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

RWANDA COUNTRY CASE STUDY
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– Rwanda Country Case Study


March 2017

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examines its strategies, results, and overall effectiveness.

This report for Rwanda 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 Rwanda case study
report was prepared by independent consultant Anna Tarrant from ICF. Krishna Belbase, Senior
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with the UNICEF Rwanda Country Office where Oliver Petrovic and Youssouf Koita were the
lead counterparts. Abdoulaye Seye, Evaluation Specialist in the EO, supported the
management of the evaluation including inputs to quality assurance.

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ACRONYMS

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<td>Antenatal Care</td>
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<tr>
<td>CBNP</td>
<td>Community-Based Nutrition Programming</td>
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<td>CCPD</td>
<td>Common Country Programme Document</td>
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<td>CHW</td>
<td>Community Health Workers</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DPEM</td>
<td>District Plans to Eliminate Malnutrition</td>
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<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<td>ECD</td>
<td>Early Child Development</td>
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<td>EKN</td>
<td>Embassy of the Kingdom of the Netherlands</td>
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<td>EO</td>
<td>Evaluation Office</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>HCG</td>
<td>Hybrid Care Group</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>KAP</td>
<td>Knowledge, Attitudes and Practices</td>
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<td>KII</td>
<td>Key Informant Interview</td>
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<td>MAM</td>
<td>Moderately Acutely Malnourished</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MNP</td>
<td>Micronutrient Powder</td>
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<td>National Strategy to Eliminate Malnutrition</td>
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<td>PD</td>
<td>Positive Deviance</td>
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<td>PLHIV</td>
<td>People Living With HIV</td>
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<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission</td>
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<td>REACH</td>
<td>Renewed Efforts Against Child Hunger and Undernutrition</td>
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<td>ROMP</td>
<td>Regional Office Operations and Management Plan</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SDC</td>
<td>Swiss Agency for Development and Cooperation</td>
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<td>SP</td>
<td>Strategic Plan</td>
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<td>SUN</td>
<td>Scaling Up Nutrition</td>
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<td>UNICEF</td>
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<tr>
<td>UNDAP</td>
<td>UN Development Assistance Plan</td>
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<tr>
<td>UNHCR</td>
<td>The Office of the United Nations High Commissioner for Refugees</td>
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<tr>
<td>USAID</td>
<td>U.S. Agency for International Development</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
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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 multi-sectoral approaches to improving 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. Rwanda was selected as one of the two case study countries for the Eastern and Southern Africa region because it has experienced one of the fastest declines in stunting prevalence in the region, but prevalence of stunting remains high. It also represents an opportunity to explore the effects of strong high-level political commitment and decentralised stunting reduction efforts.

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 Rwanda has invested in identifying key bottlenecks and understanding the context of stunting in Rwanda, which has been an important driver of success.

UNICEF Rwanda invested in a bottleneck analysis; a knowledge, attitudes and practices (KAP) study; and a gender analysis of nutrition. These were key drivers of their success in developing a robust approach to stunting reduction that is reflective of national contextual factors, the global evidence base, and global guidance from UNICEF. The evaluation notes that the country programme includes a focus on showing results in the most vulnerable districts while also contributing to potentially innovative joint programming among United Nations (UN) agencies in two districts.

Conclusion 2: UNICEF Rwanda’s multi-sectoral approach to stunting reduction is relevant, coherent, and effective, and the districts that it supports should expect to see declines in stunting. However, the country as a whole is not on track to meet ambitious targets.

UNICEF Rwanda has adopted a robust, well-funded multi-sectoral approach to stunting reduction that includes selective nutrition-sensitive and nutrition-specific approaches. These services are reinforced through a nationwide social and behaviour change campaign entitled “A Thousand Days in the Land of a Thousand Hills”. Given an existing high level of political commitment on a national scale, building capacity at district level has been a strong focus of UNICEF’s work.

Gaps in Rwanda’s approach to stunting reduction were relatively minor, but included better incorporating the link between stunting and access to contraceptives and reproductive health care and better addressing the specific stunting-related needs of refugee populations and PLWHIV.

UNICEF Rwanda implemented their multi-sectoral approach to stunting reduction in eight districts from 2013 to 2016. They planned to scale up support starting in 2017, and also led initiatives to ensure that other partners were covering districts that UNICEF did not support. However, data suggest and stakeholders believe that the country is not on track to achieve a stated target of 24.2% by 2018, which requires an average annual reduction of about 2.5%.
Conclusion 3: While a focus on capacity building with district officials around stunting has been successful, gaps in capacity at national level still require attention.

UNICEF Rwanda was successful in strengthening political commitment to stunting reduction, as signified by the approval of the National Strategy to Eliminate Malnutrition (NSEM) in 2010 and the elevation of the National Food and Nutrition Coordination Secretariat to the level of the Permanent Secretary more recently. It was also effective in building capacity to coordinate and implement multi-sectoral nutrition interventions at the district level by capacitating district steering committees through implementing nongovernmental organisation (NGO) partners, who were given flexibility in which specific approaches to implement in their district.

However, there may still be a challenge at national level related to understanding what a stunting reduction approach is—though the NSEM reflects a multi-sectoral approach, stakeholders reported that high- and mid-level government officials still have a more conventional understanding of nutrition programmes, such as cow’s milk promotion. This may also be related to the government priority of promoting economic goals around livestock.

Also, staff turnover at the district level is widespread in government agencies and in implementing NGO partners. This is a threat to sustaining the district-level capacity building efforts that UNICEF has made. While partners understand the need for institutional capacity building, more guidance is needed on how to do this.

Conclusion 4: A social and behaviour change campaign that reinforces messages promoted through other platforms has been integral to the success of UNICEF’s programme.

UNICEF Rwanda was particularly effective in creating behaviour change for nutrition through the 1,000 Days in the Land of a Thousand Hills campaign (1,000 Days Nutrition Campaign). Key drivers of this success were a deep understanding of the context of stunting and which attitudes and practices needed to be changed, informed by solid data.

Conclusion 5: Internal structures at UNICEF could better promote implementation of multi-sectoral programming.

Funding for stunting reduction is primarily channelled through the nutrition section at UNICEF. While efforts are made to incorporate the expertise from other sections and include them in planning, they are not as involved in implementation because accountability and incentive structures at UNICEF do not adequately promote joint implementation. Stakeholders feel that funding is not distributed internally among nutrition-sensitive sectors according to their level of effort, driving a feeling of competition between sections.

Conclusion 6: UNICEF Rwanda’s ability to set the nutrition agenda has had an unintended effect of weakened partnerships with other UN agencies that indirectly work on stunting, but these have improved in recent years.

UNICEF Rwanda is well-funded and well-respected by government partners because it has a high degree of nutrition technical expertise, which has resulted in UNICEF being able to largely set the agenda on their own. They do not necessarily have to engage with other UN partners around nutrition, which can slow the process down in an environment in which results need to
be shown quickly, and overlapping mandates have added to the tension. However, relationships with other agencies have improved recently due to a change in management and an innovative joint programme funded by the Swiss Agency for Development and Cooperation (SDC).

**Recommendations**

1. Continue building on the successes of UNICEF’s stunting reduction approach to further reduce stunting in the country. Maintain focuses on behaviour change communication, increasing access to, availability of, and utilisation of nutritious food, and flexibility in implementation approaches. Work with UN partners to initiate a consultative process to better understand and address (within each agency’s mandate) the issues of population density and growth and their effect on stunting. Continue building capacity at national level around stunting as a multi-sectoral issue, making an economic argument when appropriate without overshadowing the human rights dimensions of nutrition.

2. Document and disseminate lessons learned and recommendations on successful components of UNICEF Rwanda’s stunting reduction initiatives to other stakeholders. Other UNICEF offices have used Rwanda as an example of substantial progress and would benefit from learning about Rwanda’s experience. These lessons include the following:
   a. Lessons on behaviour change communication for stunting reduction learned from the 1,000 Days nutrition campaign
   b. Lessons learned on decentralised multi-sectoral programming and implementation, including increasing access to, availability of, and utilisation of nutritious food (linkages to agriculture), which is not traditionally seen as UNICEF’s niche
   c. Lessons on joint programming between UN agencies learned from the SDC-funded project implemented by the One UN Joint Nutrition Programme

3. Identify vulnerable populations (e.g., refugees, people living with HIV [PLHIV], boys, historically marginalised populations, and disabled children) and determine whether they have nutrition-related needs outside of the interventions that are being provided on a district level. Build considerations of these needs into UNICEF’s approaches in the districts it directly supports and consider working with partners to ensure that refugee populations receive multi-sectoral programming support for reducing stunting, not just acute malnutrition.

4. Strengthen accountability and incentive structures for stunting and other nutrition outcomes to facilitate the contribution of expertise from all relevant sectors within UNICEF. Involve nutrition-sensitive sectors from the beginning in programme design and include them in budget allocation discussions.
1. Introduction

1.1 About This Report

This country report was developed to provide evidence of UNICEF Rwanda’s accountability, effectiveness, and organisational learning and to advance its work to reduce stunting among young children in Rwanda. 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 Rwanda’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 Rwanda’s strategies and plans to reduce child stunting. Chapter 5.2 presents the effectiveness of country programmes 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 programme 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 Rwanda’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 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. The series characterised nutrition as a desperately neglected aspect of maternal and child health and played a key role in garnering the attention of the global development community to nutrition, especially to the first 1,000 days, the critical period of vulnerability from pregnancy to a child’s second birthday. The series quantified the prevalence and consequences of stunting specifically, bringing much-needed attention to the link between chronic undernutrition and development.

The Scaling Up Nutrition (SUN) movement was launched soon thereafter to address *The Lancet’s* characterisation of the international architecture to deal with undernutrition as “fragmented and dysfunctional.” 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. 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. 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; water, sanitation, and hygiene (WASH); early childhood development; education; and social protection to reduce stunting.

Concurrently, UNICEF has increased its funding and investment in nutrition, health, WASH, education, and social protection. In 2015, UNICEF developed its Approach to Scaling Up Nutrition, which more clearly articulates “malnutrition’s multifactorial aetiology” and the importance of coordination across sectors to achieve optimal and sustainable impact towards the reduction of stunting. Although this document has not been formally adopted by UNICEF’s Executive Board, it serves as an important resource for country offices (COs).

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7 About REACH. REACH Web site. Retrieved from: [http://www.reachpartnership.org/about-reach;jsessionid=00D3C0DC189D15E77CBF2447CF2EF026](http://www.reachpartnership.org/about-reach;jsessionid=00D3C0DC189D15E77CBF2447CF2EF026).
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.
## Exhibit 2. Evaluation Framework

<table>
<thead>
<tr>
<th>IMPACT</th>
<th>RESULTS</th>
<th>PROGRAMME ACTIONS</th>
<th>OPERATIONAL APPROACHES</th>
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<tbody>
<tr>
<td>REDUCTION OF STUNTING IN CHILDREN UNDER FIVE</td>
<td>SP Output 1: Enhanced support for children, caregivers and communities for improved nutrition and care practices</td>
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<td>SP Output 2: Increased National Capacity to provide access to nutrition interventions</td>
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<td>SP Output 3: Strengthened political commitment, accountability and national capacity to legislate, plan, and budget for scaling up nutrition interventions</td>
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<td>SP Output 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</td>
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<td>SP Output 5: Increased capacity of governments and partners, as duty-bearers, to identify and respond to key human rights and gender equality dimensions of nutrition</td>
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<td></td>
<td>SP Output 6: Increased global and regional capacity to accelerate progress in child nutrition</td>
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### Exhibit 3. Evaluation Components

2.2 Evaluation Components

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

**Desk review of 24 countries**

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

**Case studies of 6 countries**

The case studies provide a more detailed analysis of country programmes and provide greater depth in interpreting the evaluation questions. In particular, the country case studies will allow for a better understanding of subnational situations, strategies, and programmes; operations across organizational levels (subnational, national, regional, global); and relationships with other stakeholders in stunting reduction.

**Global synthesis**

The synthesis of global findings builds on evidence from the desk review and country case studies to identify outputs being achieved from a global perspective and to provide a comprehensive picture of UNICEF leadership efforts to shape the agenda and drive sustainable results for stunting reduction at a global level.

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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 prioritising countries with a high stunting burden. The evaluation team primarily considered current stunting prevalence and change in stunting prevalence but also considered variations in geographic region; WASH indicators; UNICEF programmatic approaches; and UNICEF funding for nutrition programming, poverty, gender equality, emergencies, and political situations.

Case study countries were selected to explore successful and less successful programmes in varying contexts. Although they are intended to represent diverse programme implementation circumstances and outcomes, the selected case study countries are not intended to represent all UNICEF stunting reduction programmes globally. One case study was conducted in each region with the exception of the Middle East and North Africa regions, where no case studies were conducted, and the 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.

Rwanda was selected as one of the two case study countries for the East and Southern Africa region because it has experienced one of the fastest declines in stunting prevalence in the region, but prevalence of stunting remains high. It also represents an opportunity to explore the effects of strong high-level political commitment and decentralised stunting reduction efforts.

3. Rwanda Case Study Methodology

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

3.1 Data Sources

The Rwanda case study relied on four data sources:

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

3.1.1 Document Review

The qualitative assessment was informed by documents gathered by the UNICEF EO, Regional Office, and Rwanda 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, 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 Rwanda case study is included in Annex 3.

3.1.2 Secondary Quantitative Data

The Rwanda Demographic and Health Surveys (DHS) conducted in 2010 and 2014-2015 serve as the primary source of secondary quantitative data. DHSs 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 Rwanda’s CO.

3.1.3 Key Informant Interviews

Thirty-three 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 Rwanda Evaluation Reference Group to identify key informants, who included UNICEF Rwanda technical staff and leaders, national and subnational policymakers and programme coordinators, donors, other UN agencies, and NGO partners. A full list of KII respondents is included in Annex 4.
Interviews were primarily conducted in Kigali, but the team also visited Muhanga district. Muhanga was selected for a field visit because it has a robust UNICEF-supported stunting reduction programme and because of its proximity to Kigali, allowing for enough travel time.

3.1.4 Country Office and External Stakeholder Survey

To supplement data collected through document review, KII, 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 KII 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. As the evaluation is formative and forward-looking, the evaluation primarily considers UNICEF Rwanda’s 2013–2018 country programme, but the 2008–2012 country programme is included where applicable.
4. UNICEF Rwanda Programme Overview

4.1 Overview of Stunting in Rwanda

4.1.1 Background and Recent Trends

Rwanda has benefited from significant economic growth and political stability in recent years. The government of Rwanda has developed long- and medium-term plans to transform the economy from low-income and based primary in agriculture to middle-income, knowledge-based, and service-oriented by 2020.\(^\text{11}\) Improvements in nutrition have coincided with economic growth—a 13% reduction in stunting prevalence was seen in the last decade (see Exhibit 4). However, the most recent figures still show a stunting prevalence of 38%, one of the highest in the world (ranked 110 out of 132 countries).\(^\text{12,13}\)

Economic growth, coupled with implementation of a national poverty reduction strategy, allowed Rwanda to realise achievement of most Millennium Development Goals (MDGs) by 2015.\(^\text{14}\) Access to basic health services and immunisation coverage are near-universal; child mortality is steadily decreasing, and maternal mortality has dropped drastically since 2000.\(^\text{15}\) Notably, the stunting target of 24.5% by 2015 was one of the only targets that Rwanda did not meet.\(^\text{16}\)

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4.1.2 Government Strategies

The Government of Rwanda has made the elimination of malnutrition a national priority and implemented the 1,000 Days nutrition campaign in 2013, with financial, technical, and implementation support from UNICEF. The behavioural and social change campaign has reached all 15,000 villages in the country through social mobilisation focusing on maternal and child nutrition and the role of men in the nutrition of women and children.

The Ministry of Health (MOH) is mandated to coordinate the implementation of the multisectoral NSEM 2010–2013 and a comprehensive Joint Action Plan to fight malnutrition under the office of the President. This strategy has eight components:

1. Strengthen identification and management of undernutrition
2. Strengthen and scale up community based nutrition programming (CBNP) to prevent and manage malnutrition in children under the age of 5 years, with particular focus on those aged less than 2 years, and in pregnant and lactating mothers
3. Elimination of micronutrient deficiencies
4. Multisectoral District Plans to Eliminate Malnutrition (DPEMs)
5. Prevention and management of nutritional deficiency and excess-related diseases
6. Behaviour change communications
7. Coordination of nutrition partners
8. Monitoring and evaluation for nutrition activities at all levels

The government has also focused on the decentralisation of nutrition efforts—the NSEM is translated at the district level into DPEMs.

4.2 UNICEF Rwanda Country Programme

UNICEF began working in Rwanda in 1986 and focused on emergency, recovery, and small projects through the Genocide of 1994 until about 2005 when the Rwanda Aid Policy and the Paris Declaration on Aid Effectiveness were passed. UNICEF’s work then focused more upstream, focusing on supporting the government at the policy level in three areas: (1) quality education; (2) health, nutrition and HIV; and (3) child protection.

UNICEF’s country-specific strategies are organised in 3- to 5-year country programmes that have usually been evaluated during an MTR process. Rwanda’s recent country programmes were developed for 2008–2012 and 2013–2018.

4.3 UNICEF Rwanda Approach to Stunting

UNICEF Rwanda’s current approach to stunting reduction and—as identified through CPDs, KII data, and survey data—is summarised below. Rwanda was 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 Rwanda’s 2013–2018 country
programme was planned jointly with other UN agencies in Rwanda, including FAO, World Food Programme (WFP), the Office of the UN High Commissioner for Refugees (UNHCR), the UN Development Program (UNDP), World Health Organization (WHO), the UN Population Fund UNFPA and UN Women and is outlined in the 2013–2018 Common Country Programme Document (CCPD). The CCPD has a corresponding UN Development Assistance Plan (UNDAP).

**4.3.1 2013–2018 Approach to Stunting Reduction**

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

A primary component of UNICEF Rwanda’s approach is strengthening national and district capacity to plan, monitor, coordinate, and evaluate implementation of pronutrition, evidence-based interventions by key sectors. They support government partners in developing and implementing the NSEM and DPEMs. For DPEMs, UNICEF channels support through implementing NGO partners with an existing presence on the ground to do so. A key indicator is the number of districts with functional multisectoral nutrition planning and coordination structures.

UNICEF Rwanda also supports evidenced-based research and studies using a multisectoral approach to tackling stunting, specifically to influence policies and strategies for improving food security and eliminating malnutrition.

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

UNICEF planned to provide direct technical and financial support to eight districts to facilitate ownership of CBNP through planning, implementing, and monitoring of nutrition-related activities by local development committees. CBNP is the empowerment of community-level resources agents to implement feasible effective interventions. It also promotes integration of and synergy among key sectors (health, agriculture, education, WASH, and social protection). CBNP is the cornerstone of UNICEF Rwanda’s approach.

A core component of this approach was to train frontline health staff (community health workers [CHWs] and health facility staff), who were intended to impart knowledge to and encourage positive feeding and hygiene practices with the target population.

UNICEF also planned to work with WFP, FAO, and WHO in two districts (Nyamagabe and Rutsiro) to develop a model of joint UN programming. UNICEF contributes to enriching and fortifying children’s diets, disseminating information on optimal nutrition practices and age-related dietary needs, and providing nutritional training to health officials.

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

Support of Nutrition-Specific Service Delivery Approaches

UNICEF Rwanda’s approach to supporting nutrition-specific service delivery approaches were intended to address the immediate causes of stunting. Their specific approaches were implemented in eight districts by implementing NGO partners in different combinations:

1. Positive Deviance (PD)/Hearth is a community-based rehabilitation and behaviour change intervention for families with preschool children identified as having moderate acute malnutrition (MAM) The PD approach is used to identify behaviours practiced by the mothers or caretakers of well-nourished children from poor families and to transfer such positive practices to others in the community with malnourished children. The hearth, or home, is the location for the nutrition education and rehabilitation sessions.
3. Community growth monitoring and promotion sessions.
4. Healthy food and cooking demonstrations.
5. Nutrition education, promotion, and counselling on optimal complementary feeding practices using concepts such as Agakono k’Umwana.
6. Improving key family practices through social and behaviour change communication.
7. Providing direct support to government partners at central and decentralised levels for procurement and distribution of essential nutrition supplies and promoting distribution of vitamin A capsules, deworming tablets, MNPs for home fortification, and nutritional counselling materials.
8. Targeted supplementary feeding to the poorest households (in one district only).

Support of Nutrition-Sensitive Service Delivery Approaches and Platforms

UNICEF Rwanda also supported nutrition-sensitive service delivery approaches through their implementing NGO partners. These included the following:

1. Increasing access, availability, and utilisation of nutritious foods through Farmer Field Learning Schools.
2. Promoting holistic early childhood development through the provision of integrated services in the areas of health, nutrition, child protection, and education using a platform known as Home-Based Early Child Development.
3. Bringing together groups of peers on a biweekly bases, focused around health and nutrition activities, with the CHW as lead. This platform is called the hybrid care group (HCG) model. The HCG model specifically involves fathers.
4. Developing a culture of savings using internal lending community schemes and village savings and loans.
5. Strengthening referrals to existing social protection services.
6. Supporting social and behavioural change strategies through the 1,000 Days Nutrition Campaign.

19 [http://www.wvi.org/nutrition/project-models/positive-deviancehearth](http://www.wvi.org/nutrition/project-models/positive-deviancehearth)
20 *Agakono k’Umwana* is the traditional pot set aside with food to be eaten by young children.
7. Targeting cash transfers to the poorest households (in one district only).
8. Developing models using fortified porridge as an incentive to bring children to early child development (ECD) centres that are a platform for nutrition and other services (two sites in two districts only).

4.3.2 Partnerships

The Embassy of the Kingdom of the Netherlands (EKN); the Government of the Netherlands; the Swiss Agency for Development; and the U.S. Agency for International Development (USAID) are UNICEF Rwanda’s main donor partners for implementing nutrition interventions. There are three main sources of funding related to stunting that were utilised during the evaluation period:

1. Phase I of Accelerating Stunting Reduction among Under-Two Children in Rwanda, which was funded by the EKN and was implemented by UNICEF from 2013 to 2016, funds activities at central level and in Nyaruguru, Gisagara, Gatsibo, Nyamasheke, Kamonyi, Karongi, Muhanga, Gicumb districts. It also provides supplemental support to Rutsiro and Nyamagabe districts. A scaled up Phase II was being planned at the time of this evaluation.

2. The Government of the Netherlands (the GoN) provided a multi-country grant to Rwanda, Mozambique, Burundi and Ethiopia to support stunting reduction, for the period January 2013 to August 2017. UNICEF Rwanda used the grant to scale-up stunting reduction programme in additional districts (Rubavu, Musanze, Gakenke, Rusuzi, Kirehe, Gasabo, Burera and Bugesera), using the same programmatic approach funded by the EKN.

3. The SDC provides joint funding through the One UN Joint Nutrition Programme to fight chronic malnutrition in the most food insecure districts of Nyamagabe and Rutsiro. UNICEF works with FAO, WHO, and WFP on this project. Funding is channelled through WFP, which is responsible for distribution of a specialised nutritious food, while FAO, UNICEF, and WHO intervene with other activities.

4. Transforming the Life of Children in Rwanda, funded by the Ikea Foundation, aims to improve young children’s development through provision of a consolidated set of interventions (centre- and home-based ECD services, enhanced community-based nutrition, and child protection). The nutrition component of the project is targeting pregnant women and young children with key nutrition interventions: (i) growth monitoring and promotion; (ii) home fortification; (iii) saving and lending communities.

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?
5.1.1 Relevance to Country Context and Needs

UNICEF Rwanda produced theories of change for stunting reduction as part of their proposals to the EKN. The theory of change for the first proposal includes nutrition-specific components, such as Infant and Young Child Feeding (IYCF) and food availability, and also nutrition-sensitive components of hygiene and health services. It addresses the immediate causes of stunting as well as underlying causes.

Exhibit 5: Accelerating Stunting Reduction Among Under-2 Children in Rwanda—Phase I: Theory of Change

The Phase II theory of change broadens the scope of the approach to be more holistically focused on child development. It also increases the degree of nutrition-sensitivity by including ECD services. However, the theory of change loses the explicit focus on gender disparities in the form of women's decision making (though improving gender disparities remains part of the Phase II approach).
In 2015, the concept of a rolling Situation Analysis was introduced in Rwanda, with an emphasis on continuously updating the knowledge base with newly released data. Several other analyses informed nutrition programming, including a bottleneck analysis; a gender survey on nutrition; and a KAP study (all explored in the Knowledge and Data Generation chapter). All of these informed their approaches to stunting.

These approaches reflect a growing expansion of the global evidence base of the determinants of stunting, as well as a shift in understanding of the Rwandan 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 Rwanda’s approaches to stunting reduction.

**Successfully Addressed Contextual Factors**

1. Poverty and inequality are highly prevalent, particularly in rural areas. Despite reductions, about 45% of the population still lived in poverty at the time, and the Gini coefficient remains relatively high at 0.49. As a result, UNICEF Rwanda’s approach to stunting reduction targets the districts with the highest poverty levels, uses a decentralised approach that focused on the community level to reach rural areas, and includes referrals to social protection services.

2. Dependence on rain-fed agriculture (85% of people are farmers) results in high vulnerability to food insecurity as a result of climate change. UNICEF’s approach includes farmer field learning schools, promotion of bio-fortified crops, and savings and loan groups to increase resilience to shocks. Stakeholders also reported that UNICEF promotes the consumption of nutritious foods that are grown.

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3. Anaemia is highly prevalent in Rwanda—38% of children and 20% of pregnant women were classified as anaemic in 2010. UNICEF Rwanda addresses anaemia though the provision of supplementary fortified foods for at-risk children, as well as MNPs for home supplementation.

4. Complementary feeding practices are insufficient—only 17% met all four IYCF guidelines in 2010. UNICEF Rwanda provides complementary foods for the most vulnerable children, and is using a culturally sensitive national nutrition training programme for CHWs that includes young child feeding.

5. While most Rwandans have access to safe water (76.2% in 2010), only 58% of the population has access to sanitation, increasing likelihood of diarrhoea and other sanitation-related diseases. Increased access to improved sanitation is a priority of the latest CPD.

Gaps in Addressing Contextual Factors

1. Population growth is high, with a fertility rate of 4.6 children per woman, reflecting an unmet need for contraception (only 45% of married women use contraception). While linkages to agriculture are strong, the linkages between sexual and reproductive health, specifically unmet family planning, could be stronger. The EKN Phase I proposal briefly addresses the issue through a holistic approach to health delivered through CHWs, and UNICEF Rwanda supported the inclusion of reproductive health education in the curriculum, but a more explicit connection is warranted.

2. Rwanda hosts thousands of refugees from Burundi and the Democratic Republic of Congo (DRC), who remain vulnerable to malnutrition. While UNICEF Rwanda supported treatment of severe acute malnutrition (SAM) and MAM in partnership with WFP, UNHCR, and others, UNICEF’s multisectoral, holistic approach to stunting reduction does not reach refugee populations.

3. HIV/AIDS prevalence is relatively low overall, but disproportionately affects women and adolescent girls. Although prevention of mother-to-child transmission (PMTCT) is improving, there are still many perinatally infected children in Rwanda, who are especially vulnerable to malnutrition. UNICEF Rwanda’s country programme includes PMTCT programming and HIV prevention education for primary students and adolescents, but does not specifically address nutrition needs.

4. Stakeholders also expressed concerns about the platforms through which nutrition programmes were planned to be delivered. For example, given the strong health system already in place, one stakeholder felt that nutrition should be better integrated into the health care continuum, including points of contact with the health system during pregnancy, delivery, and postnatal care. Another thought that WASH platforms could be better utilised. However, stakeholders reported that development partners in Rwanda are designated to a specific “sector.”22 For example, the Netherlands is a nutrition donor and, therefore, can only finance nutrition projects, not health or WASH projects. This limits the degree to which programming can be integrated and impedes multisectoral interventions.

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22 It is not clear whether this is a formal process or whether stakeholders are observing that donors self-select sectors that they are interested in funding.
5.1.2 Alignment with National Strategies

UNICEF’s 2013–2018 country programme is well aligned with the government of Rwanda’s approach to stunting, which has been highly prioritised. UNICEF’s approach to stunting is fully aligned with all eight components of the NSEM through its broad core implementation approach, which includes CBNP, health facility-based care strategies, social and behavioural change strategies, and capacity development of decentralised-level actors. However, some external stakeholders felt that a major gap in Rwanda’s national approach was in monitoring and evaluation, and that this was a role UNICEF should have filled. UNICEF did invest in monitoring and evaluation through the creation of nutrition dashboards at district level, capacity building of district officials on monitoring in general, and including nutrition indicators in RapidSMS. The evaluation concluded that this notion among stakeholders is more related to the rate of uptake of these capacity building efforts, which is ongoing.

In addition, there is some misalignment between the conceptualisation of CBNP between national actors and UNICEF. Government nutrition programmes largely focus on food consumption, specifically cow’s milk, possibly because it is related to national economic goals around livestock. While UNICEF’s work is complementary to these programmes, the contributions of nutrition-specific interventions and nutrition-sensitive sectors (e.g., WASH) are still not well-understood at higher levels of government. Stakeholders reported that UNICEF could facilitate improved understanding of nutrition-specific and nutrition-sensitive contributions at the higher levels of government through developing and disseminating related policy briefs and abstracts.

5.1.3 Alignment with Global Strategies

Stakeholders reported that UNICEF Rwanda relied on global strategic documents as well as other data and analysis to inform the current country programme’s approach to stunting. Respondents indicated that UNICEF’s global strategic documents have been particularly useful resources in negotiating with development partners to fund nutrition activities. Stakeholders reported that some donors did not realise stunting was such a large problem until it was elevated to a high priority by UNICEF globally.

UNICEF Rwanda’s approach to stunting was informed by the conceptual framework on the causes of child malnutrition in the 1998 State of the World’s Children, adding lack of brain stimulation to the immediate causes of stunting based on emerging evidence. In some ways, UNICEF Rwanda has been ahead of global guidance—it adopted an integrated approach to stunting reduction before this was reflected in global UNICEF documents.

UNICEF’s Approach to Scaling Up Nutrition links 10 conditions to interventions for addressing childhood stunting and wasting. Rwanda’s situation analysis showed at least 7 of these 10 conditions (see Annex 5). Its country programme included at least one suggested intervention for each condition. Global guidance includes several nutrition-sensitive approaches that are noted as gaps here and are similar to the ones mentioned above: (1) adolescent health services that provide access to contraceptives and care, (2) intermittent preventive treatment and promotion of insecticide-treated bed nets for pregnant women in high-malaria areas, (3) promotion of increased age at marriage and reduced gender discrimination and gender-
based violence, and (4) several guidelines around HIV, including provider initiated HIV testing and counselling as part of community management of acute malnutrition programmes and nutritional support. These were not part of UNICEF’s approach to stunting reduction, but most were supported by other UN programmes.

5.1.4 Conclusion

UNICEF Rwanda’s country programme prioritises a multisectoral approach to stunting reduction. The evaluation found that their investment in a bottleneck analysis, a KAP study, and a gender analysis of nutrition were a key driver of their success in developing a robust country programme that is reflective of national contextual factors, global evidence base, and global guidance from UNICEF. The evaluation notes that the country programme includes a focus on showing results in the most vulnerable districts, while also contributing to potentially innovative joint programming among UN agencies in two districts.

Gaps in Rwanda’s approach to stunting reduction were relatively minor, but included making access to contraceptives and reproductive health care more explicit and better addressing the specific stunting-related needs of refugee populations and PLHIV.

5.2 Effectiveness of the Country Programme in Addressing Stunting

This section starts with an analysis of Rwanda’s progress in reducing stunting in under-5 children and related indicators. The analysis of effectiveness focuses on four main SP output areas that are relevant for Rwanda: (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 Rwanda programme, and in view of the scope of the evaluation the analysis focuses on the 2012–2016 country programme.

5.2.1 Changes in Performance of Stunting Indicators

The UN in Rwanda incorporated the government’s stunting prevalence target into their most recent country programme, targeting a prevalence of 24.2% by 2018. In 2010, stunting prevalence was 44.2%. Achieving the target requires an average annual reduction of about 2.5%. In 2014/2015, prevalence had decreased to 38%, which is reflects a smaller average annual reduction than required to meet the 2018 target. Nonetheless, this reduction between 2010 and 2014/2014 is notably greater than the average annual reduction in stunting among young children in Africa.
5.2.2 Achievements towards Addressing Strategic Plan Outputs

This section provides an analysis of UNICEF Rwanda's 2012–2016 programme towards the four relevant outputs of UNICEF’s SP mentioned above.

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

Political commitment to legislate and plan for scaling up nutrition interventions in Rwanda has been high. Respondents reported that President Kagame’s high-profile speech about stunting in 2009 drew national attention to the issue, as did the publication of *The Cost of Hunger in Africa: Rwanda 2013*, which estimated that an estimated 503.6 billion Rwandan francs were lost in the year 2012 as a result of child undernutrition. This is equivalent to 11.5% of gross domestic product. Stakeholders felt that this national attention was also largely in response to Rwanda’s failure to meet only two of their MDG goals, nutrition being one of them. Thus, the process of global ranking and goal-setting has proven to be a major driver of success in getting nutrition high on the agenda of the Rwandan government as has district-level DHS data on stunting, which UNICEF began funding in 2010.

During the evaluation period, UNICEF Rwanda successfully advocated to elevate the National Food and Nutrition Coordination Secretariat to the level of Permanent Secretary. It is also a key supporter of the Food and Nutrition Technical Working Group.

However, two key bottlenecks to further increasing national capacity to plan, legislate, and budget for nutrition interventions remain:

1. Human resources in government agencies are the greatest challenge. At the time of this case study, the MOH only had one nutritionist. As a result, it is reliant largely on external technical capacity.
2. The per capita cost of WASH infrastructure projects is prohibitively high. The high cost is heavily influenced by Rwanda being landlocked, requiring all materials to be imported and carried across land.

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

Stakeholders reported that UNICEF Rwanda has been effective at increasing national capacity to provide access to multisectoral nutrition interventions. UNICEF has operationalised the National Strategic Plan for Nutrition at the subnational level by supporting the development and rollout of the DPEMs. It had focused on building capacity of district steering committees and health workers.

The evaluation found three key drivers of this success:

1. Adequate financing for a holistic approach to capacity building.
2. Skilled technical staff installed at district level by implementing NGOs to provide a consistent point of contact for government partners.
3. Flexibility for implementing NGO partners to adapt programming based on their knowledge of unique contexts within districts, building on their existing presence in communities.
Enhanced support for children, caregivers, and communities for improved nutrition and care practices.

The 1,000 Days nutrition campaign was an important part of providing enhanced support for children, caregivers, and communities. Many stakeholders felt that this campaign had been so successful that “everyone in the country was aware of the importance of the first 1,000 days.” Furthermore, focused activities at the community level indicate that the campaign’s messages were retained well among the beneficiaries. The evaluation team identified several key drivers of this campaign’s success:

1. A staff person highly skilled in behaviour change communication, familiar with the Rwandan context.
2. High-quality data illustrating the critical impact of the 0- to 6-month period on stunting, making a strong case for targeting mothers’ diets.
3. Reinforcing consistent, simple messages through multiple channels.
4. Building in opportunities for and being responsive to contributions from target populations.
5. Rwanda’s small geographic size, which likely facilitated rollout of the campaign. For example, one radio station was sufficient to reach the whole country.
6. Involvement of influential religious figures.

Overall, the 1,000 Days nutrition campaign was effective because it addressed a key bottleneck—a lack of understanding of chronic malnutrition. In the context of low severe acute malnutrition and low mortality rates, stakeholders felt that malnutrition was an “invisible” problem; when almost half of children are stunted, shorter children look “normal.” The campaign was successful at generating broad fundamental understanding of the consequences of chronic malnutrition and building knowledge of how families and communities can prevent stunting.

The evaluation team was not able to draw conclusions about the extent of collaboration between the C4D section and the other sections within UNICEF Rwanda in support of the campaign. This collaboration may also have been a key driver of success.

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.

There were two major humanitarian emergencies that occurred during the evaluation period:

1. An ongoing refugee crisis from eastern DRC, compounded by the arrival of Burundian refugees beginning in 2015. UNICEF’s emergency response included nutrition-specific activities that primarily focused on SAM and MAM identification and treatment. Nutrition activities included emergency WASH services, immunisations, vitamin A supplementation, and deworming at various points. More than 400 severely

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23 Ibid.
malnourished children under age 5 were successfully treated, and the SAM rate among refugee children was significantly reduced.\textsuperscript{25} Refugee populations experienced much higher rates of SAM—this may call for a regional response and a more detailed approach to responding to the nutritional needs of refugees, either through existing systems or tailored approaches.

2. Acute instances of drought, landslides, and several earthquakes occurred during the evaluation period. External stakeholders reported that UNICEF was effective at addressing nutrition issues within these emergency situations. However, they did note that UNICEF is sometimes slow to respond and that staff rotation is often a challenge, as counterparts do not know who to contact.

5.2.3 Conclusion

UNICEF Rwanda experienced successes in each of the four key outputs of the SP during the 2013–2018 country programme.

It was successful in strengthening political commitment to stunting reduction, as signified by the approval of the NSEM and the elevation of the Secretariat to the level of the Permanent Secretary. However, there may still be a challenge related to understanding at national level of what a stunting reduction approach is—though the NSEM reflects a multisectoral approach, stakeholders reported that high-level government officials still have a more traditional understanding.

UNICEF Rwanda also was successful in building capacity to coordinate and implement multisectoral nutrition interventions, namely at the district level by capacitating district steering committees. The decentralised approach has allowed implementing NGO partners to tailor their approaches based on their existing knowledge of the communities in which they work, which appears to be a key driver of their success in that it builds on existing relationships.

UNICEF Rwanda was particularly effective in creating behaviour change for nutrition through the 1,000 Days nutrition campaign. Key drivers of this success were a deep understanding of the context of stunting and attitudes and practices that needed to be changed, informed by solid data.

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

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?

\textsuperscript{25} Ibid.
5.3.1 Utilisation of Available Resources to Achieve Programme Outputs

Staff

UNICEF Rwanda has five technical staff members and one administrative assistant in the nutrition section. Stakeholders generally felt that this was sufficient to meet the demands and needs related to stunting objectives, but they noted that administrative tasks associated with managing their five implementing NGO partners can create a backlog for nutrition staff. Respondents reported that the expertise of nutrition staff is more than adequate to strategise and plan for stunting reduction.

Funding

UNICEF Rwanda’s overall budget remained relatively stable between 2012 and 2015, ranging from $21 to $28 million annually. Nutrition funding during this same period drastically increased from less than $1 million in 2012–2013 to more than $7 million in 2014, largely due to an influx from EKN. Stakeholders indicated that there has been no shortfalls in the budget required to meet the needs and demands of the country programme to address stunting.

However, staff from nutrition-sensitive sectors felt that the amount of funding they receive within nutrition programmes is not proportional to the level of effort they are expected to contribute or to their sector’s contribution to stunting. For example, WASH is believed to be the biggest contributor to stunting in Rwanda, but staff felt they received only the second or third highest amount of money, about $2 million of $30 million. The evaluation team does not have access to data to confirm this, but the relationship between funding allocation and joint implementation may warrant a closer look.

Joint UN programming is explored in further detail in subsequent sections. However, the evaluation team notes that external stakeholders felt that joint UN programmes were likely less efficient than programmes run by one UN agency because of the multiple layers of operations. As a result, less money reaches communities through joint UN programmes, as compared to programmes implemented by a singular agency.

Organisational Policies

As previously mentioned, UNICEF Rwanda is beginning to work in a more integrated manner on stunting, particularly among nutrition, WASH, and social protection. However, stakeholders felt that the expertise of social protection, gender, and maternal and child health staff was not adequately applied to address stunting. In particular, respondents indicated that staff outside the nutrition section could be better integrated into policy and advocacy efforts.

The evaluation team observed that the country office is making strong progress in joint planning, but joint implementation remains a challenge. A stakeholder shared an example of how external partners experience this challenge, describing that other sections are not very involved in providing technical assistance or support to implementing NGO partners. For example, even if an NGO partner included WASH as part of their plan, there is not existing process within UNICEF Rwanda guaranteeing that the WASH section would be made aware of the NGO’s activities and provide support. The existing process is informal and relies on a nutrition staff member individually seeking out the WASH section.
The existing incentive system employed by UNICEF Rwanda explains the lack of systematic joint implementation by UNICEF. Stakeholders felt that incentives to work in an integrated manner were weak if present at all within the organisation. They felt that the proclivity to “blame” partner sections created little pressure to work collaboratively to achieve joint results.

On a separate note, external partners noted that UNICEF’s policy of releasing funding in 3-month tranches can be a challenge, resulting in delays in receiving funds. NGO partners must prefinance funding from their regular resources, which can sometimes cause delays in implementation of activities. Efforts should be undertaken to identify opportunities to increase the efficiency in the release of funds to prevent delays.

5.3.2 Conclusion

UNICEF Rwanda’s successful leveraging of EKN and GON funds has been critical to the efficient implementation of nutrition interventions. Staff and financial resources are adequate given stunting programme goals and intended outcomes, but some staff feel that funding is not distributed internally among nutrition-sensitive sectors according to their level of effort, driving a feeling of competition between sections. Because the distribution of funds among sections is decided in negotiations with donors, sections need to be involved in planning processes from the beginning. The country office is making significant progress in joint planning, but joint implementation could be better integrated.

5.4 Sustainability and Scale-Up

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

5.4.1 Sustainability

UNICEF Rwanda promotes the sustainability of its stunting reduction programming, primarily through building ownership at the district and sector levels (a sector is an administrative subdivision of a district). The sustainability strategy for UNICEF Rwanda’s approach to stunting beginning in 2016 is two-pronged, “with a focus on ensuring a lasting effect for the ultimate target groups, as well as a lasting effect on the capacities of local partners to continue programming and service delivery in order to sustain the development gains.”

Supporting the development of the DPEMs and DPEM committees are a major driver of success in Rwanda, in addition to the inclusion of income-generation activities to help households break out of poverty cycles.

The evaluation team noted a couple of risks to the sustainability of programmes:

- A focus on DPEMs and district capacity, while appropriate and successful, has limited

UNICEF’s ability to focus on technical and institutional strengthening at the national level for the creation of a more enabling environment.

- Staff turnover within government bodies and NGO partner organisations at district level is a major challenge that requires focusing on institutional strengthening, rather than individual capacity building. UNICEF has supported the creation of a nutritionist programme at the University of Rwanda to build a cadre of well-qualified nutritionists, but a stronger focus on financial and institutional capacity building is needed to truly deliver sustainable multisectoral stunting interventions at scale.

### 5.4.2 Scale-Up

UNICEF has scaled up from supporting stunting reduction in 3 districts in 2010 to 18 in 2016. Through REACH, UNICEF supported a mapping exercise to identify which districts and sectors are not covered by a few core nutrition actions. The mapping exercise showed three important points: (1) UNICEF and USAID were covering most districts but not all, (2) target groups within covered districts were not being fully reached, and (3) the quality of coverage needed to be improved for the interventions to be efficient and sustainable.\(^\text{27}\) UNICEF has advocated with government and other partners to support districts where no partner is present. The current approach requires the partner cover the entire district, not only several sectors, thus the third point is the most important.

Political will to scale up and sharing financial resources with NGO partners are significant facilitators of UNICEF’s push for scale up. UNICEF should leverage these facilitators to disseminate and further advocate for scale up using the findings from the REACH-supported mapping exercise in 2014/2015.

### 5.4.3 Conclusion

UNICEF Rwanda has delineated a clear approach to sustainability that focuses on the effects of nutrition programming as well as sustainable capacity building. They have also built in considerations of scalability and conducted exercises to lead scale-up with other partners. Major challenges to sustainability and scale-up include moving from individual to institutional capacity building at district level to address frequent staff turnover, as well as capacity building at national level.

### 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.

5.5.1 Types of Partnerships and Leadership Activities

UNICEF has played an integral role in several national coalitions and alliances, including the following:

- Serving as the lead on the Technical Working Group on Nutrition
- Serving as the lead of the SUN network
- Member of REACH

5.5.2 Successes

UNICEF Rwanda was successful in improving nutrition coordination mechanisms by advocating for the creation of the new National Nutrition and Food Program Coordination Secretariat, as previously mentioned in the *Effectiveness of the Country Programme in Addressing Stunting* chapter. Stakeholders described UNICEF Rwanda as instrumental in guiding this process and providing technical assistance.

UNICEF Rwanda has also been instrumental in providing financial and technical support for the REACH coordinators to coordinate nutrition efforts in Rwanda. This has in turn increased the efficiency of UNICEF’s work, as it relieves some of the coordination burden. External stakeholders reported that UNICEF does not lead national networks or platforms, but the evaluation team observed that REACH coordinators were adequately filling this role. External stakeholders felt that the role of the REACH coordinator in proactively reaching out and coordinating UN agencies for the SDC project had been vital. Future funding for the REACH coordinators was unclear at the time of the evaluation, which could be a threat to ongoing coordination.

Finally, USAID and UNICEF have worked together to build a strategic partnership to ensure their work does not overlap. USAID adopted UNICEF’s indicator to select districts and is using a similar multisectoral approach in their eight districts. This achievement seems to be a function of individual initiative, rather than any permanent coordination mechanism.

5.5.3 Challenges

As mentioned, Rwanda is one of eight One UN pilot countries, which means that all UN agencies in the country operate as part of a consolidated UN presence, with one programme and one budgetary framework. UNICEF is considered the lead agency around nutrition issues, but experiences challenges in balancing the need to “get stuff done” with involving other agencies and building consensus around approaches and evidence. Stakeholders feel that UNICEF does not adequately engage or inform other UN agencies because they are the biggest player in nutrition and have the power to set the agenda. Specifically, external stakeholders reported a desire to be more included in discussions with donors when deciding how funds are allocated.

Personal relationships, particularly those at the highest level of agencies, are a determining factor in the success or failure of joint initiatives. In Rwanda, UN country directors have recently been more intentional about setting examples of collaboration by holding monthly meetings and joint visits to field sites. Partnerships have been most successful when mandates do not
overlap. They have been less successful in resource-scarce periods when agencies are competing for funds. Stakeholders had mixed opinions of whether the One UN approach drove successful cooperation, but agreed that the Nutrition Technical Working Group was not the source of collective action because conversations were too high level.

### 5.5.4 Conclusion

UNICEF Rwanda is seen as a leader of nutrition and stunting reduction activities in the country and plays an important convening role as the major agenda setter. Establishment of the Secretariat has been an important recent success. However, UNICEF Rwanda has experienced challenges in balancing the need to drive change with including all partners, which often involves slowing processes down.

### 5.6 Equity and Reach of Disadvantaged Children

This section identifies the disadvantaged groups in Rwanda 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?

#### 5.6.1 Approach to Reaching Vulnerable Populations

UNICEF Rwanda’s 2013-2018 country programme states that its interventions focus on equity many times, but the overarching approach to equity is not included. Stakeholders identified a number of population groups who were more vulnerable to stunting. These groups were boys; women; the rural poor; historically marginalised population groups; and children in certain districts, particularly the northwest.

UNICEF Rwanda’s nutrition programme takes an equity approach to geographical targeting. To identify the eight districts that it would support with funding from the EKN, UNICEF Rwanda ranked districts using the prevalence of stunting, poverty rates, household food insecurity, and access to clean drinking water and improved sanitation. As a result, UNICEF Rwanda concentrated their efforts in districts with the highest stunting prevalence—they support seven of the nine districts with a stunting prevalence above 40%.

#### 5.6.2 Successes

One of the four pillars of UNICEF’s approach in Phase I of *Accelerating Stunting Reduction among Under-2 Children in Rwanda* was improving women’s empowerment and gender equality. The entry points for the programme “have women’s empowerment at their core and all focus on improving women’s decision making and control over resources through targeting of women specifically by providing a platforms for generating women’s networks, support, social cohesion, and empowerment.” The evaluation notes that this is a strong focus on gender

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28 Boys have slightly higher stunting rates than girls in Rwanda and many other African nations. The causes of this disparity are not well understood.

29 UNICEF Funding Proposal to the Embassy of the Kingdom of the Netherlands: Accelerating Stunting Reduction Among Under-Two Children in Rwanda.
equity. The project evaluation of Phase I should provide evidence around more specific drivers of success and identify weaknesses.

5.6.3 Challenges

UNICEF Rwanda’s strategy of targeting whole districts is an important success factor in reaching vulnerable populations—by targeting the whole district, they are reaching boys, historically marginalised population groups, and children with disabilities. However, their approaches may need to be tailored to meet the nutrition-related needs of certain vulnerable populations, such as refugees and PLHIV. Further, it is not well understood why boys are disproportionately stunted in Rwanda, so tailoring interventions to meet their needs is not yet possible.

In addition, several nutrition programmes rely on the assumption that the poor are also malnourished. However, there is no conclusive evidence of the effect of social protection on nutrition, which stakeholders identified as a challenge.

5.6.4 Conclusion

For nutrition projects, UNICEF Rwanda has a strong approach to improving gender disparities and to targeting geographic areas with the highest stunting prevalences. Better evidence is needed around the link between the effects of social protection on nutrition to ensure that the most vulnerable populations are being reached.

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 Rwanda conducted, followed by a summary of successes, including an assessment of their effectiveness and challenges around knowledge and data generation.

5.7.1 Successes

During the evaluation period, UNICEF successfully conducted the following knowledge- and data-generation activities:

Data generation:

- UNICEF Rwanda funded the collection of subnational stunting data through the DHS.
- UNICEF Rwanda has been a major player in developing the RapidSMS tool, which collects information on several indicators, including antenatal care (ANC) visits, CHW education visits, mid-upper arm circumference (MUAC), weight, and breastfeeding initiation. RapidSMS data is sent to the district hospital where it is compiled. Height for age (stunting) was added recently to the RapidSMS data system. It is not clear how this stunting data will be used, but this is a significant step toward collecting growth monitoring data.
Knowledge generation:

- UNICEF Rwanda participated in a Netherlands-funded Global Fund Modelling Project with Burundi, Mozambique, and Ethiopia. Rwanda was a major player in Phase I but likely will not receive funding for Phase II because it already receives a large amount of funding from the Netherlands.
- The ECD and Family Baseline Study provided critical insights into parents behaviours and practices, such as a lack of balanced diet for young children; a lack of child hygiene and health care; and provision of inadequate care (e.g., leaving children home alone). The study further highlighted gaps in coverage of ECD service provision, with a very low percentage of children having access to organised early learning opportunities.\(^{30}\)
- The KAP Study conducted by UNICEF in 2014 provided further evidence on the need to strengthen parental knowledge and influence their behaviours and practices.\(^{31}\)
- UNICEF Rwanda provided financial and technical support for the Rwanda Nutrition, Markets, and Gender Study,\(^{32}\) which was a comprehensive study into the links between agriculture, nutrition, gender, and markets. The analysis provided evidence that addressing stunting in Rwanda requires coordination between specific sectors. More generally, the study is aimed at establishing the evidence base for nutrition education in the country, setting strategies for poverty reduction, promotion of the consumption of nutritious foods and fortified staples, and developing strategies that tackle the causes of malnutrition.
- UNICEF Rwanda supported the 2015 Nutrition Stakeholder & Action Mapping which, as mentioned previously, provided an overview of ‘who is doing what and where in nutrition in Rwanda,’ and identified potential geographical and beneficiary gaps in coverage of core nutrition actions. They also supported a similar exercise for WASH.

As mentioned previously, data availability and promotion has been a key driver of the effectiveness of the UNICEF Rwanda’s stunting reduction approach. The inclusion of subnational stunting data in the DHS, which UNICEF funded, was an important part of this success, as it allowed the targeting of vulnerable geographic areas. Stakeholders reported that stunting-related data (including disaggregated data) to meet policy and programme needs related to addressing stunting are fully available. Stakeholders also indicated that information systems responsible for collecting and sharing nutrition and stunting data are functional.

5.7.2 Challenges

UNICEF Rwanda stakeholders indicated that lessons learned are shared with other COs in the region only to a moderate extent. This is a missed opportunity as Rwanda has generated significant lessons, particularly around multisectoral programming, C4D for stunting reduction, and joint programming with other UN agencies.

\(^{30}\) EKN Proposal Phase II.
\(^{31}\) EKN Proposal Phase II.
5.7.3 Conclusion

UNICEF Rwanda is a leader in knowledge and data generation, and the availability of high-quality, national and subnational data has been a key driver of their success. Investing resources into knowledge generation around identifying key bottlenecks and designing programmes to address them have proven to be a useful exercise for UNICEF and its partners within Rwanda. Knowledge sharing activities among other countries in the region, particularly around promising practices implemented in Rwanda, could be improved.

6. Recommendations

1. Continue building on the successes of UNICEF’s stunting reduction approach to further reduce stunting in the country. Maintain focuses on behaviour change communication, increasing access to, availability of, and utilisation of nutritious food, and flexibility in implementation approaches. Work with UN partners to initiate a consultative process to better understand and address (within each agency’s mandate) the issues of population density and growth and their effect on stunting. Continue building capacity at national level around stunting as a multi-sectoral issue, making an economic argument when appropriate without overshadowing the human rights dimensions of nutrition.

2. Work with the regional office to document and disseminate lessons learned and recommendations on successful components of UNICEF Rwanda’s stunting reduction initiatives to other stakeholders. Other UNICEF offices have used Rwanda as an example of substantial progress and would benefit from learning about Rwanda’s experience. These include lessons on the following topics:
   a. Behaviour change communication for stunting reduction learned from the 1,000 Days Nutrition Campaign
   b. Decentralised multi-sectoral programming and implementation, including increasing access to, availability of, and utilisation of nutritious food (linkages to agriculture), which is not traditionally seen as UNICEF’s niche
   c. Joint programming between UN agencies learned from the SDC-funded project implemented by the One UN Joint Nutrition Programme

3. Identify vulnerable populations (e.g., refugees, PLHIV, boys, historically marginalised populations, and disabled children) and determine whether they have nutrition-related needs outside of the interventions that are being provided on a district-wide level. Build considerations of these needs into UNICEF’s approaches in the districts it directly supports and consider working with partners to ensure that refugee populations receive multi-sectoral programming support for reducing stunting, not just acute malnutrition.

4. Strengthen accountability and incentive structures for stunting and other nutrition outcomes to facilitate the contribution of expertise from all relevant sectors within UNICEF. Involve nutrition-sensitive sectors from the beginning in programme design and include them in budget allocation discussions.
ANNEXES

Annex 1

Global Evaluation Methodology
Detailed Evaluation Methodology

Quantitative Methods

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

Data Sources

Secondary Data
The trend analysis relies primarily on the Demographic Health Survey (DHS) and the Multiple Indicator Cluster Survey 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 categorisation will be identified as a result of the initial examination of the data and the qualitative evaluation and may vary by country.

All quantitative analysis will be conducted using Stata software.

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

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

Data Sources

Document Review
The qualitative assessment was informed by documents provided by UNICEF and will include policy, strategy, and evaluation reports at all levels (country, regional, global). Country documents for the evaluation of Rwanda included UNICEF Country Programme Documents (CPD), annual reports, national County Programme Action Plans (CPAP), and Mid-Term Evaluations (MTRs) for the years 2010-2015. In addition, the evaluation team reviewed ROMPs and 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-Rwanda staff including local-level personnel involved in managing and supporting UNICEF programmes, representatives and/or deputies, and programme managers and advisors at various levels. National policy makers and programme coordinators (including subnational staff) were also interviewed. Additional KIIs were conducted with external experts and stakeholders, and staff of other UN agencies and organisations that contribute to and partner in relevant sectors at the global and national levels.

Data Management and Analysis
Qualitative analysis is an iterative process. Through coding and text retrieval, data moves from abstract (thick description) to drawing concrete conclusions and developing targeted recommendations. This method adopts the emic perspective in which participants relate personal narratives. Through individual stories, evaluators identify patterns of meaning that evolve into targeted and specific insights and recommendations.
The interviewers responsible for the KIIs and the individuals identified to review the collected documentation were designated as coders. If more than one interviewer was present during a KII, the individual tasked to take notes was designated as the primary coder and the interviewer acted as a secondary coder, to review and refine the primary coder’s results. For each of the KIIs, the case study interviewer or notetaker typed up the notes and used the recordings to corroborate the notes. All notes were coded using qualitative data analysis. The seven Evaluation Areas were used as the “deductive” or *a priori* codes. Multiple codes were applied to the same text excerpt from the notes if the segment conveyed multiple concepts that should be captured. Similarly, as documents were reviewed, codes were mapped onto information that addressed an aspect of the seven identified evaluation questions.

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

The evaluation team noted any emerging themes from the documents and KIIs. These themes were aggregated conceptually and transformed into “inductive” codes. For example, ICF may develop a new code if careful readings of the notes point to discussions across multiple participants about 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 Rwanda Country Office identify as key to reducing stunting?
- What national priorities inform the Rwanda Country Programme?

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

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

- Solrun Engilberrtsdottir
- Odette Uwera Kamanzi
- Youssouf Koita
- Muthu Maharajan
- Oliver Petrovic
- Mahamadou Tanimoune
The following documents were reviewed as part of this case study:

2. UNICEF Strategic Plan, 2014–2017
4. Revised Supplementary Programme Note on the Theory of Change for the UNICEF Strategic Plan, 2014–2017
5. Final results framework of the UNICEF Strategic Plan, 2014–2017
7. A data and results companion to the end of cycle review
10. UNICEF’s Approach to Scaling up Nutrition
12. UNICEF Annual Report 2011 for Rwanda
14. UNICEF Annual Report 2014—Rwanda
17. One UN Rwanda Business Operations Strategy 2013–2018
18. UNICEF Funding Proposal to the Embassy of the Kingdom of the Netherlands: Accelerating Stunting Reduction Among Under-2 Children in Rwanda
Annex 4

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

- Mathu Maharajan
- Murtaza Malik
- Atakilt Berhe
- Carine Nyilimana
- Sara McGinty
- Solrun Engilbertsdottir
- Damien Iyakaremye
- Robert Ntaganda
- Akiko Petrovic
- Michael Bando
- Katherine Mugeni
- Alexis Mucumbitsi
- Felix Sayinzoga
- Mukagatana Fortunee
- Edith Munganyinka
- Etienne Rukundo
- Chantal Gegout
- Jean Pierre de Margerie
- Philippe Habimshuti
- Attaher Maiga
- Fulgence Africa
- Odette Kamirwa Kweli
- Odette Uwera Kamanzi
- Thacien Yankurije
- Francois Bernard
- Nadine G. Umutoni
- Olivier Muhoza
- Youssouf Koita
- Fortunee Mukamusangwa
- Josephine Kayumba
- Kristine Garn
- Jeannette Kayirangwa
- Ted Maly
Annex 5

Assessment of UNICEF Rwanda’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:

### THEN CONSIDER THESE INTERVENTIONS:

#### FOOD

**Inadequate quality of complementary foods**
- Micronutrient supplementation
- Nutrition education and counselling
- Fortified and supplemental/specialized foods (including iodized salt)

**Chronic or significant seasonal food shortages**
- Fortified and supplemental/specialized foods
- Social protection programmes
- Community management of acute malnutrition programmes
- Nutrition surveillance system
- Promotion of linkages with agriculture

#### CARE

**Inadequate breastfeeding**
- Breastfeeding counseling and support through community- and facility-based contacts
- Intensive capacity development for health and nutrition workers
- Early childhood development interventions, nurturing family care practices and responsive feeding
- Baby Friendly Hospital Initiative
- Control of the marketing of breast milk substitutes
- Maternity protection in the workplace

**Inadequate complementary feeding**
- 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

**Poor hygiene and sanitation**
- 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

**High prevalence of diarrhoea and pneumonia**
- Oral rehydration solution and zinc supplementation
- WASH interventions
- Vitamin A supplementation
- Nutrition counselling for the adequate care of sick children
- Treatment of SAM
### IF SITUATION ANALYSIS SHOWS THESE CONDITIONS:  
### THEN CONSIDER THESE INTERVENTIONS:

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<th>Health (cont.)</th>
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| **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)  

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<td>Inadequate breastfeeding</td>
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<td>Intensive capacity development for health and nutrition workers</td>
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<td>Early childhood development interventions, nurturing family care practices, and responsive feeding</td>
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<td>No. In 2010, 84.9% of children under 6 months were exclusively breastfed. (Though work is likely needed to maintain this rate.)</td>
<td>Baby-Friendly Hospital Initiative</td>
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<td>Maternity protection in the workplace</td>
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<td></td>
<td>Control of the marketing of breast milk substitutes</td>
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</tbody>
</table>

¹ Inclusion in this column does not imply that these interventions should or should not have been included; they are listed here as a reference.

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

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<td><strong>CARE (CONTINUED)</strong></td>
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| Inadequate complementary feeding                  | Yes. Only 16.8% of children aged 6–23 months were fed according to all three IYCF practices. Over four food groups were the main constraining practice (25.8%). | • Early childhood development interventions, nurturing family care practices, and responsive feeding  
• Education and behaviour change communication  
• Multiple micronutrient powders for home fortification of complementary foods |
| Poor hygiene and sanitation                       | Yes. Only 55% of households have access to an improved/not shared pit latrine with slab; 10% of households have a place for hand washing, and among those, 21% have water and soap for hand washing. | • 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**                                        |                                                        |                                                             |
| High prevalence of diarrhoea and pneumonia        | Yes. Of children under age 5, 13.2% suffered from diarrhoea and 3.7% had symptoms of acute respiratory infection (ARI).³ | • WASH interventions  
• Treatment of SAM  
• Vitamin A supplementation  
• Nutrition counselling for the adequate care of sick children  
• Zinc supplementation  
• Oral rehydration solution |

² DHS 2010

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<tr>
<td>High prevalence of HIV/AIDS</td>
<td>Somewhat. Of adults aged 15–49, 3.0% are infected with HIV. HIV prevalence rates are highest among women aged 35–39, with 7.9% infected.</td>
<td>• As part of community management of acute malnutrition programmes, provider-initiated HIV testing and counselling • Nutritional support • National guideline development for infant feeding in the context of HIV • Voluntary, confidential testing and treatment and infant feeding counselling for pregnant women</td>
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<td>High prevalence of malaria</td>
<td>Yes. Malaria has been the main cause of morbidity and mortality in Rwanda for several years. Antimalarial medicines are given to children only after the presence of malaria parasites is confirmed by microscope or the rapid diagnostic test; among children under age 5 with fever in the 2 weeks preceding the survey, 11% took an antimalarial medicine.</td>
<td>Nutrition counselling for the adequate care of sick children • Intermittent preventative treatment and promotion of insecticide-treated bed nets for pregnant women (in high-malaria areas) • Insecticide-treated bed nets for children &lt;24 months (in high-malaria areas) • Behaviour change and communication</td>
</tr>
<tr>
<td>High prevalence of parasitic infections</td>
<td>No data available</td>
<td>• WASH interventions • Deworming for pregnant women • Deworming for children aged 6–59 months • Nutritional support</td>
</tr>
<tr>
<td>Insufficient coverage of antenatal care or skilled birth attendant</td>
<td>Yes. Of women aged 15–49 who had a live birth in the 5 years preceding the survey 35.4% attended four or more ANC visits; 69.0% of deliveries were assisted by a skilled provider.</td>
<td>Health interventions (promotion of healthy practices and appropriate use of health services during the continuum of care)</td>
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