to reduce undernutrition. Notably, the social and child protection component included a child grant programme that was specifically aimed at reducing undernutrition.

5. Evaluation Findings

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

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

Relevance to Country Context and Needs

During the evaluation period, UNICEF Mozambique undertook several situation analyses, including the Situation Analysis of Children in Mozambique 2014, a Nutrition Situation and Causal Analysis, and a Guiding Note for the Issue Paper Formulation for the UNDAF Context Analysis. All of these informed their approach to stunting reduction.

An additional effort to inform their approach to stunting was the development of a conceptual framework for the causes of malnutrition—an adapted version from REACH¹⁹ is presented in Exhibit 5. It characterises the basic, underlying, and immediate causes of malnutrition in Mozambique. These are aligned with national and global strategies, explored further below. The evaluation finds that this framework also helped develop consensus around the appropriate points of intervention for various stakeholders. Per its mandate, UNICEF focuses on the underlying causes (insufficient access to food, care practices, poor WASH, and inadequate health services) and the immediate causes (inadequate dietary intake and disease). UNICEF is

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less able to intervene to change the basic causes, but some approaches (e.g., social protection policies, addressing gender disparities) may fall into this category.

The evaluation finds that the 2012–2016 approach to stunting reduction that is guided by this conceptual framework is more responsive and relevant to the context of the country than was the previous approach. Likewise, the 2017–2020 approach reflects a deeper global understanding of the importance of a multisectoral approach to nutrition and country context. Below, the evaluation team presents key contextual factors (identified through the review of various situational analyses documents described above, the review of background sections of country programme documents, and analysis of KII and survey data) and presents evidence of whether they were adequately addressed by UNICEF Mozambique’s approaches to stunting reduction.

Exhibit 5. UNICEF Mozambique Conceptual Framework for Analysing the Causes of Malnutrition

Successfully Addressed Contextual Factors

1. Mozambique ranks among the world’s poorest countries but also continues to rank amongst the 10 fastest growing economies in the world. It is 184th out of 187 countries in the 2011 Human Development Index. Economic growth has not been equitable. The addition of the child grant component of the 2017–2020 country programme is a strong move towards addressing poverty as a basic cause of stunting, as identified in their conceptual framework. Basic causes at societal level were not as well addressed in the 2012–2016 approach.
2. Mozambique remains one of Africa’s largest recipients of foreign aid, with more than 16% of its GDP coming from bilateral and multilateral aid in 2011. The new EU partnership is an example of UNICEF leveraging aid to increase quality nutrition programming and deliver results to the most vulnerable.

3. Exclusive breastfeeding rates, anaemia prevalence, complementary food practices, and rural sanitation all have national coverages below 25%. The exact drivers of stunting in Mozambique have not been conclusively identified, but UNICEF addressed all of these components in its 2012–2016 and 2017–2020 plans, as they are key components of PAMRDC.

4. Mozambique’s population has increased by 4 million over the past 5 years, from 22 million in 2010 to approximately 26 million in 2015. The high population growth rate (2.7%) adds 800,000 people to the population annually; it is result of high fertility rates and declining child mortality. Though reproductive health is largely outside of its mandate, UNICEF does include well-formulated components to further decrease child mortality and promote linkages to reproductive health, specifically with the United Nations Population Fund. Again, family planning is considered in PAMRDC.

5. Mozambique’s economy is not sufficiently diverse and the majority of the population is still largely involved in subsistence agriculture. However, only 15% of arable land is currently under cultivation. UNICEF Mozambique’s 2017–2020 approach is particularly strong in explicitly promoting linkages to agriculture through planning with agriculture-focused partners, namely through the Nutrition Partners Forum and bilateral efforts with other UN agencies.

6. Less than 50% of the population has access to improved water sources, rising to 63% in rural areas and 86% for the poorest quintile. Approximately 79% of the population do not have or use improved sanitation facilities, rising to 90% in rural areas. UNICEF Mozambique’s 2017–2020 WASH program more intentionally focused on demand for WASH services but retained its success in supporting CLTS programming.

Gaps in Addressing Contextual Factors

1. Mozambique’s population is predominantly rural; however, the country is experiencing rapid, often unstructured, urbanization and projections suggest that 50% of the population will be living in urban areas by 2040. UNICEF’s 2017–2020 approach primarily focuses on the rural provinces of Zambézia and Tete, which is warranted given the high stunting prevalences and large child population. However, given these urban growth projections and evidence presented earlier that stunting prevalence is increasing in urban areas of Maputo and Maputo city, an urban focus could have increased the

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22 Ibid.

23 Ibid.
relevance of the country programme, which of course would have required more resources. Further, the programme includes a focus on developing replicable, sustainable integrated models for nutrition. More planning may be required to attempt to develop models generated in Zambézia and Tete that are relevant to urban areas.

2. Progress on gender equality, or women and girls’ rights and empowerment, in Mozambique has been slow and inconsistent. The country occupies 146th place among 152 UN member states in the Gender Inequality Index and challenges to gender equality and the fulfilment of the rights of women and girls persist.24 Gender inequality can be understood as another basic cause of malnutrition within the framework. The 2017–2010 approach rightly includes a focus on adolescent girls, and gender equality is included as a cross-cutting issue. However, the evaluation did not see a specific focus on gender dimensions of nutrition—such as norms around food consumption within households, access to agricultural means of production, or male partner involvement in improving feeding practices—clearly spelled out.

Alignment With National Strategies

The 2012–2016 child health and nutrition components are aligned with the government’s 2009–2015 Integrated Plan for the Achievement of the Millennium Development Goals on child mortality and maternal health, which prioritises child survival.25

While the CPD does not specifically mention the PAMRDC, the evaluation concluded through speaking with stakeholders that supporting this was a strong focus in the 2012–2016 approach.

The government of Mozambique has set two separate targets for stunting. The 5-year plan sets a target of 35% by 2019, and the PAMRDC sets a target of 20% by 2020. UNICEF’s CPD target was 30% by 2016.

UNICEF Mozambique has recently also aligned its programme with the government’s new Social Protection Strategy by supporting the creation of the new child grant program.

The UN family developed a separate nutrition outcome based on stunting in the UNDAF, which is also reflected in UNICEF’s 2017–2020 country programme.

Alignment With Global Strategies

The 2012–2016 country programme was generally aligned to UNICEF’s 2006–2015 Health and Nutrition Strategy in that it included joint health and nutrition actions, and it was aligned with the WASH Strategy 2006–2015. It was also aligned to the Midterm Strategic Plan 2006–2013 in that it prioritised young child survival and development, particularly through addressing SAM, to achieve MDG 1, which seeks to eradicate extreme poverty and hunger.

UNICEF Mozambique’s 2017–2020 country programme reflects global strategies outlined in the Strategic Plan 2014–2017 and the Approach to Scaling Up Nutrition in the following ways:

24 Ibid.


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- The Strategic Plan 2014–2017 is a move towards adopting an integrated approach to reduce stunting. Mozambique’s current country programme also moves towards a more multisectoral, integrated approach through the intentional convergence of stunting-related programming in Zambézia and Nampula.

- The Approach to Scaling Up Nutrition links 10 conditions to interventions for addressing childhood stunting and wasting. Mozambique’s situation analysis showed at least 8 of these 10 conditions (see Annex 5). Its country programme included at least one suggested intervention for each condition.

- UNICEF Mozambique’s conceptual framework is aligned with UNICEF’s global understanding of the causes of malnutrition.

Some stakeholders expressed concerns that global guidance does not provide adequate technical assistance on how to plan and implement multisectoral programming beyond geographic convergence, discussed further in this report. Further, they felt that global guidance in several sectors is moving towards integrating programmes, which creates multiple overlapping integration initiatives. For example, WASH, health, and nutrition are encouraged to work in an integrated manner, but each programme may also be encouraged to integrate with other programmes at the same time.

**Conclusion**

UNICEF Mozambique’s three most recent country programmes have increasingly focused on multisectoral strategies to reduce stunting and were generally aligned with the context of the country, national strategies, and global strategies. Nutrition received its own outcome in the 2017–2020 country programme, reflecting increased attention to the problem as well as increased recognition of the multisectoral nature of nutrition beyond just health. The evaluation inferred that UNICEF Mozambique’s approach to stunting reduction in practice strongly focuses on supporting capacities for multisectoral nutrition interventions in line with the PAMRDC—this could have been better articulated in the CPD.

UNICEF Mozambique’s country programme comprehensively addresses almost all contextual factors related to stunting, with two relatively minor exceptions. The country programmes have focused primarily on reducing stunting in two rural provinces to maximise impact using available resources. However, stunting is increasing in rapidly growing urban areas, and models generated in rural areas may not be applicable to urban settings or other rural provinces where specific drivers of stunting may be different. Secondly, while the country programme has a broad focus on reducing gender inequality, understood as one of the basic causes at societal level of malnutrition, the specific gender dimensions of nutrition are not specifically included in the country programme.

However, the larger concern with UNICEF Mozambique’s approach to stunting reduction is that it may be overly ambitious, a concern that was also shared by stakeholders. Country programme documents have been fairly broad, allowing for flexibility. However, without specific priorities identified, UNICEF staff find themselves stretched thin trying to support the government in addressing all of the drivers of stunting at all times, especially as one of the only organizations with nutrition-specific expertise.
5.2 Effectiveness of the Country Programme in Addressing Stunting

This chapter starts with an analysis of Mozambique’s progress in reducing stunting in under-5 children and related indicators. The analysis of effectiveness focuses on four main Strategic Plan output areas that are relevant for Mozambique: (1) strengthened political commitment, accountability, and national capacity to legislate, plan, and budget for scaling up nutrition interventions; (2) increased national capacity to provide access to nutrition interventions; (3) enhanced support for children, caregivers, and communities for improved nutrition and care practices; and (4) increased country capacity and delivery of services to ensure protection of the nutritional status of girls, boys, and women from the effects of humanitarian situations. As per the evaluation framework, the analysis considers both nutrition-specific and nutrition-sensitive interventions included within the Mozambique programme, and in view of the scope of the evaluation the analysis, focuses on the 2012–2016 country programme.

Changes in Performance of Stunting Indicators

The UNICEF Mozambique CO conducted an analysis showing the changes noted below in the performance of stunting-related indicators, which are the key strategic objectives of the PAMRDC.

Positive trend:
- Improved sanitation (rural)
- Improved sanitation (urban)
- Water supply (rural)
- Maize flour fortification
- Nutrition education
- Vitamin A supplementation post-partum
- Fortification oil
- Pregnant women who receive intermittent presumptive treatment (TIP) for malaria
- Pregnant women who attend four antenatal care visits

No change:
- Vitamin A supplementation of children
- Promotion of hygiene practices
- Improved food storage
- Deworming (adults)

Negative trend:
- Complementary food
• Exclusive breastfeeding
• Deworming (children)
• Iron folate supplementation
  • Utilization of modern method for family planning
  • Improved agriculture techniques
• Iron-rich food consumption
• Vitamin A-rich food consumption

Given the approaches described above, UNICEF most directly contributed to the outcome indicators that are bolded, which showed mixed performance. An assessment of more process-oriented indicators is presented in the following section.

**Achievements Towards Addressing Strategic Plan Outputs**

This section provides an analysis of UNICEF Mozambique’s 2012–2016 programme towards the four relevant outputs of UNICEF’s Strategic Plan mentioned above.

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

The government of Mozambique included stunting as a target in its 2015–2019 5-year plan (PQG), which signals not only political commitment to nutrition but also creates a degree of accountability. Stakeholders felt that this extremely important success was a reflection of the advocacy and position work of UNICEF and partners.

The 2012–2016 country programme continued its focus on strengthening commitment and capacity for implementation of the PAMRDC. A success in this area was that UNICEF and Danida, as chairs of the Nutrition Partners Forum, led a mapping exercise to rollout the 17 nutrition interventions of the PAMRDC among the major implementing partners.

UNICEF was somewhat successful in meeting its key result of adequate health budget allocation, in that the budget increased by 8% in 2014 and 9% in 2015, years that experienced substantial economic challenges overall. However, the health sector continues to depend heavily on external assistance.

The UNICEF-supported Integrated Sanitation Programme (*Programa Integrado de Saneamento*, PIS) was approved and included in the government’s 2015–2019 5-year plan. Specific budget lines were set up for sanitation (both rural and urban). The PIS aims to ensure an integrated planning and implementation of sanitation and hygiene interventions. Mozambique committed to achieve universal access to adequate and sustainable sanitation and hygiene services and elimination of open defecation by 2030, another major success.

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26 This was noted in the SETSAN baseline report, rather than UNICEF’s analysis.
Lastly, in 2013, UNICEF was a key partner for the drafting of the IYCF policy and supported MOH in drafting a strategy on the introduction of micronutrient powders. In 2015, government endorsed a UNICEF-supported costed child marriage strategy.

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

This section analyses the effectiveness of UNICEF Mozambique’s country programme in enhancing national capacity in general and for nutrition-specific and nutrition-sensitive interventions.

UNICEF Mozambique has focused on (1) building the capacity of SETSAN at the provincial level to coordinate nutrition interventions and (2) integrating PAMRDC into district plans. Stakeholders feel this is particularly important, as fieldworkers have “no capacity on nutrition or behaviour change.” In 2015, UNICEF saw particular success in providing training and technical assistance to district officials in six high-priority districts of Zambézia to develop annual plans with nutrition priorities fully integrated—UNICEF was considering this as model for scale-up at the time of the evaluation, emphasizing monitoring of financial expenditures as well as actual implementation. Based on interviews with stakeholders in Zambézia, the evaluation concluded that a key driver of this success was a highly skilled nutrition staff person well-versed in nutrition, as well as “soft” skills of capacity development.

UNICEF supported the development of additional capacities in the health and nutrition sectors through a mix of context-specific approaches, such as the development and adaptation of training materials based on international benchmarks and in-service training. Other plans for formative supervision—using problem-solving techniques, mentoring/coaching/tutoring programmes, and exchange programmes between high- and low-performing districts and regions—are not yet in place. Stakeholders also noted effective strategies in scaling up community health workers’ capacities in maternal and neonatal health, supporting mobile outreach to rural communities, and effectively managing vaccines and upgrading the cold chain.

In 2015, UNICEF successfully completed a nutrition supply chain assessment. Findings were integrated to the East and South Africa Regional Office (ESARO) study on nutrition supply chain assessment on essential nutrition commodities. UNICEF also costed plans for developing a micronutrient powder (MNP) feasibility/scale-up plan. Lastly, UNICEF effectively contributed to joint UN programmes on health and nutrition and worked with NGOs for service delivery. This is explored further in the Leadership and Leveraging Partnerships section.

In spite of these successes, much work remains to be done in capacitating SETSAN and provincial and district authorities for implementing PAMRDC. SETSAN and MOH at all levels are constrained by staffing challenges and technical expertise—the most qualified staff are hired by NGOs because there is such limited in-country capacity. NGOs are better resourced with donor funds and are able to entice qualified staff to leave government posts. UNICEF cannot provide enough supplementary technical support and struggles to address this constraint.

UNICEF’s technical expertise is particularly needed in behaviour change communication. Many stakeholders who participated in this evaluation noted that skillsets around nutrition are improving, but to empower communities to address their own nutrition issues, they need a

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deeper capacity to address cultural practices related to food consumption and care practices. They saw UNICEF as uniquely situated to provide this expertise.

A reason why this may not have happened is that UNICEF is still in the process of transitioning from a classic public health approach to nutrition to a truly multisectoral approach. Stakeholders felt that nutritionists in Mozambique have been somewhat territorial towards new approaches (e.g., food systems or behaviour change and communication (BCC) approaches). The evaluation did not see strong evidence of territorialism, but did note that there is still room for further knowledge exchange among partners from all sectors to better understand and incorporate the complexities of such approaches. Nutrition staff at UNICEF understand the contribution of food and behaviour change to stunting, but have to balance their focus with what they see as the most high-impact interventions, government capacities for implementation, and causes for which they are able to mobilise funding.

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

UNICEF Mozambique’s approach to providing support for caregivers and communities to improve nutrition and care practices primarily consisted of supporting the delivery of nutrition-specific and nutrition-sensitive services through health weeks, diagnosing and treating SAM, and providing community IYCF counselling and WASH services.

- Health Weeks were successfully carried out to increase access to health and nutrition services. These included vaccination against measles, vitamin A supplementation, nutrition screening, and deworming. Support for a community health worker program also contributed to the effectiveness of delivering nutrition services, including curative aspects such as pneumonia, diarrhoea, and malaria.  

- Health weeks were expanded in 2015 to include screening for acute malnutrition, but treatment coverage remained under 30%.  

- It is unclear whether the planned component of community IYCF counselling was effective, but UNICEF developed a Social and Behaviour change communication strategy for infant and young child nutrition in 2015, and an IYCF strategy was in progress.

- Stunting-related WASH results were strong throughout the country programme period. In 2015, at least 236,000 new beneficiaries accessed new sanitation services.

Increased country capacity and delivery of services to ensure protection of the nutritional status of girls, boys, and women from the effects of humanitarian situations

UNICEF was effective in responding to humanitarian situations in Mozambique as they arise. In 2012, in order to reinforce preparedness for future disasters, emergency items including

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30 Ibid
nutrition commodities were prepositioned in warehouses to enable partners to meet the basic needs of 25,000 people within the first 72 hours of a disaster.

UNICEF also conducted an exercise on UNICEF flood response in Zambézia and created an action plan on how to strengthen internal and government preparedness and response capacity.\textsuperscript{31}

In the longer term, UNICEF promotes linkages to agriculture, primarily with UN partners FAO and IFAD. These partners work to promote drought-resistant solutions.

Unfortunately, drought conditions in southeastern Africa reached severe levels in 2016, testing all of the above emergency preparation efforts. At the time of the evaluation, stakeholders reported that the emergency appeal had not mobilised enough resources for a comprehensive response.

As drought persisted across the region in 2016, stakeholders reported struggling to meet basic nutrition needs. Staff capacities of the nutrition team were stretched for about 4 to 6 months before they received an emergency surge team. This focus on emergency response also necessitated the deprioritisation of stunting and implementation of PAMRDC by other stakeholders, the effects of which may be seen in the coming years.

**Conclusion**

UNICEF Mozambique experienced successes in each of the four key outputs of the Strategic Plan during the 2012–2016 country programme period.

It was successful in strengthening political commitment to stunting reduction (as signified by the inclusion of stunting in the government’s 5-year plan) and to increasing political commitment and capacity to implement the PAMRDC. UNICEF Mozambique has also been instrumental in supporting MOH’s nutrition department at a national level.

UNICEF Mozambique was effective in building capacity to coordinate and implement the PAMRDC in Zambézia. Stakeholders noted that UNICEF was one of the only actors making the PAMRDC “move.” However, a systematic approach to capacity development at national level and in target provinces of Zambézia and Nampula, where UNICEF has a physical presence, is needed. Partnership with the EU will likely facilitate this in the coming years. Human resource constraints in SETSAN and implementing ministries of the PAMRDC are likely to continue, as the overall level of capacity for nutrition in the country is low. This is discussed further in the Sustainability section.

UNICEF Mozambique was also successful at increasing supporting the delivery of essential nutrition-related services, primarily through semiannual health weeks and the delivery of WASH services.

In emergency response, UNICEF Mozambique was effective in increasing emergency preparedness response and mobilised resources to respond to severe drought conditions in 2016.

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Reducing Stunting in Children Under Five Years of Age: A Comprehensive Evaluation of UNICEF’s Strategies and Programme Performance
Republic of Mozambique Country Case Study
5.3 Efficiency of Management and Operations

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

Utilization of Available Resources to Achieve Programme Outputs

Staff

UNICEF Mozambique has four staff dedicated to nutrition activities. At provincial level, UNICEF Mozambique currently operates two colocated field teams in Zambézia and Nampula (Zambézia and Tete in the 2012–2016 country programme).

Nutrition staff felt that there were not enough human resources available to implement a large-scale program, and they generally struggle with the practical aspects of supporting nutrition-sensitive programming (i.e., they do not have practical examples of what works and how to do it). Stakeholders have further reported that they have struggled to move beyond what they described as a “stapler” approach to multisectoral action. In other words, each sector has been working in siloes in a geographically convergent manner, but their programming is not actually integrated at every stage—it has simply been “stapled” together. A nutrition task force has been established and funded to promote cross-sectional learning and integrated work is being championed at a high level within the office, but an evidence-based understanding of what integration really means is lacking.

Funding

UNICEF Mozambique’s overall budget remained relatively stable during the evaluation period, with $44,671,463 overall in 2012 and $40,437,490 in 2015. Resources dedicated to nutrition have been less stable: moving from about $4.5 million in 2012, to $9.5 million in 2013, and down to $2.5 million in 2014 and 2015. Stakeholders felt that the SBCC campaigns were the least sufficiently funded.

There has been an intentional effort in the new country programme to direct resources towards four key areas: nutrition, sanitation, HIV, and social protection. However, UNICEF stakeholders did not feel that funding was adequate to implement multisectoral stunting-reduction strategies at scale, and that government capacity was also not sufficient to take this on independently. Funding from the EU should drastically improve the nutrition funding situation, but the country programme does not intend to implement stunting-reduction activities on a national scale. Generating cost-effective models for scale-up in the future will be of utmost importance.

Organizational Policies

Again, UNICEF Mozambique has made progress in working multisectorally. Staff outside of the nutrition section are involved in planning efforts to address stunting and the country programmes reflect a growing degree of multisectorality. However, multisectoral efforts have proved difficult because of competing priorities. In addition to developing a more theory-based approach to what integration means, as mentioned above, there is a need to strengthen incentive, coordination, and accountability structures to facilitate multisectoral work within
UNICEF Mozambique. Allocating specific amounts of time to integrated efforts and creating a culture that supports these efforts is likely a first step.

**Conclusion**

UNICEF Mozambique has focused limited resources on reaching the most vulnerable populations and delivering interventions that are most likely to have an impact. An influx of funding from the EU will significantly increase UNICEF’s ability to reach the most vulnerable rural populations, but it will be important to systematically devote resources to generating models for scale-up. Further, as noted in the previous chapter, the presence of co-located field teams seems to be having an important impact on furthering implementation of PAMRDC, thus this is an important use of resources. However, challenges are noted around accountability structures within UNICEF to implement truly integrated nutrition strategies.

5.4 **Sustainability and Scale-Up**

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

The evaluation team identified evidence of several successful sustainability strategies, including upstream policy advocacy, capacity building, systems strengthening, and partnerships:

- **Upstream Policy Advocacy**: UNICEF’s primary strategy for sustainability is working with government to implement the PAMRDC and engage SETSAN. As mentioned previously, its other efforts to work upstream included partnering with other UN agencies and NGOs on multisector governance, and improving resource allocations.

- **Capacity Building**: As previously mentioned, UNICEF has focused on capacity building particularly at the subnational level around nutrition, but further work is needed on multisectoral approaches to stunting, as well as behaviour change for nutrition. A systematic approach is necessary.

- **Systems Strengthening**: UNICEF makes concerted efforts to work with government agencies whenever possible, most closely with MOH. For example, UNICEF opted to move away from supporting national health weeks and to instead support services such as vitamin A supplementation through the routine health system. This was a concerted move to strengthen rather than circumvent the health system. Further, support of the continued rollout of community-based health services by community health workers increases the sustainability of health approaches, as does their work to improve the nutrition information system and support supply chain and procurement of nutrition commodities.

- **Partnerships**: As described in section *Leadership and Leveraging Partnerships* of this report, UNICEF engaged in a number of partnerships in its efforts to address stunting.

There are three major external threats to sustainability:

- The evaluation notes that the fiscal crisis that was uncovered in April 2016, which resulted in most donors suspending direct budget support to the government, is a major risk to the sustainability of all UNICEF’s capacity building and systems-strengthening
efforts. However, the ramifications for UNICEF are complicated and unclear. As part of this evaluation, donors reported that they may redirect funding to UNICEF and other large nongovernment stakeholders to do direct implementation. UNICEF is one of the only nongovernment agencies with the capacity to implement large multisectoral programs, but they implement through government structures, so their approaches would have to drastically change.

- The challenge previously noted around urbanization is also related to sustainability, in that attention is needed now to develop systems for targeting families who live in urban and peri-urban areas, before urbanization peaks. Nutrition programs may be able to leverage the CLTS platform in peri-urban areas, which was a focus of the 2012–2016 WASH approach.

- Nutrition expertise within Mozambique is extremely limited, meaning there is a very small cadre of experts that are highly sought after by multiple organizations. UNICEF may consider furthering its support of in-service training to develop a larger pool of nutritionists in the country.

Lastly, the evaluation noted that the food fortification component is not sustainably designed. It is extremely expensive and has gone through periods of insufficient funding. A similar approach to the costed MNP feasibility/scale-up plan may be warranted here if this is not well-understood.  

**Conclusion**

Based on the successes noted in upstream policy work, capacity building, systems strengthening, and partnerships, the evaluation finds that there is a strong potential for UNICEF’s model for stunting reduction to be sustained, but this is subject to the external threats of the fiscal crisis, rapid urbanization, and lack of nutrition expertise. The approach outlined in the 2017–2020 country programme is robust and touches multiple nutrition-sensitive sectors. Its focus on supporting implementation of the PAMRDC and implementing through government structures is responsive to UNICEF’s mandate, but also means it is subject to the inherent sustainability of the PAMRDC itself, which is not in the scope of this evaluation to assess.

**5.5 Leadership and Leveraging Partnerships**

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

32 Ibid.
Types of Partnerships and Leadership Activities

UNICEF is the chair of the SUN Nutrition Partners Forum and the UN Nutrition Group and is a key leader in the multisector, multistakeholder technical working group (GT-PAMRDC) to coordinate implementation of, and alignment with, the PAMRDC.

Successes

The UN Nutrition Group has been highly active under UNICEF’s leadership, and in 2015 it published the UN Agenda for the Reduction of Chronic Malnutrition in Mozambique 2015–2019. This document serves as an important advocacy piece and outlines a vision for the role of UN agencies in reducing stunting. In addition, the evaluation noted that the process of developing a shared agenda created a common goal and concrete action items towards which to work. This creates a foundation on which the agencies can build in future nutrition efforts and was a key driver of success.

Stakeholders felt that the success of joint UN agency efforts have not been attributable to the One UN UNDAF programming exercise. They felt that the development of white papers by each thematic area had been helpful but the more effective way to improve joint efforts by UN agencies is through joint funding of specific projects. However, according to stakeholders, other evaluations point to joint planning rather than joint implementation being the key driver of success, so this area is somewhat unclear. Another key driver of success in UN partnerships has been delineating clear niche areas for each agency—IFAD and FAO both have agriculture expertise but a clear division of labour. This has been less clear between UNICEF and in the past has resulted in tension between SAM and MAM and salt and food fortification. However, a change in management has resulted in an improved relationship and willingness to work together WFP.

UNICEF Mozambique has also been effective in advocating for specific approaches and strategies with government partners. Inclusion of a stunting target in the 5-year plan was a notable success, as was the new child grant initiative. A key driver of success with the child grant was mobilizing donors to fund the first year to generate evidence of success. In addition, stakeholders felt that it was important to “elevate from the technical to the political” to truly have government stakeholders commit to nutrition priorities. Documents and tools that rank countries against each other have proven particularly effective at gaining government’s attention. Further, the economic argument about stunting and GDP has also been effective with government partners at a high level, perhaps because Mozambique ranks very high in economic growth. However, for these same reasons, it will be imperative to show progress in reducing stunting prevalence—if there is no evidence that these efforts are working, stakeholders felt that government will simply move on to another issue in their next 5-year plan rather than risk being identified as a poor performer among peers.

In addition, at the time of the evaluation, there was debate over whether SETSAN should be turned into an implementing agency and renamed the Institute for the Promotion of Food Security and Nutrition (IPSAN) rather than working through existing ministries. UN stakeholders, including UNICEF, felt that SETSAN would be most effective left as a coordinating agency. Stakeholders informed the evaluation team that the Nutrition Partners Forum was able to have...
Challenges

The structure of the chairmanships of the SUN Nutrition Partners Forum and the UN Nutrition Group is designed so that the same agency heads these fora so that UN agencies speak with one voice. While stakeholders felt this was generally a positive feature, they voiced concerns that UNICEF was overextended in chairing both of these groups.

Some stakeholders also felt that UNICEF’s chairmanship of these fora, monopoly on nutrition expertise, and competition for funding was leading to them operating too much on their own. They felt that better results would be seen if they cooperated more on nutrition. For example, there were concerns expressed around UNICEF’s absorption capacity for EU funding, which they felt could have been better shared among partners who are not funded to develop nutrition capacities.

In advocacy with government partners, some stakeholders reported that a level of disagreement around the concept of stunting exists. There is a notion that government sees stunting as a consequence of poverty rather than a health issue that necessitates separate interventions. In other words, by reducing poverty, a country will also necessarily reduce stunting. The evaluation found that this notion was not widespread but may deserve closer attention.

The evaluation found that, to various extents, donors also struggle to move beyond the “stapler” approach to multisectoral nutrition work. UNICEF bears some responsibility to push the multisectoral agenda with donors, as stakeholders reported that donors have the power to force agencies to work multisectorally through funding structures.

Conclusion

Leadership and leveraging partnerships have been a key area of success for UNICEF Mozambique, which is seen by many as the leader of the nutrition agenda in Mozambique. Through chairmanships of the UN Nutrition Group and the Nutrition Partners Forum, UNICEF has driven the implementation of PAMRDC and mobilised other partners to support SETSAN. Key successes have been seen in working with other UN agencies on multisectoral nutrition activities with particularly impressive results in linkages to agriculture, health, and reproductive health. Challenges were relatively minor and included UNICEF possibly being overextended in its leadership role and monopolizing the space for nutrition work without enough cooperation.

5.6 Equity and Reach of Disadvantaged Children

This chapter identifies the disadvantaged groups in Mozambique and assesses the evaluation question: Are UNICEF’s strategies and programmes to reduce stunting equitable and effective in reaching disadvantaged children, including children with disabilities?

Approach to Reaching Vulnerable Populations

Country programme documents and stakeholders identified three main vulnerable populations: the rural poor; people living in northern provinces (Nampula, Cabo Delgado, Zambézia, and Niassa), all
of which have stunting prevalences above 45%; and people vulnerable to flooding and drought. Some stakeholders felt that the urban poor were more vulnerable because they do not have safety nets in place, which is particularly important given the quickly growing urban population.

**Successes**

In the 2012–2016 CP UNICEF targeted geographic areas with some of the highest stunting prevalences—Zambézia and Tete. However, stakeholders felt that a lack of robust evidence-generating systems would not allow the transfer of these interventions to other vulnerable populations. Moving forward, UNICEF’s new CP will specifically target Nampula and Zambézia provinces, with an explicit focus on generating evidence in working multisectorally that will help meet the nutrition-related needs of other vulnerable groups.

Aside from this, UNICEF Mozambique saw successes in addressing the nutrition-related needs of people living with HIV. In 2013, UNICEF supported the strengthening of linkages between nutrition and HIV services in two provinces with encouraging results. The evaluation is not aware whether these linkages have been scaled up.

**Challenges**

Identifying populations that are more vulnerable to stunting has been a challenge because data lack desegregation/granularity at the district level and livelihood zone, do not allow for trend analysis, and in some cases are inconclusive. Therefore, the specific pathways that drive stunting in Mozambique remain unclear. Thus, the country programme relied mainly on global models and causal analysis to develop its stunting reduction program, potentially limiting its capacity to prioritise and target the most vulnerable populations. Further, while the rationale for focusing on Zambézia and Nampula is logical and a good use of resources, there are other valid ways to target vulnerable groups. For example, the SETSAN baseline study in 2013 showed that severe stunting, an indicator that other countries have used for targeting vulnerable groups, is much worse in Sofala (36%) than Namupla (30%) or Zambézia (21%).

**Conclusion**

UNICEF Mozambique’s approach to equity is to focus on geographic areas with high stunting prevalences, but gaps in subnational-level data may have resulted in an inability to conclusively identify vulnerable populations within these geographic areas. An important step forward of the new CP has been an explicit focus on creating models to improve nutrition of other vulnerable groups. However, as mentioned previously, this approach may need more systematic deliberation regarding how to translate these models for other groups.

**5.7 Knowledge/Data Generation, Management, and Use**

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

**Successes**

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

**Data generation:**
- UNICEF’s 2008 Multiple Indicator Cluster Survey (MICS) is often used by partners for nutrition data points between 2003 and 2011 DHS surveys.
- UNICEF has contributed to strengthening data collection and analysis capacity, with an ongoing focus on Territorial Statistics—the national database compiling administrative data from districts throughout the country.
- UNICEF’s continues work in analysis and mapping of district-level data in the target provinces of Tete and Zambézia, with a focus on health and education. Through advocacy, the integration of the monitoring/reporting system of the treatment of acute malnutrition under nutrition services into the Health Information System (Módulo Básico) was finally approved by the MOH in 2014. However, there are concerns about data quality, explored below. These mapping efforts continue now for the EU project in Zambézia and Nampula, measuring key indicators such as SAM treatment, water coverage, and diarrhoea prevalence.

**Knowledge generation:**
- UNICEF provided financial support for a multivariate regression analysis on chronic malnutrition using 2011 DHS data.
- UNICEF supported the SETSAN food and nutrition security baseline assessment of 2013.
- UNICEF’s conceptual framework on the causes of malnutrition has been used by multiple other partners.
- UNICEF supported MOH for an Iodine Deficiency Study from 2011 to 2013, an assessment on the production of iodised salt, a case study on the monitoring and evaluation system of the PRN, and an assessment of the uptake of 2010 WHO recommendations on IYCF in the context of HIV.
- UNICEF funded the anthropometric measurement under the Household Expenditure Survey (IOF) in 2015 and its analysis.
- A nutrition supply chain assessment was successfully completed in 2015. This assessment reviewed how nutrition therapeutic products, equipment, and micronutrient powders are managed with the government supply chain system. It also provides a set of actionable recommendations to inform next year’s investment into supply chain improvement, particularly in relation to the integration and inventory management of nutrition commodities at provincial and district levels. The findings also fed into the
reduced supply chain review exercise “UNICEF Mozambique Nutritional Supply Chain Integration Study”.

- UNICEF has supported the development of user-friendly budget briefs on health, nutrition, education, and WASH. The briefs are used for advocacy with parliament, government, civil society, and the donor community for improving equity and efficiency of allocations.

UNICEF has been most successful in using existing data to distil messages into clear and coherent messages for other partners. In addition, UNICEF has successfully supported the development of an implementation tracking framework for the implementation of PAMRDC, which helps define indicators.

**Challenges**

Data and knowledge generation in Mozambique generally is constrained by the availability of skilled data workers. Not only is in-country expertise limited, but international expertise is difficult to leverage because many experts are not able to work in Portuguese. UNICEF Mozambique needs to provide financial and technical support to improve data availability and reliability but is limited by staff capacity and availability to work on evidence generation and nutrition data—government cannot support these efforts and stakeholders report that donors are not interested. Further, UNICEF sets high expectations for research, which is an important precedent. But when these expectations are not met to the highest standard, staff treat the information as unusable and it does not get disseminated.

The multivariate analysis was not able to identify specific drivers of stunting due to a lack of data disaggregated by districts, livelihood, and social groups. Stakeholders reported that the analysis was, as a result, not peer reviewed or widely disseminated by UNICEF. Stakeholders generally agree that food production is not the main driver, because the provinces that produce the most food have the highest stunting prevalences.

**Conclusion**

Data availability and quality at subnational level is one of the main constraining factors to planning and implementing stunting reduction interventions. UNICEF stakeholders are highly sensitive to this issue and provide training and technical assistance to partners to improve this situation, but availability of human resources poses a major challenge to further improvement. However, SETSAN’s capacity for collecting and using data seems to be a bright spot, seen in the 2013 baseline study, which benefited greatly from UNICEF support.

Human resources are also a constraining factor to improving evidence generation—there are not enough nutrition staff at UNICEF to focus on this. In terms of knowledge generation, the major bottleneck has been understanding the specific pathways of change—UNICEF has supported data analysis activities to identify these, but they were inconclusive.

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33 Annual Report 2015
6. Recommendations

1. Medium- and longer-term stunting-related indicators, in spite of success in process indicators of upstream policy work, are seeing stagnant or reversed progress. Preliminary results of the SETSAN baseline study, as reported in 2014, indicated that UNICEF’s key targets related to overall stunting prevalence, anaemia reduction, exclusive breastfeeding, and complementary feeding are not likely to be achieved. However, sanitation and hygiene practices, an area to which UNICEF is also a key contributor, do show progress. To make these indicators move, **UNICEF Mozambique and partners should develop a systematic approach to capacity development for SETSAN and implementing ministries of the PAMRDC.** UNICEF should maintain its focus on capacitating SETSAN and provincial and district authorities in the two provinces where it has a physical presence, while generating models that can be used in other settings. Central to the process of building capacity at a provincial level is to identify highly skilled nutritionists who are also proficient in developing capacity and building relationships.

2. **UNICEF Mozambique has driven the implementation of PAMRDC and mobilised other partners to support SETSAN.** It has also been successful in providing formal and informal leadership to three key partnership fora, the SUN Nutrition Partners Forum, the UN Nutrition Group and the GT-PAMRDC. Key successes have been seen in working with other UN agencies on multisectoral nutrition activities with particularly impressive results in linkages to agriculture, health, and reproductive health. A key driver of this success has been concrete action items on which these groups could work, including developing the UN Agenda for the Reduction of Chronic Malnutrition in Mozambique 2015–2019 and a mapping exercise assigning implementing partners to each of the 17 key interventions of the PAMRDC. **UNICEF Mozambique should assume a lead role among the UN agencies to document best practices of their partnership, including separating mandates and working towards concrete action items.**

3. **UNICEF Mozambique should prioritise nutrition-specific work to focus on building capacity upstream, conducting policy work, and developing robust evidence-generation systems.** Without specific priorities identified, UNICEF staff find themselves stretched thin trying to support government in addressing all of the drivers of stunting at all times, especially as one of the only organisations with nutrition-specific expertise. A plan for making its work in Zambézia and Nampula better complement its upstream policy work would be beneficial. In general, stunting-related interventions could also better incorporate gender dimensions and the needs of a growing urban population. Lastly, more conclusively identifying the specific pathways of change for stunting may also help prioritise interventions.

This prioritisation should include aligning its country programme documents and approaches more fully with the PAMRDC. Approaches should clearly delineate which of the 17 nutrition interventions UNICEF is supporting, where this is being done, how UNICEF plans to support capacity building and coordination, and through which government ministries efforts will be focused. The evaluation notes that this was in progress as part of UNICEF’s new partnership with the EU.
4. **UNICEF Mozambique should lead efforts to improve subnational nutrition data availability and quality to more conclusively identify target populations.** This would also improve evidence-generation systems.

5. The concepts of multisectoralism and integration are largely understood as the planned geographic convergence of interventions from different sectors. While staff at UNICEF do understand the need for integrated work, it is not clear whether or how integration is different from multisectoral approaches or how integration is operationalised. **UNICEF Mozambique should build internal consensus around the concepts of multisectoralism and integration and strengthen incentive, coordination, and accountability structures to facilitate multisectoral work.** Allocating specific amounts of time to integrated efforts and creating a culture that supports these efforts is likely a first step. Externally, nutrition, WASH, and social protection staff at UNICEF should share guidance on how to design, implement, monitor, and evaluate multisectoral stunting-reduction interventions with partners.
Annex 1

Global Evaluation Methodology
**Detailed Evaluation Methodology**

**Quantitative Methods**

*Purpose*

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

**Data Sources**

*Secondary Data*

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

**Data Management and Analysis**

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

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

All quantitative analysis will be conducted using Stata software.

**Qualitative Methods**

*Purpose*

The qualitative assessment will be used to validate and elucidate contextual factors for differences in trends that will be identified and triangulated by the quantitative analysis. The findings will be used to formulate evidence-based recommendations for improving UNICEF’s

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34 For fragile settings (both natural and man-made) FEWs and other surveillance sentinel data may be important in assessing responsiveness to early warning systems and may be potential data sources for this evaluation.
accountability for its performance and results and to guide effective action towards sustainable stunting reduction in the coming years.

**Data Sources**

**Document Review**

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

**Key Informant Interviews**

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

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

**Data Management and Analysis**

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

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

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

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

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

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

These team-generated questions were transformed into queries readable by the data management software. Team members read the various outputs, noting themes or patterns that develop. They also developed new questions that arose from the data and transformed them into new queries. Team members involved in the queries met regularly to share findings and discuss analysis strategies. The cycle of question creation, output, theme notation, and team analysis discussion was repeated until the study’s research questions are satisfactorily answered. In addition, the team used other analytic tools to examine inductive themes (e.g., exploring which codes tend to co-occur) and whether any patterns emerge through these networks. For example, by looking at the data points where evaluation areas intersect, themes may emerge. Thus, for the report, findings may be obtained by combining retrieved segments from the deductive inquiries with the patterns that arise through the inductive networks.
Annex 2

Mozambique Evaluation Reference Group
The evaluation expresses our thanks to all of the members of the Mozambique Evaluation Reference Group:

Mathieu Joyeux
Susan Albone
Neusa Pinto
Marianne Kjaertinge Faarbaek
Andrea Rossi
Annex 3

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

1. UNICEF Mozambique Annual Report 2010
2. UNICEF Mozambique Annual Report 2011
3. UNICEF Mozambique Annual Report 2012
4. UNICEF Mozambique Annual Report 2013
5. UNICEF Mozambique Annual Report 2014
10. UNICEF Mozambique’s priorities 2014-2016
11. UNICEF Mozambique CPD Summary Results Matrix 2012, 2015 MTR Revision, February 2014
14. UNICEF CPD strategic note (2016)
15. UN nutrition issue paper (2015)
16. UNICEF Mozambique Request for One year extension of current Country Programme/CPD 30 January 2015
17. PAMRDC 2010-2015 (Action plan for reduction of chronic malnutrition)
18. SETSAN Food and nutrition security baseline (2013)
19. PAMRDC Mid-term review (2014)
20. UN nutrition agenda (2015)
22. Global nutrition report 2015 (Mozambique profile)
23. Study on determinants of Stunting (DHS 2011)
24. DHS 2011
25. PAMRDC Coordination system in Mozambique (graph)
Annex 4

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

Laura Machuama
Pronch Murray
Berguette Mariquelle
James Patterson
Chris Cormency
Maria Arreas de Souza
Monique Kamphuis
Paula Machungo
Sara Piccoli
Jesus Gavilan Marin
Mayke Hujibregts
Iris Uyttersprot
Ruth Batao Ayode
Felicidade Panquene
Veronique Kolhoff
Rodolfo Henriquez

Hidayat Kassim
Osvaldo Neto
Marla Amaro
Ana Lobo
Arlinda Chaquisse
Katia Santos Dias
Carina Hassane Ismael
Emilia Taguia
Henriques Ginga Vincente
Isabel da Rocha Oliveira
Michel Le Pechoux
Carlos Mafigo
Mathieu Joyeux
Marianne Faarbaek
Sonia Kahn
Andrea Rossi
Annex 5

Assessment of UNICEF Mozambique’s Approach to Stunting Reduction Using UNICEF’s Simplified Schematic Linking Conditions to Interventions for Improving Child and Maternal Nutrition
## Addressing Childhood Stunting and Wasting

### If Situation Analysis Shows These Conditions:

<table>
<thead>
<tr>
<th>Food</th>
<th>Then Consider These Interventions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate quality of complementary foods</td>
<td>- Micronutrient supplementation</td>
</tr>
<tr>
<td></td>
<td>- Nutrition education and counselling</td>
</tr>
<tr>
<td></td>
<td>- Fortified and supplemental/specialized foods (including iodized salt)</td>
</tr>
<tr>
<td>Chronic or significant seasonal food shortages</td>
<td>- Fortified and supplemental/specialized foods</td>
</tr>
<tr>
<td></td>
<td>- Social protection programmes</td>
</tr>
<tr>
<td></td>
<td>- Community management of acute malnutrition programmes</td>
</tr>
<tr>
<td></td>
<td>- Nutrition surveillance system</td>
</tr>
<tr>
<td></td>
<td>- Promotion of linkages with agriculture</td>
</tr>
</tbody>
</table>

### Care

<table>
<thead>
<tr>
<th>Inadequate breastfeeding</th>
<th>- Breastfeeding counselling and support through community- and facility-based contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate complementary feeding</td>
<td>- Intensive capacity development for health and nutrition workers</td>
</tr>
<tr>
<td></td>
<td>- Early childhood development interventions, nurturing family care practices and responsive feeding</td>
</tr>
<tr>
<td></td>
<td>- Baby Friendly Hospital Initiative</td>
</tr>
<tr>
<td></td>
<td>- Control of the marketing of breast milk substitutes</td>
</tr>
<tr>
<td></td>
<td>- Maternity protection in the workplace</td>
</tr>
</tbody>
</table>

| Poor hygiene and sanitation | - Education and behaviour change communication |
|                            | - Early childhood development interventions, nurturing family care practices and responsive feeding |
|                            | - Multiple micronutrient powders for home fortification of complementary foods |
|                            | - Intensive WASH interventions (behaviour change and communication and supplies for hand washing with soap at critical times, safe disposal of faeces; open-defecation free communities; construction, management and use of latrines/Toilets; access to adequate, safe water) |
|                            | - Improved safety of complementary foods |

### Health

<table>
<thead>
<tr>
<th>High prevalence of diarrhoea and pneumonia</th>
<th>- Oral rehydration solution and zinc supplementation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- WASH interventions</td>
</tr>
<tr>
<td></td>
<td>- Vitamin A supplementation</td>
</tr>
<tr>
<td></td>
<td>- Nutrition counselling for the adequate care of sick children</td>
</tr>
<tr>
<td></td>
<td>- Treatment of SAM</td>
</tr>
</tbody>
</table>
Reducing Stunting in Children Under Five Years of Age: A Comprehensive Evaluation of UNICEF’s Strategies and Programme Performance
Republic of Mozambique Country Case Study

IF SITUATION ANALYSIS SHOWS THESE CONDITIONS:

THEN CONSIDER THESE INTERVENTIONS:

HEALTH (cont.)

High prevalence of HIV/AIDS

- As part of community management of acute malnutrition programmes, provider-initiated HIV testing and counselling
- National guideline development for infant feeding in the context of HIV
- Voluntary, confidential testing and treatment and infant feeding counselling for pregnant women
- Nutritional support

High prevalence of malaria

- Intermittent preventative treatment and promotion of insecticide-treated bed nets for pregnant women (in high-malaria areas)
- Insecticide-treated bed nets for children <24 months (in high-malaria areas)
- Behaviour change and communication
- Nutrition counselling for the adequate care of sick children

High prevalence of parasitic infections

- Deworming for pregnant women
- Deworming for children 6–59 months
- WASH interventions
- Nutritional support

Insufficient coverage of antenatal care or skilled birth attendant

- Health interventions (promotion of healthy practices and appropriate use of health services during the continuum of care)
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>FOOD</strong></td>
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<td></td>
</tr>
<tr>
<td>Inadequate quality of complementary foods</td>
<td>• Micronutrient supplementation</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• Promotion of linkages with agriculture</td>
<td></td>
</tr>
<tr>
<td><strong>CARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate breastfeeding</td>
<td>• Breastfeeding counselling and support through community- and facility-based contacts</td>
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<td></td>
<td></td>
<td>• Maternity protection in the workplace</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Intensive capacity development for health and nutrition workers</td>
</tr>
</tbody>
</table>

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35 Inclusion in this column does not imply that these interventions should or should not have been included; they are listed here as a reference.

36 DHS 2011
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CARE (CONTINUED)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate complementary feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes. Only 13% of children 6–23 months were fed according to all three IYCF practices in 2011.</td>
<td>• Multiple micronutrient powders for home fortification of complementary foods</td>
<td>• Early childhood development interventions, nurturing family care practices, and responsive feeding • Education and behaviour change communication</td>
</tr>
<tr>
<td>Poor hygiene and sanitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes. 17% of people were using an improved sanitation facility in 2008.</td>
<td>• Intensive WASH interventions (behaviour change and communication and supplies for hand washing with soap at critical times, safe disposal of faeces; open-defecation–free communities; construction, management and use of latrines/toilets; access to adequate, safe water)</td>
<td>• Improved safety of complementary foods</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High prevalence of diarrhoea and pneumonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat. Diarrheal rates were estimated at 11.1% and acute respiratory infections (ARIs) at 1.5%.</td>
<td>• WASH interventions • Treatment of SAM • Vitamin A supplementation • Nutrition counselling for the adequate care of sick children • Oral rehydration solution</td>
<td>• Zinc supplementation</td>
</tr>
</tbody>
</table>

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37 SOWC 2011
38 DHS 2010, 2014—ARI is used as a proxy for pneumonia.
<table>
<thead>
<tr>
<th></th>
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<tbody>
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</tbody>
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| High prevalence of HIV/AIDS                      | • National guideline development for infant feeding in the context of HIV  
• Voluntary, confidential testing and treatment and infant feeding counselling for pregnant women | • As part of community management of acute malnutrition programmes, provider initiated HIV testing and counselling  
• Nutritional support |
| High prevalence of malaria                       | • Intermittent preventative treatment and promotion of insecticide-treated bed nets for pregnant women (in high-malaria areas)  
• Insecticide-treated bed nets for children <24 months (in high-malaria areas)  
• Behaviour change and communication | • Nutrition counselling for the adequate care of sick children |
| High prevalence of parasitic infections          | • WASH interventions  
• Deworming for pregnant women  
• Deworming for children 6–59 months  
• Nutritional support |                                                        |
| Insufficient coverage of antenatal care or skilled birth attendant^{41} | • Health interventions (promotion of healthy practices and appropriate use of health services during the continuum of care) |                                                        |

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^{39} SOWC 2011  
^{40} World Health Organization, Global Health Observatory Data Repository/World Health Statistics  
^{41} DHS 2010