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

Inception Report

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Prepared for the United Nations International Children's Emergency Fund (UNICEF)

Prepared by ICF International
**ACRONYMS**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CEE/CIS</td>
<td>Central and Eastern Europe and the Commonwealth of Independent States</td>
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<td>CO</td>
<td>Country Office</td>
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<tr>
<td>CPD</td>
<td>Country Programme Document</td>
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<td>CPAP</td>
<td>Country Programme Action Plan</td>
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<td>EAG</td>
<td>Evaluation Advisory Group</td>
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<td>EAP(RO)</td>
<td>East Asia and the Pacific (Regional Office)</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>EO</td>
<td>Evaluation Office</td>
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<td>EQ</td>
<td>Evaluation Question</td>
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<td>ESA(RO)</td>
<td>Eastern and Southern Africa (Regional Office)</td>
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<td>HQ</td>
<td>Headquarters</td>
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<td>IRB</td>
<td>Institutional Review Board</td>
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<td>KII</td>
<td>Key Informant Interview</td>
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<td>LAC(RO)</td>
<td>Latin America and Caribbean (Regional Office)</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MENA(RO)</td>
<td>Middle East and Northern Africa (Regional Office)</td>
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<td>M-TER</td>
<td>Mid-Term Evaluation Report</td>
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<td>MoRES</td>
<td>Monitoring Results for Equity Systems</td>
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<td>MTSP</td>
<td>Medium-Term Strategic Plan</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>REACH</td>
<td>Renewed Efforts Against Child Hunger and Undernutrition</td>
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<td>RO</td>
<td>Regional Office</td>
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<td>(RO)SA</td>
<td>(Regional Office for) South Asia</td>
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<td>RUTF</td>
<td>Ready-to-Use Therapeutic Foods</td>
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<td>SITAN</td>
<td>Situational Analysis</td>
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<td>SUN</td>
<td>Scaling Up Nutrition</td>
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<td>SP</td>
<td>Strategic Plan</td>
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<td>ToC</td>
<td>Theory of Change</td>
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<td>ToR</td>
<td>Terms of Reference</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>WASH</td>
<td>Water, Sanitation, and Hygiene</td>
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<td>WCA(RO)</td>
<td>West and Central Africa (Regional Office)</td>
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<td>WHA</td>
<td>World Health Assembly</td>
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1. INTRODUCTION

1.1 Background

Approximately 159 million of the world’s children under the age of 5 are stunted, with an estimated 80% of these children are concentrated in only 14 countries.\(^1\)\(^2\) Stunting, or low height for age, results from chronic undernutrition, frequent infections, and other conditions that reduce absorption of required nutrients. Stunting is most likely to occur within the first “1,000 days,” starting at conception through the child’s first two years of life.\(^3\) A child who is stunted has inadequate length/height for his or her age,\(^4\) and this loss is often irreversible, even with improvements in nutrition after age 2.\(^5\)

Undernutrition weakens a child’s immune system and significantly increases his or her risk of illness and death.\(^6\) Stunting is also associated with suboptimal mental and physical development, having long-term impact on intellectual functioning, school performance, future earnings, risk of obesity, and chronic diseases.\(^7\) Inadequate maternal nutrition results in an intergenerational cycle of growth failure, as undernourished mothers give birth to low birthweight babies at risk of stunting and sub-optimal development, creating a poverty trap for children, communities, and nations.\(^8\) This intergenerational cycle is compounded by equity issues affecting women and children who are biologically more vulnerable to undernutrition.\(^9\)

With a greater understanding of the short- and long-term consequences of undernutrition, UNICEF and other international partners have shifted their emphasis from efforts to reduce underweight prevalence to prevention of stunting among children.\(^10\) This shift has occurred alongside major developments in the global nutrition landscape, creating opportunities for action including improved targeting and integration with other development sectors. The Scaling Up Nutrition (SUN) movement encourages countries to develop context-specific national nutrition plans, implement evidence-based nutrition interventions, and work with multiple stakeholders to integrate nutrition goals and scale up multisectoral programmes.\(^11\) Other United Nations (UN) and partner initiatives, such as the Renewed Efforts Against Child Hunger

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\(^4\) Stunting is defined using Height for Age Z Score (HAZ) with a child found to less than -1 z score mildly stunted (-1 HAZ); less than -2 z scores moderately stunted (-2 HAZ); and a child less than -3 z scores severely stunted (-3 HAZ).
and undernutrition (REACH), help coordinate multiple agencies and governments to implement national nutrition policies. In addition to playing a key role in SUN at the global, regional, and country levels, and participating in REACH, UNICEF prioritized stunting reduction in its Strategic Plan (SP) 2014-2017 by specifying nutrition as an outcome area and including stunting burden as an impact indicator. These commitments require UNICEF to work in an integrated manner across sections including nutrition, health, WASH, early childhood development, education and social protection to reduce stunting. Concurrently, UNICEF has increased its funding and investment in nutrition, health, WASH, education and social protection. Given these commitments, UNICEF’s Evaluation Office (EO) commissioned a corporate level external evaluation of its efforts to reduce stunting to produce concrete policy and programmatic evidence to inform future global strategies and country programmes.

1.2 Purpose and Scope of Evaluation

Evaluation Purpose and Objectives
The purpose of this global evaluation is to provide evidence to enhance UNICEF’s accountability, effectiveness, and organizational learning to advance its work to reduce stunting among young children. This evaluation is the first formal, global attempt to assess UNICEF’s global strategies and country programme performance in reducing stunting among children under five.

To this end, the evaluation will explore the relevance, appropriateness, and coherence of: UNICEF’s global strategic plans; global and regional support; and country programmes and plans; the effectiveness, efficiency, and sustainability of country programmes; and UNICEF’s leadership, guidance, and technical support at all levels. Furthermore, the evaluation will consider the extent to which UNICEF engages across sectors to reduce stunting, both internally and externally.

The evaluation will employ a forward-looking orientation to contribute to improved global, regional and country plans and country programme performance post-2015. The evaluation will investigate current global strategies and the design and implementation of country programmes to identify actions needed to sustain stunting reduction achievements to date and provide recommendations to scale up effective and efficient interventions and approaches with an equity-focused orientation to ensure the prioritization of vulnerable areas and groups.

To achieve the stated purpose of evaluating UNICEF’s approach to reduce stunting, the following three objectives are considered:

- Assess the **relevance**, **appropriateness**, and **coherence** of UNICEF’s global, regional, and country efforts to address stunting in young children. Country programme assessment takes 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. Regional and global assessment will consider the degree to which country needs and programmes are supported through the execution of global strategies and the Strategic Plan to appropriately and comprehensively target and make progress towards the reduction of stunting.
• 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.

• Assess UNICEF’s **leadership**, **guidance**, and **technical support** at all levels as well as the adequacy of UNICEF staffing and institutional capacity to respond to the lead role the organization is expected to play at the field level in contributing to the sustainable and equitable reduction of stunting.

Specific evaluation questions to address these objectives will be discussed in Section 3. The findings from the evaluation will steer UNICEF’s future strategic plans and country programmes to reduce stunting. The evaluation will provide forward-looking lessons, conclusions, and recommendations for strengthening UNICEF’s leadership and advocacy, organizational policies and global and regional strategies, country programme response, and partnerships for reducing stunting in various contexts where it is prevalent. Findings should contribute to improving UNICEF’s accountability for its performance and results at the country level and generate evidence and learning to guide effective global action towards sustainable reduction of stunting in the near future. See “Annex A. ToR” for the full Terms of Reference (ToR).

**Evaluation Scope and Audience**

The scope of this evaluation is two-fold: to examine the extent to which UNICEF strategies and plans contribute to UNICEF goals and the global landscape of stunting reduction efforts; and to understand how these strategies and plans are translated to country programme actions and results. While the evaluation will consider all areas of the SP and how they currently contribute to reducing stunting, the analysis of results (effectiveness) will be limited to nutrition programme results and its linkages (to and from) the relevant sectors.

The evaluation relies on a regionally- and globally-selected sample of countries, and involves an in-depth look at select countries to assess UNICEF’s country programme performance and regional and global support. The in-depth evaluation includes an emphasis on Sub-Saharan Africa and South Asia, regions with a particularly high stunting prevalence among children under five years of age, but will also identify middle income countries where stunting levels remain high compared to gains in other socio-economic indicators. The selected countries represent diverse programme contexts and experiences. Country selection is described in detail in Section 4.

The evaluation also examines UNICEF’s efforts on the regional and global levels in the context of support to country programmes as well as contributions to the global knowledge and promotion of

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12 Because the focus of UNICEF’s stunting reduction strategies revolves around policy change rather than direct programme or project implementation, the main impacts and effects on beneficiaries is indirect and not separable from other programme or project effects. Therefore, while measures of stunting prevalence, rates, and programme reach will be included in this evaluation, we will not be attributing these changes as the impact of UNICEF efforts, rather we will concentrate on the relevancy of country programmes to affect change within the country context and the effectiveness of the country programmes in achieving their objectives.
stunting reduction. In this stage of the evaluation, cross-cutting factors such as gender and equity will be considered with global and regional perspectives.

The evaluation focuses on programmes between 2010 and 2015, but incorporates programmes and strategic documents from 2014 to 2015 that reflect recent acceleration in advocacy and programmatic efforts to reduce stunting.

Key audiences for the evaluation are internal and external to UNICEF. The primary internal audience includes UNICEF management and staff across global, regional, and country levels. The primary external audience are UNICEF’s implementing partners, including national and sub-national government counterparts. In addition, the evaluation is relevant to other external stakeholders engaged in stunting reduction efforts, including: non-governmental organizations (NGO); civil society and faith-based organizations; communities; other UN agencies and bodies such as the SUN Secretariat, World Food Programme, and REACH; donors; private sector institutions; and regional and inter-governmental bodies.

An Evaluation Advisory Group (EAG) has been convened within UNICEF to serve as an advisory organ for the evaluation. The EAG, comprised of UNICEF staff across levels and sections, has contributed to the conceptualization and design of the evaluation through the development of the ToR and review of this Inception Report, and will contribute to the review of evaluation deliverables and knowledge sharing gained through the evaluation.

1.3 Purpose and Outline of Inception Report

This inception report will serve as a guide for the evaluation. It presents the detailed methodology for the evaluation building on the ToR. It includes data sources, sampling methodology, data collection plan and instruments, data analysis plan, report plan, evaluation study team, and the overall evaluation work plan with an accompanying timeline.

Section 2 summarizes UNICEF’s global, regional, and country approaches to stunting reduction among young children. Section 3 describes the approach for the evaluation, including the evaluation strategy and broad evaluation questions. Section 4 details the evaluation methodology including the desk review, case studies, and synthesis; the evaluation limitations; the approach for data analysis and triangulation; the data quality assurance plan; dissemination of findings; and ethical considerations. The last section of this report, Section 5, presents the work plan and staffing plan.

2. UNICEF GLOBAL, REGIONAL, AND COUNTRY EFFORTS TO REDUCE STUNTING

In preparing this inception report, the ICF evaluation team conducted an extensive literature and document review and consulted several UNICEF headquarters (HQ), Regional Office (RO), and Country Office (CO) technical staff. (See “Annex B. Sources Reviewed” for a list of documents and “Annex C. Exploratory Interview Respondents” for a list of exploratory interview respondents.) This section describes the inception phase findings related to UNICEF’s stunting reduction efforts. Literature and documents include relevant UNICEF strategy documents and key global reports and guidance documents related to stunting reduction. Key Informant Interviews (KIIs) with select RO and CO staff
also provided key information. This information provided important context for the evaluation and has informed the conceptualization of the evaluation approach.

2.1 Evolution in UNICEF’s Stunting Reduction Strategies and Plans

Stunting, a critical nutrition outcome for young children, jeopardizes child survival and development by contributing to child mortality, morbidity, and disability, including impaired or non-optimal physical growth and cognitive development. As recognized by the Convention on the Rights of the Child, the child’s right to survival is critical to UNICEF’s mission. Therefore, the reduction of stunting among young children aligns with UNICEF’s core mission.

Increasing Global Commitment to Reduce Stunting Among Young Children

In recent years, the global nutrition community has increased its focus on stunting. Developments in science have supported the causal relationship between stunting and short-term childhood development and long-term intergenerational effects on families and on national development highlighting the critical importance of nutrition during the first 1,000 days of infancy, a period associated with risks of irreversible effects. In addition, science has provided evidence identifying effective, cost-efficient, and scalable interventions. Concurrently, the international community working to reduce stunting has recognized lessons learned and models to support multisectoral approaches to improvements in nutrition.

Moving Towards an Integrated Development Model to Reduce Stunting


21 Adair, L. S., Fall, C. H., Osmond, C., Stein, A. D., Martorell, R., Ramirez-Zea, M et al. (2013). Associations of linear growth and relative weight gain during early life with adult health and human capital in countries of low and middle income: findings from five birth cohort studies. The Lancet. 382(9891), 525-534.
Nutrition Strategy included joint health and nutrition actions to facilitate increased impact. The 2006-2015 Health and Nutrition Strategy promotes the convergence of programmes, approaches, and interventions in recognition of shared maternal, newborn, and child health goals. Although the 2006-2015 Health and Nutrition Strategy recognizes the integration of nutrition and health and aligns with the Water, Sanitation, and Hygiene (WASH) Strategy 2006-2015, consistent with global thinking in the field of nutrition at the time, it does not specify a stunting reduction indicator to assess the effectiveness of implementation of the Strategy and achievement of its strategic results.

**Key Contributors to the Reduction of Stunting**
The MTSP 2006-2013 aligns with the 2006-2015 Health and Nutrition Strategy with a shared focus on achieving the Millennium Development Goals (MDGs). Focus Area 1 of the MTSP prioritized Young Child Survival and Development to achieve MDG 1, which seeks to eradicate extreme poverty and hunger. Although Focus Area 1 relates to stunting, it does not specify stunting and the MTSP 2006-2013 does not include a stunting indicator. Instead, the MTSP focuses on Key Result Areas, many of which are now known to contribute to stunting reduction. These include: scaling up high-impact health and nutrition interventions; improving family and community care practices that impact on young child survival, growth and development; increasing access to, and use of, safe drinking water and basic sanitation; and education, social protection, gender sensitivity, and equity interventions. The MTSP framework outlines the strategies for achieving the key results identified by focus area, key indicators for measuring the results, and information about coverage and partnerships. Many of the strategies outlined in the MTSP were adapted following the MTSP review to develop the Theory of Change (ToC) for the UNICEF SP 2014-17.

**Targeting a Specific Strategic Outcome for Nutrition – The Reduction of Stunting**
The SP 2014-2017, the current guiding document for UNICEF programmes, was informed by the 2012 end-of-cycle review of the MTSP 2006-2013, which recommended the inclusion of a specific outcome for nutrition. The SP 2014-2017 includes Outcome 4: Nutrition: “improved and equitable use of nutrition support and improved nutrition and care priorities,” and the corresponding Impact Indicator 4a: “number of children under 5 years who are moderately and severely stunted.” Impact Indicator 4a aligns with the World Health Assembly (WHA) Global Nutrition Target 2025 for stunting, which calls for a 40% reduction in the number of children under-five who are stunted.

**A Theory of Change for Improved Nutrition Outcomes**
The Theory of Change for the UNICEF SP elaborates on the causal pathways for achieving the outputs outlined in the SP. The ToC is outlined for each of the seven outcome areas (health, HIV/AIDS, WASH, nutrition, education, child protection, and social inclusion) and summarizes how the outcomes will be achieved in each of the areas as a result of strategic interventions at country, regional and global levels. The ToCs address the risks and assumptions associated with achieving the desired impact of “realizing the rights of every child, especially the most disadvantaged.” (See Exhibit 1 for the SP ToC for the

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Exhibit 1. Theory of Change for Strategic Plan 2014-17 Outcome Area 4: Nutrition

**Strategic interventions (illustrative)**

**Capacity development**
- Develop capacity to disaggregate nutrition data by key forms of vulnerability, and analyse and use the data to identify and address barriers and bottlenecks
- Use ProPAN (Process for the Promotion of Child Feeding) to build capacity to address critical bottlenecks to improving complementary feeding
- Build capacity for disaster risk reduction, emergency preparedness and emergency response
- Run a massive open online course to develop capacity on infant and young child feeding
- Build capacity to conduct gender reviews of nutrition policies

**Evidence generation, policy dialogue and advocacy**
- Support countries to develop nutrition policies and plans that are multisectoral and costed, include clear targets, define risk management strategies to address risks from disasters, conflict and climate change, and contain specific actions targeted to vulnerable groups
- Support legislative changes to help countries achieve full implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly Resolutions, and of maternity protection
- Use cost-benefit analysis and investment cases, policy dialogue and advocacy to increase awareness of nutrition issues, generate commitment and action, and complement resource mobilization efforts
- Assist countries to develop anaemia reduction policies and plans

**Partnerships**
- Participate in global networks and initiatives for nutrition, such as Scaling Up Nutrition, the Standing Committee on Nutrition and Renewed Efforts Against Child Hunger and undernutrition
- Serve as the global nutrition cluster lead agency

**South-South and triangular cooperation**
- Support South-South engagement with knowledge exchange and sharing between programme countries, in the contexts of multi-country projects and in the scale-up of specific interventions

**Identification and promotion of innovation**
- In partnership with Population Services International, pilot a market-based micronutrient powder programme

**Support to integration and cross-sectoral linkages**
- Link nutrition interventions with those of other sectors (particularly health, education and WASH) to provide integrated services, including for early childhood development

**Service delivery**
- In humanitarian situations and settings with weak capacity, directly deliver nutrition services, including through supplementation and fortification efforts
- Use social and behaviour change communication to address knowledge, behaviours, sociocultural beliefs and norms related to infant and young child nutrition

**Assumptions (risks and mitigation measures in text)**
- Humanitarian crises do not overwhelm capacity
- Political support for addressing inequity remains strong
- Evidence-based approaches plus technical solutions make a difference in children's lives
- Consensus continues on the importance of partnerships
- Progress in other areas

**Assumptions (risks, mitigation measures and cross-cutting assumptions in text)**
- Political leaders continue to support efforts to scale-up nutrition and improve equity
- Global food prices do not increase dramatically
- Number of humanitarian crises remains limited

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**IMPACT:** Realizing the rights of every child, especially the most disadvantaged

**Outcome indicators**
- Improved and equitable use of nutritional support and improved nutrition and care practices

**Outcome 4:**
- Enhanced support for children, caregivers and communities for improved nutrition and care practices
- Increased national capacity to provide access to nutrition interventions
- Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling-up nutrition interventions
- 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
- Increased capacity of governments and partners, as duty-bearers, to identify and respond to key human rights and gender equality dimensions of nutrition
- Enhanced global and regional capacity to accelerate progress in child nutrition
Nutrition Program Area and “Annex D. Strategic Plan 2014-17 Theory of Change for Outcome Areas 1-3 And 5-7” for the remaining programme area ToCs.) While Impact Indicator 4a, measuring stunting prevalence, is included in the ToC for the nutrition area outcome, it is not specifically mapped to the ToCs for any of the other outcome areas.

However, the SP 2014-2017 encourages the integration of multisectoral approaches to achieve synergy for improved nutrition and development outcomes. Although the SP 2014-2017 documents UNICEF’s prioritization of stunting reduction and increases its visibility as a multisectoral issue, the SP 2014-2017 serves as an overarching framework, rather than functioning as an actionable plan. Since the SP is a guidance document rather than a directive plan, this evaluation will investigate the extent to which UNICEF adheres to the intent of the SP through country-targeted programming that builds on UNICEF’s strengths. Specific reference to cross-cutting issues (gender, equity, advocacy, leadership, and participation) in stable and humanitarian contexts will be considered.

UNICEF’s Approach to Scaling Up Nutrition for the Reduction of Stunting

More recently, UNICEF has 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 the Executive Board, it serves as an important resource for UNICEF ROs and COs. This relatively new document, published in June 2015, applies only to the last six months of the evaluation period. However, the actions in this document are based on growing global evidence and changes that have been ongoing throughout the evaluation period.

Based on the reports of exploratory interview respondents at the global, regional and country levels, it has been rapidly adopted and serves as a key guiding document to inform country programmes. In consideration of these reports and the Approach’s alignment with the SP 2014-2017, the specific actions described to address malnutrition through integrated programmes represent UNICEF’s approaches to stunting reduction.

Exhibit 2 illustrates the six operational approaches and seven programme actions to improve nutrition for mothers and their children that are outlined in the Approach to Scaling Up Nutrition. Six of the seven programme actions described in UNICEF’s Approach to Scaling Up Nutrition contribute to stunting reduction and are included in the Evaluation Strategy (see Section 3). The document provides further detail of how UNICEF’s Nutrition, WASH, Social Protection, Health, HIV/AIDS, ECD, and Child Protection Sections contribute to the six operational approaches.

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26 The seventh programme action targets childhood obesity.
2.2 UNICEF’s Activities and Programme Actions to Reduce Stunting

As a highly decentralized organization, UNICEF works to reduce stunting in a variety of ways at the global, regional, and country levels. UNICEF's programmes are implemented at the country level and supported at higher levels. The respective contributions to stunting reduction at each level are described below.

UNICEF's Global Activities to Reduce Stunting

At the global level, UNICEF HQ programmatic division sections provide technical and strategic leadership to reduce stunting. Key sections working to reduce stunting include Nutrition, WASH, Social Protection, Health, HIV/AIDS, ECD, and Child Protection. Although the Nutrition Section serves as the UNICEF lead for stunting reduction, all sections increasingly recognize the need to collaborate for improved, more efficient results in tackling stunting. Collaboration manifests in shared resources, integrated programme guidance, and consultation in the development of technical guidance and tools. Nutrition in fragile contexts and emergencies is a growing issue and will be considered throughout the evaluation.

The primary stunting reduction activities implemented at the global level include:

- building and strengthening advocacy and global partnerships (including UN coordination);
- developing evidence-based technical guidance to support programming;
- promoting cross-sectoral collaboration and guidance;
- generating and disseminating evidence to inform advocacy and programming;
- mobilizing resources and strengthening UNICEF’s internal capacity (including human resources) to deliver results;
• providing strategic technical assistance to accelerate the scale up of quality programmes; and
• providing technical support to strengthen information systems and M&E, including Monitoring Results for Equity Systems (MoRES).

At the global level, UNICEF is primarily guided by the SP, which has been informed by global influences, including the Millennium Development Goals (MDGs) and discussions around the sustainable development goals (SDGs) as well as from country needs and programmes as communicated upward. The SP includes Impact Indicators with ToCs developed around each of the seven outcome areas including nutrition. Key impact indicators for “Outcome 4: Nutrition” include percent of children under five years of age who are moderately and severely stunted and women of reproductive age with anemia.

Additional HQ inputs include monitoring and evaluation, global analysis, and contributing to the global evidence base and global guidelines. UNICEF HQ is also tasked with coordination and policy development to aid its overall goals. Global coordination can be used to improve cross-regional and cross-country efforts.

**UNICEF’s Regional Activities to Reduce Stunting**

At the regional level, two organizational approaches exist for coordinating nutrition and stunting reduction programmes as defined by KIlIs. The first involves a designated Regional Nutrition Advisor who is dedicated to support nutrition and stunting reduction efforts in the region. The second involves the Regional Health focal point dedicating a portion of time to overseeing nutrition and stunting reduction in the region. The first approach is employed in six regions\(^27\) and the second approach is employed in one.\(^28\) In addition to designated regional oversight for nutrition and stunting reduction, multisectorality is promoted in the SP 2014-2017 as a guiding principle for ROs when planning and implementing nutrition programming.

Core activities to advance stunting reduction at the regional level include:

• overseeing and assuring quality of country programmes;
• identifying and providing technical guidance and support to CO staff;
• leading regional advocacy efforts;
• facilitating regional partnerships and networks;
• leveraging and sharing regional knowledge and experiences;
• providing regional resource acquisition;
• recognizing and addressing gaps in capacity in the CO; and
• supporting country-level or nutrition cluster reporting.

Regional offices are accountable for providing cross-country support such as resources, training, monitoring, evaluation, and research, and also coordinating programmes across countries where regional efforts would be more efficient or effective. Further, the RO is responsible for disseminating the SP and for assisting the countries in translating the global and regional strategies into the local context to develop plans and identify resource needs. Each RO’s contributions are outlined in the respective

\(^{27}\) EAPRO, ESARO, LACRO, MENARO, ROSA, and WCARO.

\(^{28}\) CEE/CIS. Previously CEE/CIS had a Regional Nutrition Advisor but this position no longer exists as a result of lack of funds.
RO’s Office Management Plan (OMP), Annual Report, or other documents and include indicators of success specific to each region. These include accountability for the consideration of the SP, tailored efforts to meet the diverse needs of the countries in the region, and to the harmonization of work across all levels.

**UNICEF’s Country Activities and Programme Actions to Reduce Stunting**

At the country and sub-national levels, several models exist for staffing and for over-arching multi-sectoral teams and task forces for reducing stunting. Staffing models include a Nutrition Section with its own staff, a multi-sectoral section including nutrition and another sector (e.g., Health and Nutrition Section, Child Survival and Development Section, Child Development and Nutrition Section), and a Health Section or Health Officer that also manages nutrition programmes. Regardless of the staffing models, intersectoral collaboration can be achieved through working teams or other operational approaches. CO staffing resources and teaming approaches for nutrition are influenced by several factors, including UNICEF and its donors’ investments of funds for nutrition and stunting reduction programming in the specific CO and the prioritization of stunting reduction among other CO priorities. Underlying the country strategy and corresponding activities is UNICEF’s commitment to work with the host country government, key development partners and community to define, prioritize, and support sustainable actions towards equitable progress in the reduction of stunting.

Each CO is responsible for developing its own country programme, which should align to the context of UN coordination as described in the UN Development Assistance Framework (UNDAF), when applicable; reflect consideration of the UNICEF SP; and respond to the country’s needs and readiness for action. In consideration of these factors, each UNICEF CO works with the Government to develop and support programmes to facilitate the achievement of national goals. The relevancy and appropriateness of the country programmes will be evaluated under these considerations. Country Programme Documents (CPDs) and Country Programme Action Plans (CPAPs) serve as key documents that describe the country programmes and constitute the formal agreement between UNICEF and Government. The formulation of CPD and CPAP is normally preceded by a situational analysis. Country programmes are designed to address the country context, including local differences and disparities, and current programming, needs, and priorities. Considerations around fragile contexts and emergency preparedness and response must also be addressed. The proposed country programme should respond to the identified country needs and ideally include programme components, an accompanying ToC and/or results matrix, and lay out a clear Integrated Monitoring and Evaluation Plan (IMEP) to assess programme success.

Per UNICEF’s Approach to Scaling Up Nutrition discussed above, UNICEF focuses on six key programme actions to leverage resources and activities at the global, regional, and country levels. These key actions to reduce stunting include use of both nutrition-specific and nutrition-sensitive approaches during the first 1,000 days and in the context of adolescent girls and women of reproductive age:

- protect, promote, and support appropriate feeding and adequate food;
- reduce micronutrient deficiencies;

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29 Since 2015, the Plan for Research, Integrated Monitoring, and Evaluation (PRIME) has been used as an electronic platform for evaluation plans.
• prevent and treat severe acute malnutrition;
• improve nutrition care for those with infectious disease;
• increase synergies with health, WASH, ECD, and social protection; and
• promote strengthened linkages with agriculture.

Programme actions take advantage of UNICEF’s comparative advantage to convene stakeholders and interface with both policy development and intervention implementation. In addition, they emphasize principles of learning, sustainability, and multisectorality. Interventions that comprise programme actions are presented in “Annex E. Nutrition-Specific Interventions and Nutrition-Sensitive Approaches”.

Programme actions are implemented at the national and sub-national levels through key strategies including:

• policy advocacy;
• service delivery;
• convening and mobilizing stakeholders;
• capacity building;
• resource mobilization; and
• knowledge management.

The mix of strategies and programme actions are tailored to individual country contexts as informed by rights-based, equity-focused situation analysis for nutrition and its determinants. UNICEF’s approach to reducing stunting recognizes that the nutrition situation and underlying causes vary among countries and that programmes should therefore be designed or adapted locally to strategically address stunting among young children in the country context.

3. EVALUATION APPROACH

3.1 Evaluation Strategy

The evaluation strategy depicted in Exhibit 3 builds on UNICEF’s programme actions and operational approaches to improve nutrition as laid out in UNICEF’s Approach to Scaling Up Nutrition (illustrated in Exhibit 2) and refined based on exploratory interviews with UNICEF staff (HQ, regional, and country) and a piloted case study country visit to India conducted during the inception phase (January – May 2016). Themes from the discussions and visit helped refine the evaluation strategy and framework. The evaluation will focus on country progress towards achieving the six outputs in the Strategic Plan 2014-17 Outcome Area 4: Nutrition:

• Enhanced support for children, caregivers and communities for improved nutrition and care practices
• Increased national capacity to provide access to nutrition interventions
• Strengthened political commitment, accountability and national capacity to legislate, plan, and budget for scaling up nutrition interventions
• 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
• Increased capacity of governments and partners, as duty-bearers, to identify and respond to key human rights and gender equality dimensions of nutrition
• Enhanced global and regional capacity to accelerate progress in child nutrition

It will examine the global strategies for achieving these results; how programme actions (nutrition-specific and nutrition-sensitive) are considered in the SP and regional initiatives; and the country translation of these strategies to the country context through country programmes. Core criteria of relevance, effectiveness, efficiency, and sustainability will be applied as appropriate when examining all levels of planning and implementation.

As illustrated in the strategy, the evaluation will examine progress towards achieving SP outputs through the translation of UNICEF global strategies to appropriate programme actions as identified in the country plans, and laid out in UNICEF’s Approach to Scaling Up Nutrition:

• Protect, promote, and support appropriate feeding and adequate food;
• Reduce micronutrient deficiencies;
• Prevent and treat severe acute malnutrition;
• Improve nutrition care for those with infectious disease;
• Increase synergies with health, WASH, ECD, and social protection; and
• Promote strengthened linkages with agriculture.

The evaluation will examine how country programmes employ the identified six operational approaches to improving nutrition programming for mothers and children to inform programme development and promote programme actions:

• Perform a rights-based, equity-focused situation analysis for nutrition and its determinants to inform policy development and programme design
• Build commitment, strengthen leadership and strengthen governance for improved nutrition
• Support the scale-up of evidence-based, sustainable nutrition-specific interventions and nutrition-sensitive programming
• Develop human, institutional and organizational capacity to implement contextually-relevant nutrition programmes
• Foster a community-centered approach that empowers communities with the knowledge and tools to address their own nutrition issues
• Strengthen systems to ensure effective monitoring, evaluation and knowledge management for policy and programming for nutrition

Details of the evaluation design, approach, and analysis at each stage of the overall evaluation are provided in Section 4. The country-level evaluations will investigate: how global strategies and plans are translated to the country context, the level of support provided to countries by the ROs and HQ, whether the logic of the operational approaches supports country-identified programme actions and
Exhibit 3. Evaluation Strategy

**REDUCTION OF STUNTING IN CHILDREN UNDER FIVE**

**RESULTS**

- **SP Output 1:** Enhanced support for children, caregivers and communities for improved nutrition and care practices
- **SP Output 2:** Increased national capacity to provide access to nutrition interventions
- **SP Output 3:** Strengthened political commitment, accountability and national capacity to legislate, plan, and budget for scaling up nutrition interventions
- **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
- **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
- **SP Output 6:** Enhanced global and regional capacity to accelerate progress in child nutrition

**PROGRAMME ACTIONS**

- Protect, promote & support appropriate feeding & adequate food
- Reduce micronutrient deficiencies
- Prevent & treat severe acute malnutrition
- Improve nutritional care for those with infectious disease
- Increase synergies with health, WASH, ECD, and social protection
- Promote strengthened linkages with agriculture

**Country Action Plan and Result Matrix**

- Strategic Plan, MTSP, Joint Health and Nutrition Strategy, Approach to Scaling Up Nutrition
- Global knowledge and evidence informing the stunting reduction agenda

**OPERATIONAL APPROACHES**

- Rights-based equity-focused analysis to inform programmes
- Build commitment, strengthen leadership and governance
- Support scale-up and sustainable programming
- Develop human capacity
- Foster community-centered approach
- Strengthen systems

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their expected outcomes, and whether related outputs affected changes in stunting reduction. Factors that may act as barriers and facilitators to realizing the identified operational approaches to support programme actions will be identified.

At the global level, the connections between the intent of the strategic plans being reviewed (UNICEF’s SP 2014-2017, MTSP 2006-2013, Joint Health and Nutrition Strategy 2006-2015, and Approach to Scaling Up Nutrition31) and the expected results (Strategic Plan 2014-17 Outcome Area 4: Nutrition Outputs 1-6) will be analyzed. Strategic plans, interventions, and targets will be assessed to determine the extent to which they will lead to the intended and expected outputs (and eventual impact). The analysis will also examine the extent to which the global strategies are appropriate and translatable to the various country contexts.

3.2 Evaluation Questions

The Key EQs (KEQs) form the basis for the evaluations at the country and global levels. Following the evaluation strategy (Error! Reference source not found.), the key evaluation questions at the country level are:

- KEQ1: Do global (and regional) strategies translate to country programmes that align to desired outputs as stated in the SP and are they adapted to the country context, including country needs (as identified in a situational analysis), national plans, and fragile and emergency situations?
- KEQ2: Do country programmes support the efficient implementation of programme actions, build commitment, and strengthen leadership and governance for improved nutrition?
- KEQ3: Are programme actions effective in achieving desired identified country programme outputs and sustainable nutrition-specific interventions and nutrition-sensitive programming to improve stunting through building capacity and fostering a community-centred approach?

These KEQs are evaluated in the desk review of 24 countries and are explored in further depth in the six case study countries. In addition, case study evaluations will explore these KEQs down to the subnational level to better understand how strategies are translated, programmes are implemented, and results are achieved at the local level.

These same KEQs will again be addressed in the synthesis of global findings looking more broadly from the global perspective to understand how stunting is being addressed worldwide and within and across regions. In addition, the synthesis will investigate the development of UNICEF strategies that support stunting reduction and UNICEF’s role in improving global strategies across stakeholders. Therefore, additional KEQs to be addressed in the synthesis of global findings are:

30 Many of the programme actions utilized for stunting reduction also include alleviation of other forms of malnutrition (e.g., wasting) impact indicators. Therefore, while this evaluation focuses on stunting reduction, the results will be integrally linked to those for all forms of malnutrition. This evaluation will note where these links exist, including where stunting reduction is a byproduct of other nutrition improvement efforts and where stunting reduction is a focus of the nutrition programme.
• KEQ4: How does UNICEF work with global stakeholders, ROs, and COs to identify and promote effective and sustainable strategies for stunting reduction?

• KEQ5: How does UNICEF coordinate global messages, including the SDGs and other global targets, and local realities to inform and adapt the SP and other strategies and plans to identify programme actions and approaches to effectively and sustainably reduce stunting through nutrition-specific interventions and nutrition-sensitive programming, building capacity, and fostering a community-centred approach that reflect country contexts?

• KEQ6: How does UNICEF support COs (and ROs) in developing and implementing more localized and efficient strategies that consider the UNICEF SP?

• KEQ7: How does UNICEF support COs (and ROs) in developing and implementing more localized and efficient strategies that consider the UNICEF SP?

The KEQs will be analyzed through the evaluation questions (EQs) described below and the sub-EQs identified in “Annex F. Evaluation Matrix”. The EQs are founded on the evaluation areas described in the ToR (“Annex A. ToR”) and are informed by exploratory interviews conducted with UNICEF HQ, regional, and country staff during the inception phase. The EQs focus on assessing the extent to which UNICEF’s global strategies and country programmes are relevant, effective, efficient, and sustainable in reducing stunting. They also look specifically at UNICEF’s leadership role and ability to leverage partnerships, development of equity-based strategies and programme actions, and development and use of knowledge and data.

EQs, sub-EQs, and indicators that link to UNICEF’s approaches to achieving the outputs in the Strategic Plan are identified in the Evaluation Matrix. They are mapped to the global, regional, and country-level data, documents, and informants and to the three identified evaluations described in Section 4.2. EQs and sub-EQs are employed through the tools developed to collect relevant data, including the web-based surveys and the Key Informant Interview Guides (“Annex I. Key Informant Interview Guides”). The EQs are described below by evaluation area and are identified as being relevant to the global (G) or country (C) evaluations.

**Evaluation Area 1: Relevance, appropriateness, adequacy, and coherence of strategies and plans**

**EQ1**: How relevant, appropriate, adequate, and coherent are UNICEF’s programmes, strategies, and plans to reduce stunting at the global, regional and country levels?

Sub-EQs in this area will be used to address KEQ1 and KEQ7.

At the country level, the sub-EQs will assess how and how well UNICEF’s strategic frameworks (Strategic Plan 2014-2017, Mid-Term Strategic Plan 2006-2013, Health and Nutrition Strategy 2006-2015, and Approach to Scaling Up Nutrition (July 2015)) provide guidance for effective programme design, implementation, monitoring and evaluation including alignment with the needs and priorities of host country governments (including nutrition related policies and guidelines), target groups, and other development stakeholders. Translation of strategies to and through regional strategies will be evaluated where regional strategies exist.

At the global level, the sub-EQs will assess how and how well UNICEF’s strategic frameworks (Strategic Plan 2014-2017, Mid-Term Strategic Plan 2006-2013, Health and Nutrition Strategy 2006-2015, and Approach to Scaling Up Nutrition (July 2015)) incorporate current knowledge and evidence-based
approaches to stunting reduction and how these frameworks incorporate UNICEF’s role in light of the approaches and activities of other stakeholders.

**Evaluation Area 2: Effectiveness in addressing stunting reduction outputs**

**EQ2:** How effective are UNICEF country programmes in achieving outputs and outcomes identified in country programmes and results matrices?

Sub-EQs in this area will be used to address KEQ3 and KEQ5.

At the country level, the sub-EQs will assess the extent to which country programmes have attained their objectives. At the global level, the sub-EQs will assess the extent to which the country programmes combined have contributed to global objectives, outcomes, and outputs.

- It will explore what stakeholders identify as the key factors that contribute to successful outcomes (e.g., collaborative, strategic partnerships; capacity development; timely emergency response) and what barriers prevent activities from moving forward. Programmes achieving significant success will be noted for transferability of innovations and strategies.

**Evaluation Area 3: Efficiency of management and operations**

**EQ3:** Are UNICEF’s management and operations approaches and resources adequate and efficiently utilized for its stunting reduction strategies and programmes?

Sub-EQs in this area will be used to address KEQ2 and KEQ6. Efficiency is key given the multiple demanding roles UNICEF plays including advocacy, leadership, coordination, technical assistance, coordination, technical assistance, extending equitable coverage and reach, and emergency response.

At the country level, the sub-EQs will look at the utilization of resources available, including staff and funds, to achieve programme outputs.

At the global level, the sub-EQs will investigate whether UNICEF’s approach to stunting reduction is internally efficient in achieving results and whether the approach taken builds on and leverages strategies of other stakeholders.

**Evaluation Area 4: Sustainability and scale up**

**EQ4:** Is there evidence that UNICEF’s strategies and programmes to reduce stunting are likely to be sustained or scaled up?

Sub-EQs in this area will be used to address KEQ3 and KEQ5.

At the country level, the sub-EQs looks at how country programmes are designed and implemented to enhance the possibility of benefits continuing after donor funding has been withdrawn. Sustainable programmes include technical, financial, and institutional strengthening for the creation of an “enabling environment.” Some illustrative activities include: strengthening local capacities for the reduction of stunting; creating local ownership of goals and outcomes; advocating for nutrition-supportive and equitable policies; mobilizing local problem solving, priorities, learning and adaptation; encouraging co-financing; supporting evidence-based national guidelines; mitigating risks related to personal, household,
community, and climate vulnerabilities including man-made and natural disasters; building integrated well-coordinated multi-sectoral collaboration to address the key determinants of stunting; among others. At the global level, the sub-EQs will look at how global strategies promote scalable and sustainable programme actions.

**Evaluation Area 5: Leadership and leveraging partnerships**

**EQ5**: Is UNICEF effective in leading and leveraging partnerships to reduce stunting?

Sub-EQs in this area will be used to address KEQ2 and KEQ4.

Leadership and leveraging partnerships are essential to UNICEF’s work to support host governments, development stakeholders, and communities to sustainably reduce stunting particularly among vulnerable populations. UNICEF at the global, regional, and country level, plays a vital role in advocating for equitable development outcomes, and ensuring effective, efficient, well-coordinated, and evidence-based policies and programmes are in place. Enhanced collaboration through active partnerships helps to ensure resources are efficiently utilized, duplications and waste are avoided, and shared targets are set and supported to address the immediate and underlying of stunting.

At the country level, the sub-EQs will assess UNICEF’s role as a leader in improving coordination mechanisms for nutrition and inter-sectoral collaboration, policy dialogue, and building capacity to legislate, plan, and budget for scaling up nutrition interventions.

At the global level, the sub-EQs will look at UNICEF’s role in developing and disseminating knowledge around stunting reduction and effective, evidenced-based actions.

**Evaluation Area 6: Equity and reach of disadvantaged children**

**EQ6**: Are UNICEF’s strategies and programmes to reduce stunting equitable and effective in reaching disadvantaged children including children with disabilities?

This evaluation area cuts across all EQs. Sub-EQs in this area will be used to address all five KEQs and intersects with Evaluation Areas 1 to 5.

For UNICEF, equity occurs when “all children have the opportunity to survive, develop and reach their full potential without bias, discrimination or favoritism”. Achieving equitable coverage starts with the situational analysis and requires engagement with local partners to accurately define and understand who is vulnerable and to identify and address the barriers that limit access to these same groups.

At the country level, the sub-EQs will assess to what extent vulnerable groups (those who are worst off or most impacted by poor stunting levels) were efficiently, equitably and sustainably targeted and reached. Additionally, stakeholders will be asked to share their opinions on the degree to which vulnerable groups benefited from interventions and resources being made available and what

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33 UNICEF 2010a Re-focusing on Equity: Questions and Answers
implementation mechanisms were most effective in reaching these groups with sustainable outcomes. Assessing if children with disabilities were identified and received adequate services is also part of this area.

- The same issues will be addressed at the global level, with sub-EQs looking across countries and at the global population. Further, the evaluation will look at how vulnerable and disadvantaged populations are addressed in global strategies and plans and how effective these strategies are at reaching the identified populations.

**Evaluation Area 7: Knowledge/data generation, management, and use**

**EQ7**: Does UNICEF generate and utilize knowledge and data sufficiently and appropriately to realize its stunting reduction strategies and programmes?

This evaluation area cuts across all EQs. Sub-EQs in this area will be used to address all five KEQs and intersects with Evaluation Areas 1 to 5.

UNICEF is committed to improving the effectiveness and efficiency of nutrition programming by sharing lessons learned and evidence about what works within and among countries, which (in aggregate) shapes the global agenda. At the global and regional levels, UNICEF has a significant focus on evidence generation, policy dialogue and advocacy to mobilize improved practice and equitable coverage for the reduction of stunting. Communities of Practice, online training courses, South-to-South engagement, peer-reviewed journals, and other activities are intended to share, build capacity for, and scale up best practices. At the national level, real-time data collection, analysis, and use in collaboration with country governments, development stakeholders, and local communities is an essential part of effective prioritization, targeting, and monitoring of interventions, specifically for the most vulnerable groups. The use of these data is also an important part of advocacy for resource mobilization and for timely response to escalating needs.

- At both the country and global levels, sub-EQs will assess the generation, management, and use of data to achieve objectives in all evaluation areas will be investigated.

### 4. EVALUATION DESIGN

#### 4.1 Approach

The Evaluation of UNICEF’s stunting reduction strategies and programme performance will utilize a mix of qualitative and quantitative data and analytical methods. As equity is a key focus for UNICEF, comparative analyses will be performed across and within countries and socio-economic groups.

The evaluation design primarily employs a formative approach to assess progress in implementation of strategies and approaches to reach the 2010 to 2015 stunting reduction targets. The evaluation findings will provide implementable recommendations for stunting reduction post-2015. This evaluation will

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not directly assess the degree to which designated outcomes have been met; rather, it will examine the
underlying logic and the translation of UNICEF global strategies and plans and barriers and facilitators to
implementing UNICEF’s agenda of stunting reduction.

This section details the methodology for data collection and analysis for each stage of analysis and
further describes the mixed-methods approaches being used to address each stage.

4.2 Evaluation Stages

The evaluation will consist of three stages, each with quantitative and qualitative components: desk
review of 24 countries, case studies of six countries, and a synthesis of global findings. The Key
Evaluation Questions (KEQs) guiding the evaluation design and reports are informed by the EQs and
sub-EQs and the associated data collection methods, sources, and indicators identified in the Evaluation
Matrix (“Annex F. Evaluation Matrix”). These Evaluation Matrix will guide data analysis and triangulation
and the evaluation team will continually reference the Evaluation Matrix during data collection and
analysis to ensure the evaluation is on track, collecting sufficiently robust and exhaustive information to
answer all KEQs, and address all indicators.

The desk review will be 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. As illustrated in the Evaluation Strategy (Error! Reference source n
ot found.), the desk review will evaluate the translation of global strategies to country strategies and
action plans and will investigate if outputs from Outcome Area 4: Nutrition in the Strategic Plan that are
aligned with country plans and priorities are being sustainably achieved.

The case studies will 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 sub-national situations, strategies, and programmes; operations across organizational
levels (sub-national, national, regional, global); and relationships with other stakeholders in stunting
reduction.

The synthesis of global findings will build 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.

Desk Review of 24 Countries

Analysis Approach

Following the evaluation strategy (Error! Reference source not found.), the evaluation will examine how
global strategies translate to country plans, the extent to which the plans support the effective
implementation of programme actions through the six identified operational approaches, and the
alignment and achievement of the outputs for nutrition. KEQs will be addressed through EQs and sub-
EQs mapped to the country analysis and identified in “Annex F. Evaluation Matrix”. Evidence from all
available data sources (see below) will be aggregated and triangulated to track common themes, trends,
and patterns. In addition, identification and exploration of positive outliers and associated programme
elements including innovations will be noted. The same in-depth exploration will be given to under-performing areas to identify barriers as well as missed opportunities for leverage and impact.

This evaluation relies on a partially mixed sequential equal status design,\(^\text{36}\) which means that: the qualitative and quantitative components are completed separately and are mixed at the interpretation level (partial); the analyses are conducted in phases (sequential); and the qualitative and quantitative results receive equal weight in the analysis (equal status).

**Data Sources**

The desk review of the evaluation will be conducted across the 24 countries to gather information on the context of UNICEF’s programmes in stunting reduction in each country. The review has four components: (1) KIIs with UNICEF Regional Nutrition Advisors and select Country Nutrition Advisors; (2) two web-based surveys (UNICEF staff and external stakeholders); (3) document review; and (4) secondary data analysis.

**Country Selection**

In the inception phase, country selection has been informed by qualitative interviews with UNICEF HQ staff representing several sectors, Regional Nutrition Advisors, and select CO Nutrition Chiefs; qualitative review of key UNICEF strategy and programme documents; and exploration of quantitative secondary data.

The 24 countries included in the evaluation were selected through purposive sampling to provide a comprehensive picture of UNICEF’s stunting reduction programmes in a variety of country contexts, including programmatic approaches, UNICEF funding for nutrition programming, nutrition differences within regions, fragility, income and poverty, policy, and disease burden. UNICEF’s global and regional strategies and country programmes to reduce stunting will be evaluated in all 24 countries.

Exhibit 4. Selected Countries and Corresponding Regions

<table>
<thead>
<tr>
<th>South Asia (SA)</th>
<th>East Asia and Pacific (EAP)</th>
<th>Eastern and Southern Africa (ESA)</th>
<th>West and Central Africa (WCA)</th>
<th>Latin America and Caribbean (LAC)</th>
<th>Middle East and Northern Africa (MENA)</th>
<th>Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>India Nepal Pakistan Cambodia Indonesia Myanmar Timor Leste Burundi Ethiopia Mozambique Rwanda Somalia Ghana Mali Niger Nigeria Bolivia Guatemala Haiti Egypt Sudan Yemen Tajikistan Turkmenistan</td>
<td></td>
<td></td>
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</tbody>
</table>

The selection criteria were adopted following consultation with the EAG and individual UNICEF stakeholders. Countries were only considered for selection if they had a stunting prevalence > 20% or if the country was in the top 10 of UNICEF nutrition expenditure. The countries were then considered by

region. Every region must be represented with a minimum of 2 and a maximum of 5 countries per region. Given the initial criteria were met, country selection was then based on ensuring variation in:

- Secondary school participation
- Urbanized population (%)
- Fragile states and recent humanitarian situations
- World Bank income categorization
- Date of entry in the SUN Movement
- REACH support
- Open defecation rate
- Corruption Perception Index rank

With input from the EO, specific countries were excluded from selection because of recent participation in multiple EO-commissioned evaluations that might increase the risk of respondent fatigue and because a wealth of information has already been extracted from these countries. Input from ROs helped to identify programmes of particular interest or concern for study.

The 24 countries selected reflect all 7 UNICEF regions, including 3 from South Asia, 4 from West and Central Africa, 5 from Eastern and Southern Africa, 4 from East Asia and the Pacific, 3 from Middle East and North Africa, 3 from Latin America and Caribbean, and 2 from Central and Eastern Europe and the Commonwealth of Independent States. Selected countries are presented in Exhibit 4. Indicators for the 24 selected countries are presented in Exhibit 5.
### Exhibit 5. Country Data

<table>
<thead>
<tr>
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<tbody>
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<td>53</td>
<td>49</td>
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<td>73</td>
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<td>X</td>
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<tr>
<td>Nigeria</td>
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<td>11,049</td>
<td>23%</td>
<td>73</td>
<td>29</td>
<td>39%</td>
<td>low</td>
<td>Y</td>
<td>Feb-11</td>
<td>113</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bolivia</td>
<td>LAC</td>
<td>333</td>
<td>27%</td>
<td>39</td>
<td>75</td>
<td>68%</td>
<td>lower-middle</td>
<td>Mar-11</td>
<td>123</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Guatemala</td>
<td>LAC</td>
<td>1,052</td>
<td>48%</td>
<td>31</td>
<td>31</td>
<td>51%</td>
<td>lower-middle</td>
<td>Dec-10</td>
<td>123</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Haiti</td>
<td>LAC NA</td>
<td>2,628</td>
<td>23%</td>
<td>22</td>
<td>73</td>
<td>29%</td>
<td>X</td>
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<td>Y</td>
<td>158</td>
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<td>Egypt</td>
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<td>1,474</td>
<td>31%</td>
<td>77</td>
<td>30</td>
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<td>lower-middle</td>
<td>Oct-15</td>
<td>156</td>
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<td>47%</td>
<td>51</td>
<td>27</td>
<td>33%</td>
<td>X</td>
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<td>Nov-12</td>
<td>154</td>
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<td>Yemen</td>
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<td>150</td>
<td>47%</td>
<td>51</td>
<td>27</td>
<td>33%</td>
<td>X</td>
<td>lower-middle</td>
<td>Sep-13</td>
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<td>CEE/CIS</td>
<td>346</td>
<td>27%</td>
<td>48</td>
<td>82</td>
<td>27%</td>
<td>lower-middle</td>
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<td>154</td>
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<td>Turkmenistan</td>
<td>CEE/CIS</td>
<td>28%</td>
<td>55</td>
<td>NA</td>
<td>49%</td>
<td>upper-middle</td>
<td></td>
<td>154</td>
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<td></td>
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<td></td>
<td></td>
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</tbody>
</table>

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40 Ibid.
41 Ibid.
46 http://scalingunnutrition.org/sun-countries
47 http://www.reachpartnership.org/reach-countries
48 http://www.transparency.org/cpi2015#downloads
**Case Studies**

**Analysis Approach**

The case studies rely on a partially mixed sequential dominant status design as described here. In the first sequential phase, qualitative and quantitative data are analyzed to identify the six countries for the case studies. In the second sequential phase, both qualitative and quantitative data are utilized, but the qualitative data receive more weight (dominant status) in the interpretation of findings. As part of the country case studies, the ICF evaluation team will consider country programme strategies, country ToCs, and results matrices for stunting reduction, and incorporate their contributions towards stunting reduction in the case study evaluations.

While the case studies will build on the analysis approach as outlined in the desk review to provide more depth to the understanding of national operations. Further, the case study analysis will allow for an exploration of stunting efforts at the sub-national level. Specific objectives of the case study evaluation\(^{50}\) are to assess:

- The relevance and appropriateness of the country programme (nutrition-specific and nutrition-sensitive approaches) to the needs and country context, including national plans and priorities.

- the extent to which UNICEF’s global and regional strategies are relevant and are considered in the country-level programme plans for addressing stunting in young children;

- the effectiveness, efficiency, and sustainability of UNICEF’s country programmes in addressing stunting especially in less-reached, disadvantaged, and vulnerable young children with particular attention to addressing local contexts, needs, and equity;

- UNICEF’s leadership, guidance, and technical support at the national and sub-national levels, as well as the adequacy of UNICEF staffing and institutional capacity to play a lead role at the field level in contributing to the sustainable and equitable reduction of stunting; and

For each objective, the analysis will provide forward-looking lessons, conclusions and recommendations for strengthening UNICEF’s leadership, advocacy, and partnerships for reducing stunting at the national and sub-national levels.

Field visits will allow the evaluation team to collect information from UNICEF staff and partners about operations at the sub-national level. Specific areas of exploration at the sub-national level include: assessing relevance of UNICEF global and regional strategies and implementation to local contexts; understanding how community needs inform local programmes and national plans; investigating the extent to which equity and vulnerability are addressed at the local-level; and identifying barriers and facilitators to sustainability at the sub-national and community levels. Field visit sites will be selected in consultation with the CO and will reflect distribution of stunting burden and prevalence.

As with the desk review, these evaluations will follow the evaluation strategy (Error! Reference source not found.) to examine how global strategies translate to country and community plans, the extent to which the plans support the effective implementation of programme actions at the national and community levels through the six identified operational approaches, and the alignment and

\(^{50}\) These objectives are an expansion of the overall study objective presented in Section 1.2 to highlight sub-national activities.
achievement of the outputs for nutrition. Equitable programming, as viewed in both the national and sub-national contexts, will have additional consideration. EQs mapped to the country analysis and case studies and identified in “Annex F. Evaluation Matrix” will be used to address these questions through the lens of the KEQs. Evidence from all available data sources (see below) will be aggregated and triangulated to track common themes, trends, and patterns. In addition, identification and exploration of positive outliers and associated programme elements including innovations will be noted. The same in-depth exploration will be given to under-performing areas to identify barriers as well as missed opportunities for leverage and impact.

Data Sources

Country case studies will utilize data collected during the desk review and will include several KII with: UNICEF CO nutrition sector staff; UNICEF CO leads for nutrition-sensitive sectors; and UNICEF sub-national staff members. Where appropriate, KII may be performed with national government nutrition-specific and nutrition-sensitive sector representatives; UN partner agency staff; staff representing international NGOs engaged in stunting reduction programmes; staff representing local NGOs working to reduce stunting; and donor agency staff. Additional documents and data will be collected at the national and subnational levels.

The Desk Review analyses will be the initial source of information for each of the six country case studies. Prior to the country visit, the ICF evaluation team will undertake an in-depth review of country programme documents and secondary data to inform targeted interview questions tailored to build upon information collected. In addition, the evaluation team will work together with the CO in planning for the country visit. Purposeful sampling methods will be utilized in collaboration with the proposed evaluation reference group discussed below to identify participants for key information interviews, focus group discussions, and field site visits.

Country Visit Protocol

In the six selected case study countries, the ICF team will conduct country visits of at least one week. The evaluation team anticipates conducting two field visits in India, the pilot case study country, and one field visit in each of the subsequent case study countries to observe local-level action, particularly where various sectors work together to improve child nutrition outcomes.

Each case study country visit will be conducted by one to two members of our evaluation team. Prior to each country visit, the evaluation team will review publicly available documents and work with the CO point person to obtain additional programme documents. A review of programme documents will inform the development of a Concept Note for each country case study. The Concept Note presents background on the global evaluation; the purpose and scope of the country case study; the stunting situation in the country; a summary of the UNICEF CO’s programme to reduce stunting including the underlying theory of change, when available, or relevant programme component results and indicators; and the proposed case study approach. Concept Note annexes include evaluation questions, documents reviewed, proposed interview respondents and a proposed itinerary for the country visit. The ICF will collect comments and clarifications from the CO to revise the Concept Note and work with the CO to identify and schedule interviews.
The evaluation team will request that the UNICEF CO for each case study select a point person to support the identification and prioritization of interview respondents, coordination and scheduling of interviews, and planning of the field visit. Together with the UNICEF country point person, the evaluation team will plan and coordinate all logistics to support the interviews and field visit(s). In addition, each CO will be requested to identify an evaluation reference group. We anticipate that the reference group will be comprised of 3-5 individuals with routine work activities related to the CO’s stunting reduction programmes and approaches. The group may involve up to 2 members external to UNICEF, for example a government or NGO counterpart, depending on total group size and engagement of the selected individual in UNICEF’s stunting reduction programmes. The reference group should assist the evaluation by internalizing and supporting the scope of work (e.g., providing documents for review, highlighting secondary data, identifying and prioritizing interview respondents); reviewing the draft Case Study Country Report to be drafted by the ICF evaluation team, and providing comments related to findings, conclusions, and recommendations; and promoting the evaluation through dissemination or other efforts to utilize the evaluation findings. This close involvement of key country stakeholders will enable early, frequent and relevant feedback to be incorporated as well provide real time test for accuracy of assumptions, create pathway for access to comprehensive data and begin dissemination of shared learnings to those closest to implementation.51

During the country visit, the team will conduct KIIs with UNICEF CO section staff; other UN agency staff; and implementing partners including government counterparts, staff from international and local NGOs, donor agencies, and representatives from communities or civil society. Interviewees will represent traditionally nutrition-specific and nutrition-sensitive sectors, as well as those involved in the governance of stunting reduction efforts. The evaluation team will seek to reach saturation in data related to relevant EQs among respondent types.

“Annex G. Country Visit Preliminary Interview Respondents” provides a preliminary list of interviewees by respondent segment for KIIs. Key respondents may include:

- **UNICEF CO:**
  - Country Representative and Deputy Country Representative
  - Nutrition Section Chief or equivalent (where no dedicated Nutrition Section) and professional staff
  - Other section Chiefs (e.g., Health, WASH, Education, ECD, Child Protection, Supply, Finance, Planning, Monitoring and Evaluation [M&E], and Communications)

- **UNICEF sub-national office staff in selected field visit location:**
  - Nutrition Section staff
  - Staff from sections besides nutrition working on integrated programmes

- **Implementing partners and organizations with collaborative relationships:**
  - Multisectoral government counterparts
  - Other UN agencies’ technical staff partnering and collaborating with UNICEF to reduce stunting, including at the Resident Coordinator’s Office

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International and local NGOs
Donor agencies supporting UNICEF India’s stunting reduction work
Representatives from communities, civil society, media, and corporate sector engaged with UNICEF to reduce stunting

The ICF team has developed semi-structured discussion guides for KIIIs informed by the desk review of relevant documents with questions tailored for UNICEF CO Nutrition Section staff; UNICEF CO staff representing non-nutrition sections related to stunting reduction; and respondents from government, other multilateral agencies, international and local NGOs, and communities or civil society. (See “Annex I. Key Informant Interview Guides” for KII interviewer guides.)

The estimated length of each KII is approximately 60 minutes. Our team will conduct KIIIs in English, except as needed in Spanish and French. KIIIs conducted in languages besides English will be conducted by team members who speak Spanish or French, as needed, or translation assistance will be provided by a national consultant. Should a national consultant be required, the evaluation team will work with reputable evaluation associations to identify an appropriate translator. Each KII will be recorded using an audio recorder. In accordance with our ethics compliance plan, we will seek permission from participants before using a digital recorder to record all KIIIs. If a participant refuses to be recorded, we will use interview notes to create a transcript of the answers to questions.

Country Selection

Among the 24 countries identified for evaluation, 6 case study countries were selected for in-depth analysis 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.

In addition, selection of case study countries took into account security. In order to ensure productive country visits and programme evaluability, countries with significant security concerns were excluded from case study selection.

The six countries selected for the case studies are India (SA), Cambodia (EAP), Niger (WCA), Mozambique and Rwanda (ESA), and Haiti (LAC).

Synthesis of Global Findings

Analysis Approach

The synthesis of global findings will: (1) build on evidence from the desk review and country case studies to identify outputs being achieved from a global perspective and (2) provide a comprehensive picture of UNICEF leadership efforts to shape the agenda and drive sustainable results for stunting reduction at a global level. Global contributions to the reduction of stunting can be assessed by examining how UNICEF: works with global stakeholders to identify and promote sustainable strategies for stunting reduction; coordinates global messages and local realities to inform and adapt the SP; conveys global strategies to regional and country offices; supports COs (and ROs) in developing and implementing more localized strategies that consider the UNICEF SP; ultimately achieves planned outputs at the local level.
As described in Section 3, the KEQs align with the evaluation strategy (Error! Reference source not found.) and will be assessed using the OECD DAC criteria and cross-cutting areas described in the ToR, delineated in Section 3.2. The information retrieved from all sources will be triangulated to create a comprehensive analysis of UNICEF’s efforts to address stunting. Data will be analyzed for the KEQs following the EQs identified in “Annex F. Evaluation Matrix” mapped to the global synthesis. Evidence from all available data sources (see below) will be aggregated and triangulated to track common themes, trends, and patterns. In addition, barriers and facilitators to achieving successful, sustainable stunting reduction programs will be explored at the global level.

**Data Sources**

The synthesis of global findings will rely on all of the key evidence acquired from the desk review and country case studies as examined through a global perspective. In addition, up to six additional key informant interviews will be conducted with global external stakeholders. This may include UN agencies and secretariats (SUN, REACH, WFP, WHO, WB); international non-government organizations (Global Alliance for Improved Nutrition); and donor agencies (DFID, EU, AusAID, Bill and Melinda Gates Foundation, Children’s Investment Fund Foundation). The evaluation team will collaborate with the EAG to select global external stakeholder key informant interview respondents. These KIIIs will help the evaluation team understand how UNICEF is perceived in the global landscape of stunting reduction, including how UNICEF shares and utilizes evidence to promote best practices.

4.3 **Methods and Data Sources**

*Quantitative methods*

**Purpose**

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

**Data Sources**

**Primary Data (Web-based Surveys)**

ICF will develop two web-based survey instruments based on the themes that emerged from the pilot case study country visit. Both online surveys will be administered through SurveyMonkey to maximize accessibility for participants and minimize costs for UNICEF. Each survey is anticipated to take approximately 30 to 60 minutes to complete. The first web-based survey will be sent to the UNICEF COs in all evaluation countries. Recommendations for respondents for the UNICEF CO survey will be provided by the Country Representative. It is anticipated that the Country Representative will appoint a Nutrition Section staff member or equivalent (where no dedicated Nutrition Section exists) to respond to the survey. If a Nutrition Section staff member is not available to respond to the survey, the Country Representative may delegate the survey to a Health Section staff member. The UNICEF CO survey will collect information about UNICEF’s contributions across the seven evaluation areas to complement the secondary desk review findings and provide additional information regarding contributors and barriers to programme implementation and related outcomes. The survey will also ask for relevant
documentation related to answers provided in the survey. For those staff providing significant information and documentation, we anticipate the survey may take up to 60 minutes to complete.

A second survey will be administered to external stakeholders identified by CO staff. Respondents for the stakeholder survey will be identified by the UNICEF CO staff. With introductions from the EO, we will request CO staff provide four respondents per country representing country stakeholders working to reduce stunting and follow up to ensure that there are at least two respondents. Respondents may include government counterparts, representatives from other multilateral organizations, NGO staff, or other entities known to be involved in stunting reduction interventions or support in the country. The stakeholder survey will collect external stakeholder perspectives to gain insights into the CO stunting reduction programme across the relevant evaluation questions. The survey will be administered in English, French, Spanish, and Portuguese and is anticipated to take approximately 30 minutes. Prior to full implementation, the survey will be pre-tested in two countries to ensure questions are fully understood, appropriate information is being collected, and the survey does not exceed 30 minutes.

The evaluation team will use the Dillman method to ensure high participation rates. All respondents will be sent an initial invitation e-mail providing information about the evaluation and the survey. The evaluation team will monitor all e-mail delivery reports. In case of an undeliverable e-mail, the evaluation team will attempt to contact potential respondents via phone to update their e-mail addresses (up to three attempts per person). When the survey is launched, all potential respondents will receive an e-mail, automatically generated by SurveyMonkey, inviting them to complete the survey. The survey will remain live for 2 weeks, and the evaluation team will monitor the response rates on a weekly basis. After the first week, all respondents who have not completed the survey will be sent a reminder e-mail. Eleven days after the launch of the survey, respondents who have not responded will be sent a personalized reminder e-mail. Fourteen days after the launch of the survey, the evaluation team will contact all potential respondents who have not yet completed the survey via phone or through the CO to assess the feasibility and status of their participation. Up to two attempts will be made to reach potential respondents via phone or CO contact. Failing response from the initial contact, the ICF team will follow up with the CO to identify potential additional candidates.

Secondary and Routine Information Systems Data

The trend analysis relies primarily on the Demographic Health Survey (DHS) and the Multiple Indicator Cluster Survey (MICS) and will be supplemented by other data provided by UNICEF (HQ and country), country-level data (such as country nutrition surveys and routine information system data), and other sources of publicly available information (e.g., academic data and studies) that is relevant to the particular level of analysis (country, regional, global), especially where disaggregated data (e.g., subnational) may be required. (See “Annex B. Sources Reviewed” for a more complete list of data already accessed.) Secondary data will be used to augment the trend analysis (see below) and contribute

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to exploration of the appropriateness of UNICEF’s country programmes and global and regional strategies.\footnote{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.}

**Data Management and Analysis**

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

Correlations between stunting and identified variables will also be explored at the global, regional, and country levels. If correlations and/or previous qualitative findings suggest that further exploration may be meaningful, additional quantitative analyses, such as t-tests, ANOVA, or regression analysis may be utilized if an appropriate methodology can be determined and the appropriate data (i.e., variables, data size, and data quality) are available. At a minimum, descriptive statistics of respondents’ answers will be categorized by country, evaluation area, and respondent type (UNICEF, external). Further categorization will be identified as a result of the initial examination of the data and the qualitative evaluation and may vary by country.

SurveyMonkey automatically tabulates closed-ended survey responses. Categorical and ordinal variables will be exported from SurveyMonkey and cleaned, managed using Stata. Data will be de-identified to protect respondents’ confidentiality at the point that data are imported from SurveyMonkey into Stata.

All quantitative analysis will be conducted using Stata software.

**Qualitative methods**

**Purpose**

The qualitative assessment will be used to validate and elucidate contextual factors for differences in trends that will be identified and triangulated by the quantitative analysis. The findings will be used to formulate evidence-based recommendations for improving UNICEF’s 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 will be informed by documents provided by UNICEF and other stakeholders and will include policy, strategy, and evaluation reports at all levels (country, regional, global). Country documents for all evaluation countries will include UNICEF Country Programme Documents (CPD), annual reports, national County Programme Action Plans (CPAP), Mid-Term Evaluation Reviews (M-TERs) for the years 2010-2015, nutrition/stunting strategies applicable to the period 2010-2015, CO and national information monitoring systems, and study and evaluation reports relevant to the scope of this evaluation. As appropriate, additional country documents will include UNDAFs, SUN reports, and any convergence or multisectoral plans related to stunting reduction. The ICF team will include any
publicly available national nutrition plans as well as other relevant documents and academic studies. In addition, the evaluation team will review RO OMP’s, Annual Reports, other documents including indicators of success specific to each region, 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 (KII) will be 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. (See “Annex C. Exploratory Interview Respondents” for a list of initial informants.) The evaluation team conducted KII with UNICEF Regional Nutrition Advisors during the inception phase. Findings from the interviews have informed the inception report and will be utilized during the desk review to better target document and data collection and to better inform and target the questions being asked in case study countries.

During the implementation phase, interviews will be conducted at the country level with UNICEF 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) will also be interviewed. Additional KII will be conducted with external experts and stakeholders, and staff of other UN agencies and organizations that contribute to and partner in relevant sectors at the global and national levels.

**Data Management and Analysis**

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

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

Open-ended survey responses to the web-based surveys will be reviewed and categorized using content analysis through the SurveyMonkey Analyze tool. The descriptive responses will be downloaded and incorporated into the KII coding template. During coding, the evaluation team will employ a rating-scale rubric of measures (in development) corresponding to select indicators (see the Evaluation Matrix in “Annex F. Evaluation Matrix”) 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 will note any emerging themes from the documents and KIIIs. These themes will be 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 will be 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 will draft definitions and exclusion/inclusion criteria for each code. The draft codebook will be shared with the UNICEF Reference Group and country Reference Groups (where applicable) for feedback. Definitions will be refined until all parties agree that the descriptions are accurate operationalizations of the concept. The de-identified interview transcripts, codes, and codebooks will be provided to UNICEF.

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

- What are the activities that the India Country Office identify as key to reducing stunting?
- How do perceptions of UNICEF’s leadership vary across countries?

These team-generated questions can then be transformed into queries readable by the data management software. Team members will read the various outputs, notating themes or patterns that develop. They will also develop new questions that arise from the data and transform them into new queries. Team members involved in the queries will meet regularly to share findings and discuss analysis strategies. The cycle of question creation, output, theme notation, and team analysis discussion will be repeated until the study’s research questions are satisfactorily answered. In addition, the team will use 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.

### 4.4 Limitations

Although systematic efforts were made to ensure robust country selection to represent as many country contexts as possible, global and regional findings may be influenced by the specific countries included in the evaluation. We will identify trends and themes across commonalities such as social factors, systems development, and data development and use to mitigate bias resulting from country selection.

In addition, lack of counterfactual makes it difficult to attribute UNICEF’s contribution to observed changes in stunting reduction. We will include specific questions in the surveys and KIIIs to identify UNICEF’s role and contributions to country changes.
Because respondents for the stakeholder survey will be identified by UNICEF CO staff, respondents are likely to represent stakeholders who have been more engaged with UNICEF to reduce stunting. The ICF team will work with UNICEF to identify other relevant stakeholders as well as ask external respondents for information on additional relevant stakeholders.

Because of difficulties in arranging travel and ensuring availability of respondents in fragile and humanitarian contexts, no in-depth case studies are to be conducted in these areas. Every effort will be made to ensure these countries are adequately represented in the 24-country desk review and the global synthesis, and additional KIIIs may be performed by phone to capture information for these areas.

### 4.5 Data Quality Assurance Plan and Risk Management

ICF will implement and adhere to strict quality control procedures throughout the evaluation. Procedures assuring quality include monitoring by the Project Manager and Team Leader to ensure the ICF evaluation team implements evaluation activities in accordance with UNICEF’s expectations and goals. The ICF Project Manager will promptly inform and work with the UNICEF EO to decide upon a plan to address any issues as they arise. Anna Krivelyova, the lead for ICF’s Global Health Practice, provides additional quality assurance oversight through review of evaluation outputs and deliverables. ICF will conduct a training for all team members covering the evaluation instruments, case study procedures, data collection supervision, quality assurance procedures, and ethical considerations. All data collection activities will employ tools and templates to ensure consistency across interviewers and countries.

The EO and EAG provides additional oversight and quality assurance throughout the evaluation, including technical review and guidance for the evaluation.

### 4.6 Dissemination of Findings

The ICF evaluation team will develop several reports presenting the results of the evaluation. Reports include a desk review including findings from all 24 countries, six case study reports (one report per case study country), and a synthesis report providing findings and recommendations from the regional and global perspectives. All reports will organize findings and recommendations by evaluation area as well as identify themes that cross areas. The evaluation team will employ narrative, tables, and figures to present results, discuss findings and conclusions, and offer recommendations.

All reports will be shared with the EO and the EAG for comments prior to finalization. In addition, case study reports will be shared with the respective country evaluation reference groups for comments. The ICF evaluation team will address all comments to finalize reports.

“Annex J. Outline of Deliverables” contains outlines for all deliverable reports.

### 4.7 Ethical Considerations

After the pilot country visit to India and before beginning the data collection, the ICF team submitted an evaluation study protocol with all survey instruments and interviews for ethical review and approval by ICF’s internal IRB. In accordance with IRB approval, all investigators involved in the evaluation have undergone human subjects research ethical training before the study is initiated. The pilot country visit
to India was not subject to ICF’s IRB review as the pilot. ICF’s IRB approved the evaluation on 2 May 2016.

4.7.1 Training of researchers and data collection team
We will train all members of the data collection team on ethical standards and procedures for the evaluation study. This will include training on procedures to: obtain permission to record interviews from study respondents to ensure that their participation is voluntary; ensure confidentiality for the respondents and the data during data collection.

4.7.2 Data collection procedures
All interviews with study respondents will be conducted in private, away from other people, as permitted. No UNICEF staff will be present during interviews with external stakeholders unless requested by the interviewee. We will not report identifying information for the KIIIs. Instead we will aggregate information, anonymize the findings, or use numeric IDs.

4.7.3 Data storage and management procedures
For all KIIIs, notes will be taken, either by hand or with a laptop computer. KIIIs will also be audio recorded when agreed to by the respondent. The audio recordings will contain no identifiers. All notes and interviewee information will be stored electronically on a password-protected computer.

While traveling and on site, the ICF team will ensure that all data collected and discussions with respondents, including handwritten or electronic notes and any proprietary documents, are kept in the team's possession or in secured storage at all times. Notes or other data collected will not be left unattended or in places where others can gain access to or read documents.

Data from all evaluation activities will be stored in secure password-protected databases on an ICF International server. All data, quantitative and qualitative, in the final data set will be de-identified. Reports and other dissemination materials will only include aggregate data or anonymized text. Participant contact information will be available only to the ICF team, will not be linked to data files, and will only be used for recruitment and response tracking purposes. Contact information will be kept in password-protected files on a secure server accessible only through password-protected computers. All data collectors will undergo a training related to data confidentiality and sign data confidentiality agreements.

4.7.4 Data dissemination
The report and presentations of findings will not include any identifying information on the evaluation respondents.

5. WORK AND STAFFING PLAN

5.1 Evaluation Work Plan
A summary of the proposed evaluation study work plan for this evaluation is included in Exhibit 6. The work plan will serve as the chief tool for understanding how the evaluation study will be implemented.
### Exhibit 6. Proposed Work Plan

<table>
<thead>
<tr>
<th>Task</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inception Phase</strong></td>
<td></td>
</tr>
<tr>
<td>Scoping mission to UNICEF HQ</td>
<td>16-17 February 2016</td>
</tr>
<tr>
<td>Conduct exploratory interviews</td>
<td>4 March 2016</td>
</tr>
<tr>
<td>Select desk review and case study countries</td>
<td>11 March 2016</td>
</tr>
<tr>
<td>Draft Inception Report</td>
<td>30 March 2016</td>
</tr>
<tr>
<td>India Case Study country visit (pilot)</td>
<td>11-19 April 2016</td>
</tr>
<tr>
<td>Obtain ICF IRB clearance</td>
<td>2 May 2016</td>
</tr>
<tr>
<td>Finalize Inception Report</td>
<td>30 Jun 2016</td>
</tr>
<tr>
<td>Finalize data collection instruments</td>
<td>30 June 2016</td>
</tr>
<tr>
<td><strong>Data Collection and Analysis Phase</strong></td>
<td></td>
</tr>
<tr>
<td>Haiti Case Study country visit</td>
<td>11-17 May 2016</td>
</tr>
<tr>
<td>Niger Case Study country visit</td>
<td>20-24 June 2016</td>
</tr>
<tr>
<td>Cambodia Case Study country visit</td>
<td>20-24 June 2016</td>
</tr>
<tr>
<td>Mozambique Case Study country visit</td>
<td>TBC</td>
</tr>
<tr>
<td>Rwanda Case Study country visit</td>
<td>11-15 July</td>
</tr>
<tr>
<td>CO Survey administration</td>
<td>June 2016</td>
</tr>
<tr>
<td>External Stakeholder Survey administration</td>
<td>June 2016</td>
</tr>
<tr>
<td>Case Study and Desk Review data analysis</td>
<td>June – August 2016</td>
</tr>
<tr>
<td>Case Study Country Report template</td>
<td>15 July 2016</td>
</tr>
<tr>
<td>Case Study Country Report drafts</td>
<td>15 August 2016</td>
</tr>
<tr>
<td>Review of Case Study Country Reports by EO and Country Evaluation Reference Groups</td>
<td>29 August 2016</td>
</tr>
<tr>
<td>Case Study Country Reports finalized</td>
<td>12 September 2016</td>
</tr>
<tr>
<td>Desk Review Report draft</td>
<td>19 September 2016</td>
</tr>
<tr>
<td>Desk Review Report EO and EAG review</td>
<td>3 October 2016</td>
</tr>
<tr>
<td>Finalize Desk Review Report</td>
<td>17 October 2016</td>
</tr>
<tr>
<td><strong>Final Data Analysis and Reporting Phase</strong></td>
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</tr>
<tr>
<td>Synthesis Report zero draft</td>
<td>3 October 2016</td>
</tr>
<tr>
<td>Synthesis Report draft</td>
<td>31 October 2016</td>
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<tr>
<td>Synthesis Report EO and EAG review</td>
<td>14 November 2016</td>
</tr>
<tr>
<td>Finalize Synthesis Report</td>
<td>14 December 2016</td>
</tr>
<tr>
<td>Synthesis presentation materials</td>
<td>31 December 2016</td>
</tr>
</tbody>
</table>

#### 5.1.1 Working Assumptions

The evaluation work plan assumes UNICEF EO, EAG, and case study country evaluation reference group will provide feedback on all reports within two weeks of submission. The ICF evaluation team will incorporate all input to refine the reports within two weeks of receipt of feedback.
5.2 Evaluation Staffing Plan

To successfully conduct this evaluation, we have developed a team structure that provides clear lines of reporting for all personnel and takes advantage of the management and technical capabilities of team members. Exhibit 7 provides an overview of each team member and associated tasks on the evaluation. “Annex K. Team Member Bios” contains brief bios for each team member.

*Exhibit 7. Overview of Team Members*

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Assigned Work Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen Connolly, PhD, MA, MPA</td>
<td>Team Lead</td>
<td>• Provide technical oversight to all aspects of the evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lead country selection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lead completion of deliverables</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Present evaluation findings</td>
</tr>
<tr>
<td>Rachel Kagel, MPH</td>
<td>Project Manager/Team Member</td>
<td>• Provide day-to-day management of the project</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lead communication with UNICEF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Schedule site visits/interviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Conduct site visits/interviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Manage web-survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assist with analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assist with preparation of deliverables</td>
</tr>
<tr>
<td>Anne Siegle, MPH, BSN</td>
<td>Team Member</td>
<td>• Lead instrument development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contribute to protocol development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Conduct interviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lead qualitative analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prepare deliverables</td>
</tr>
<tr>
<td>Tesfayi Gebreselassie, PhD</td>
<td>Team Member</td>
<td>• Contribute to protocol and instrument development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Conduct interviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lead quantitative analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prepare deliverables</td>
</tr>
<tr>
<td>Jose Monroy, MsC, MA</td>
<td>Research Assistant</td>
<td>• Assist with country selection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Conduct site visits/interviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clean and prepare data for analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assist with preparation of deliverables</td>
</tr>
<tr>
<td>Anna Tarrant, MDP</td>
<td>Data Analyst</td>
<td>• Assist with evaluability assessments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Conduct site visits/interviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clean and prepare data for analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assist with preparation of deliverables</td>
</tr>
</tbody>
</table>
ANNEX A. TOR

1. INTRODUCTION

UNICEF’s Evaluation Office is commissioning an external evaluation to examine UNICEF’s strategies and programme performance to reduce stunting in young children. The evaluation is scheduled for implementation during 2016. This document outlines the scope of the evaluation, methodological options and operational modalities for a team of 5-6 consultants who will be conducting the evaluation under the guidance of a Senior Evaluation Officer at the Evaluation Office. The team will have significant interaction with an Evaluation Advisory Group which will be engaged in the evaluation throughout the evaluation process. The Evaluation Office is looking for institutions and individuals with deep commitment and strong background in evaluation and relevant subject matter to undertake the evaluation which has major implications for UNICEF’s future work and partnerships in reducing the prevalence of stunting in young children.

2. BACKGROUND

Context of the Evaluation

Stunting in early childhood -- known also as growth faltering -- is a major child rights and global and national development concern given its link to child mortality, irreversible loss of cognitive development (especially when stunting is severe), and loss of productivity and national income. Despite the progress made in recent decades, an estimated 161 million children under five years of age (or one in four) were stunted in 2013. More than 90% of the children who experience stunted growth live in Africa and Asia (a vast majority in South Asia). Experience in reducing the prevalence of stunting varies widely. Many countries have achieved significant to moderate success in reducing stunting prevalence (Bangladesh, Burkina Faso, Ethiopia, Ghana, Haiti, Malawi, Nepal, Peru, Rwanda, Tanzania, Vietnam, India) but there are many others (Mozambique, Nigeria, Pakistan, Sudan, Timor-Leste, Togo) which have seen only a marginal decrease or no decrease in the past decade. In many countries where stunting prevalence has decreased, sustaining the gains and addressing disparities remain key concerns, as there are pockets of geographic areas, and socio-economic groups where stunting remains at high levels54.

A key milestone in global commitment to addressing stunting occurred in May 2012 when the World Health Assembly committed to reducing the number of stunted children under the age of 5 by 40 percent by 2025. The commitment was made in response to the slow progress in reducing the prevalence in stunting and a concern from the scientific and development community of the dire need to accelerate organized action to address stunting and malnutrition.

Another key development for combating stunting and malnutrition is the global partnership initiative titled “Scaling Up Nutrition: A Framework for Action (SUN)” which was launched in April 2010. With a membership of 54 countries (as of September 2015), SUN has evolved into a movement which consists of 5 global networks and a lead group which is responsible for the overall governance of SUN which has 27 members from government, civil society, international organizations, donor agencies, businesses and foundations. Since the beginning of the SUN movement, UNICEF has maintained major involvement in global advocacy as well as country-level coordination mechanism, upstream policy work and service delivery. Reducing stunting in under five-children which is a core target of SUN.

The endorsement of the WHA target on stunting by the SDG agenda presents a major opportunity for further mobilizing action globally. The 2030 Agenda for Sustainable Development under Goal 2 includes a target (target 2.2) stating “by 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.” This calls for an effective role for UNICEF both in terms of its advocacy and programme response as well as support for progress monitoring.

**UNICEF’S work to address stunting**

For many decades, UNICEF has assumed a lead role in advocacy and programme interventions for improving child nutrition both in emergency and development contexts. Key strategic shifts in UNICEF were the 1990 Nutrition Strategy and the 2006-15 Health and Nutrition Strategy. Maternal and child nutrition has been a key focus of UNICEF’s Medium-Term Strategic Plan (MTSP, 2008-2013) and Strategic Plan (SP, 2014-17), where nutrition is placed as an outcome area. There is also an emphasis on integrating nutrition in other areas of UNICEF’s work including health, WASH, early childhood development, education and social protection. The Strategic Plan Results Framework has specified “number of children who are moderately or severely stunted” as an impact indicator.

UNICEF’s funding and investment in nutrition has more than doubled over the past decade and the nutrition programme expenditure reached $484 million in 2014. In addition, there has been significant growth in UNICEF’s funding for health, WASH, education and social protection which are areas that have significant implications for preventing stunting in young children. Given its growing involvement in global, regional and, in many countries, national level partnership initiatives, UNICEF ought to be fully informed by emerging research and evaluation evidence and also needs to take a close look at its own strategies and programme performance so as to be able to act effectively as a leader and partner in reducing stunting in young children.

The past two decades have seen considerable research and documentation on causes / determinants of stunting in various contexts (see reference list). The findings from these studies are diverse and some decision-makers consider that many questions remain unanswered on how the broad-based knowledge on reducing stunting can be operationalized effectively in various contexts including in fragile states and in some middle income countries where prevalence rates
remain unexpectedly high. For UNICEF, to maximize effectiveness and for accountability purposes, there is a need to generate concrete evidence on the extent to which its strategies and interventions are yielding results to reduce stunting.

There is considerable demand both internally and among UNICEF’s key stakeholders for an evaluation of UNICEF’s work which generates more concrete policy and programmatic evidence that can guide systematic and sustainable reduction of stunting in young children. The key stakeholders include UNICEF’s Executive Board, partners of the SUN and Renewed Efforts against Child Hunger and undernutrition (REACH) initiatives, programme countries and donors including the private sector which is showing interest in reducing stunting. In view of UNICEF’s growing involvement and leadership role, increased budget allocations, and the need to generate further evidence, the Evaluation Office, following consultations, decided to undertake a corporate level evaluation of UNICEF’s strategies and programme performance to reduce stunting in young children.

3. PURPOSE AND OBJECTIVES OF THE EVALUATION

Purpose

Adequate growth and development of children is central to UNICEF’s mandate and the organization has a track record of many decades of leadership and programme response in addressing malnutrition in children. The proposed evaluation will be the first formal attempt to assess UNICEF’s strategies and programme performance in reducing stunting in under-5 children. The purpose of the evaluation is twofold: firstly, to contribute to improving the organization’s accountability for its performance and results; and secondly, to generate evidence and learning to guide effective action towards the sustainable reduction of stunting in the coming years. The evaluation will generate learning on effective approaches – including use of upstream policy work, multi-sectoral engagement, governance, coordination and partnerships, and key interventions required to reduce stunting in various contexts. It will identify actions that need to be undertaken by UNICEF to sustain the gains made and, where high levels of stunting prevail, further scale up interventions that work, as well as addressing inequities where these exist.

The findings and recommendations generated by the evaluation will be used to influence strategic direction and partnerships/advocacy as well as programme strategies (nutrition specific, across sectors, and cross-cutting) to achieve the results and targets outlined in the SP. In addition, the evidence generated by the evaluation will provide further opportunity to push for the child nutrition and sustainable development agenda in the post-2015 era.

Objectives

Taking into account multi-sectoral approaches as well as UNICEF’s focus on equity, children’s rights and gender equality at all levels, the evaluation will:

- Assess the relevance, appropriateness and coherence of UNICEF’s global, regional and country programme strategies and plans to address stunting in young children taking account of the range of country contexts where stunting is widely prevalent, giving attention
not only to development settings but also to contexts affected by fragility and humanitarian emergencies.

- 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 equity-focused results in reducing stunting in various programme contexts.

- Assess UNICEF’s leadership, guidance and technical support at all levels as well as the adequacy of UNICEF staffing/institutional capacity to respond to the lead role the organization is expected to play at the field level in contributing to the sustainable and equitable reduction of stunting.

- Provide forward looking lessons, conclusions and recommendations for strengthening UNICEF’s leadership and advocacy, organizational policies and strategies, country programme response and partnerships for reducing stunting in various contexts where it is prevalent.

4. SCOPE AND EVALUATION QUESTIONS

Scope

The evaluation has a broad focus covering the assessment of UNICEF’s global and country-level investments and it also examines the performance at the regional level in regions where stunting is a concern. The major focus is on country level strategies and programme results including sustainability and equity issues. In terms of geographic/regional focus, the evaluation will target mainly South Asia and Africa where under-five stunting prevalence rates are among the highest and where the vast majority of the children affected by stunting are located. The evaluation will also examine the phenomenon of stunting in middle income countries (including other regions), especially where stunting rates remain at high levels compared to the gains recorded in other key socio-economic indicators. In terms of the time-frame covered, the evaluation will focus on 2010-2015 with greater focus on the past 2 years, a period when UNICEF’s advocacy and investments for reducing stunting have grown rapidly.

Evaluation questions

The indicative evaluation questions presented below are formulated using the key evaluation criteria of relevance/appropriateness, effectiveness, efficiency, sustainability, coverage and scalability. Key cross-cutting issues include equity and gender equality as well as leadership, leveraging and partnership roles. It is expected that the evaluation questions will be further sharpened during the inception phase.
**Appropriateness/coherence of global/regional/country programme strategies and plans:**

How appropriate, adequate, and coherent are the relevant UNICEF goals (notably under the SP), global strategies, planned results and guidance for reducing stunting in young children?

Has UNICEF adequately identified children at risk of stunting and analysed vulnerabilities to inform programme planning and targeting? How clear and useful is the theory of change (ToC) in the current SP for informing programme design and for progress reporting? How adequate and responsive are the global/regional/country level strategies for addressing stunting in young children in various specific contexts?

How relevant and appropriate are the country programme strategies and interventions (including clarity of the theory of change/programme logic/indicators and their use; multisectoral focus, targeting less reached and disadvantaged children; addressing gender equality including intra-household dynamics, supporting enabling environment) to address stunting? To what extent is stunting reduction reflected in country programmes as per country specific need and priorities? Has due account been taken of the specific needs and challenges of fragile and emergency contexts, where relevant?

**Effectiveness of UNICEF country programmes in addressing stunting:**

How effective are UNICEF country programmes in achieving concrete results for reducing stunting in young children? Which strategies and interventions, nutrition specific as well as broad-based (upstream policy work, multi-sectoral work, partnerships) have been used effectively by UNICEF to reduce stunting in various contexts? Are results sustainable or likely to be sustained?

What are the key factors and conditions that lead to programme effectiveness? In countries with limited evidence of programme effectiveness, what needs to be done differently? What lessons can be drawn for strengthening UNICEF’s strategies and plans for reducing stunting to contribute to the WHA/SDG target on stunting?

**Equity and reaching disadvantaged children:**

How effective is UNICEF’s approach to achieving equitable results in reducing stunting? What type of approaches and interventions have yielded results in reducing stunting in disadvantaged, marginalized and less reached areas/groups? To what extent is gender a significant factor? Has attention been given to the needs of children affected by disability?

Are there concrete lessons that can be replicated for addressing stunting in an equitable manner targeting the most disadvantaged or vulnerable children?

**Leadership and leveraging partnerships:**

How effective is UNICEF in its role related to global leadership and leveraging of partnerships to reduce stunting including through the SUN and REACH initiatives? How effective is UNICEF’s regional leadership and leveraging role particularly in regions with high rates of stunting?
Under what circumstances and to what extent has UNICEF been called upon to provide leadership at the country level and how well has this role been performed including creation of enabling environments for addressing stunting? What have been the key success areas/factors and shortfalls/constraints? How could UNICEF further enhance its leadership and partnership roles at global, regional and national level to reduce stunting?

**Sustainability and scale up:**

To what extent have sustainability considerations (technical, financial, institutional) been integrated in programme design and implementation phases by UNICEF and its counterparts? How adequate is UNICEF’s approach and contribution with respect to direct support, upstream work and creation of enabling environments (including system/capacity strengthening, building national ownership and national budget allocations) that is necessary for sustainability and scale up?

Are there any particular risks related to the sustainability of gains achieved in reducing stunting in various contexts that UNICEF must address?

**Management/Operations (institutional capacity, resource allocations, efficiency):**

In relation to needs, and taking the role of other stakeholders into account, how well has UNICEF allocated and managed human and financial resources? Were the financial resource allocations at the global and country levels for addressing stunting adequate and well-managed? How adequate and efficient is UNICEF’s internal coordination including integration and convergence of various programme components / sectors?

To what extent is UNICEF’s staff capacity adequate for providing leadership, advocacy and technical guidance/support at various levels? What factors drive or constrain effective performance? What needs to be done to address gaps, if any, in staff/institutional capacity for fulfilling the lead role UNICEF is expected to play at the field level for contributing to sustainable and equitable reduction of stunting?

**Knowledge / data generation and use:**

How adequately has UNICEF contributed to relevant knowledge, to data collection and analysis and to monitoring and evaluation of outcomes and impact in relation to stunting, including a focus on equity?

Are there areas that require strengthening including use of data or the results of research and evaluation at the global, regional and country levels? What lessons and concrete actions can be proposed for the post SDG context both for generating and using data at all levels?
5. EVALUATION METHODOLOGY

Evaluation design: Conceptual and analytical approach

At the organizational level, the evaluation will examine the underlying theory/pathways to change guiding SP strategies/results and targets for reducing stunting including collaboration across sectors and key nutrition specific interventions proposed. A key reference document is the recent discussion paper titled “UNICEF’s Approach to Scaling up Nutrition for Mothers and Children” (June 2015) which provides a broad-framework for addressing stunting in young children by focusing both on nutrition-specific interventions and nutrition-sensitive approaches to addressing malnutrition. The evaluation will go beyond and examine how stunting reduction is conceived and addressed in various SP outcome areas, global/regional strategy documents and in country programmes. The country level analysis will consider specific contexts and the theory of change/programme logic to assess UNICEF’s performance.

The evaluation will consider and use a systems perspective given the fact that stunting is a consequence of many interlocking factors and systemic elements. A systems approach is therefore a key strategy for sustainable and equitable reduction of stunting. Organizationally, UNICEF operates within the broader international system where a multitude of national and international actors are playing various roles for improving child nutrition and for addressing other important factors such as improving access to clean water and improved sanitation. The evaluation will examine UNICEF’s role in supporting the scale up of direct nutrition interventions as well as mainstreaming nutrition in non-nutrition sectors, including education, water, sanitation and hygiene, health, ECD, and child /social protection. The link between stunting and ECD programming will also be explored given the evidence that combining nutrition specific and early stimulation yield synergistic effects for reducing stunting and improving cognitive development. The analysis will consider both demand and supply factors including governance and management, resource allocations and capacity development, service delivery and behavioral change, and the broader enabling environment.

- For assessing UNICEF’s work at the country level, a sample of 24 countries will be selected for the desk review. The sample will include a mix of countries from various contexts where stunting has decreased significantly and those where it has remained stagnant over the last 6-8 years (data from the two most recent household surveys -DHS, MICS, other- will be the main source for trend analysis).

- Bidders are expected to offer a more complete criteria for selecting the sample countries.

- From among the 24 countries, a sample of 6 countries will be selected for detailed data gathering and analysis as per the evaluation questions. These countries will also represent a mix of programme contexts and successful/ less successful experiences and will involve field visits by the team for detailed data collection and analysis using a case study approach. Bidders are required to offer a brief summary of the case study approach in their technical proposals.

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55 The proposed methodology is based on internal scoping and experience in designing similar evaluations. There will be a need to develop a detailed design, analytical methods and tools during the inception phase based on additional literature review and consultation.
The evaluation will use a mix of qualitative and quantitative data and analytical methods. Use of comparative analysis across countries and within countries and among socio-economic groups is expected as equitable reduction of stunting is a key focus for the evaluation. A detailed evaluation framework and questions/analytical methods will be developed during the inception phase.

**Data sources**

The evaluation will use practical and innovative approaches to gather and analyse a variety of data from primary and secondary sources:

*Desk review of secondary data and documents*

A list of relevant materials together with electronic copies of key documents will be shared with the evaluation team during the inception phase. In addition, the team will be provided with survey data on stunting and related variables that are readily available from various sources. The information shared will be reviewed and analysed during the inception phase to determine the need for additional information and finalisation of the detailed evaluation plan.

*Interviews with key informants*

Interviews will be conducted at several levels and in phases. A few external experts and stakeholders and key staff from HQ divisions and selected ROs and COs will be interviewed during the inception phase. In the implementation phase, interviews will be conducted with additional experts and staff including local level personnel involved in managing and supporting UNICEF programmes. Additional interviews will be conducted with policy makers and programme coordinators in the countries involved, including sub-national level staff, UNICEF Representatives and/or deputies, and programme managers and advisors at various levels. Interviews will also be held with staff of other UN agencies and organizations that contribute to and partner in relevant sectors at global or national levels.

*Field observation and focus group discussions (case study countries)*

The evaluation team will gather considerable quantitative and qualitative information through field visits and focus group discussions during the visit to the case study countries. Interviews and/or focus group discussions will be held with selected UNICEF/UN staff, programme participants, service providers, and decision/policy makers. When organising field visits and interviews, attention will be given to ensure gender balance and representation of all population groups. The analysis findings from the case study countries and the desk review countries will provide the substantive content for distilling synthesised findings for the main evaluation report.

*Use of questionnaire-based surveys*

No major country-level household survey is envisaged as part of this evaluation. However, it is expected that some of the data required for the evaluation will be gathered through use of electronic web-based survey. A broad-based survey of UNICEF staff and/or key stakeholders could be designed. The other option is to send a questionnaire to UNICEF Country Offices in the sample countries (20 or more) to provide readily available secondary data and respond to certain sub-questions within the scope of the evaluation. The need for such a survey, as well as its scope and timing, will be determined during the inception phase. The evaluation team is expected to be familiar with electronic survey tools for yielding credible data under time and budget constraints.
**Triangulation of data/findings from various sources.** As noted above, the evaluation will use a mix of quantitative and qualitative data and information which will be determined during the inception phase. It will make selective use of triangulation to validate data and findings from various sources as this is a common approach in mixed-methods evaluations. Strong quantitative and qualitative data analysis skills are required for this evaluation.

**6. MANAGEMENT AND CONDUCT OF THE EVALUATION**

**Evaluation Management Structure**

The evaluation will be conducted by an external evaluation team to be recruited by UNICEF’s Evaluation Office (EO). The Evaluation Team will operate under the supervision of a dual-tiered evaluation management and oversight structure. Direct supervision is provided by a Senior Evaluation Officer at the EO, supported by an Evaluation Specialist. The Evaluation Office will be responsible for the day-to-day oversight and management of the evaluation and for management of the evaluation budget. It will assure the quality and independence of the evaluation and guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines, provide quality assurance checking that the evaluation findings and conclusions are relevant and recommendations are implementable, and contribute to the dissemination of the evaluation findings and follow-up on the management response.

The advisory organ for the evaluation is the Evaluation Advisory Group (EAG), bringing together a mix of UNICEF managers, advisors and external experts (to be confirmed) from among the key stakeholders. The EAG will be chaired by the EO Director will have the following role: a) contribute to the conceptualization, preparation, and design of the evaluation including providing feedback on the draft terms of reference, feedback and comments on the inception report and on the technical quality of the work of the consultants; b) provide comments and substantive feedback to ensure the quality - from a technical point of view - of the draft and final evaluation reports; c) assist in identifying UNICEF staff and external stakeholders to be consulted during the evaluation process; d) participate in review meetings organised by the EO and with the evaluation team as required; e) play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the findings of the evaluation and follow-up on the implementation of the management response.

**Evaluation Team profile**

The evaluation will be conducted by engaging an institution. The proposed team consists of 3 senior level consultants (team leader and two technical experts) who will have complementary expertise in the areas of evaluation and public nutrition and knowledge of key sectors that contribute to reduction of child stunting. The ideal consultants would have previously conducted comprehensive multi-sectoral evaluations and/or applied research work to assess child stunting outcome. The three experts will be supported by two junior professionals: a research assistant and a data analyst. However, additional skills and expertise might be proposed. A clear rationale,
tasks to be performed, as well as the level of effort (person days) per stage of the evaluation, should be provided for each person/team post

Proposing a team that is balanced in terms of gender and geographic origin, will be an advantage.

**A Team Leader (at P5/D1 level) with the following credentials:**

- Strong team leadership and management track record and commitment to delivering timely and high-quality evaluation report;
- Extensive evaluation expertise (at least 10 years) of comprehensive scope with strong mixed-methods evaluation skills and flexibility in using non-traditional and innovative evaluation methods;
- Familiarity with UNICEF’s programming, policy and advocacy work and experience in evaluating multi-sectoral initiatives would be an asset;
- Background in public nutrition including sound knowledge of policy and system aspects; familiarity with others sectors, namely health, WASH, education and social protection;
- Knowledge of the UN’s human rights, gender equality and equity agendas and experience in applying these to evaluation;
- Good interpersonal and communication skills; ability to interact with various stakeholders and to concisely express ideas and concepts in written and oral form;
- Language proficiency: Fluency in English is mandatory; good command of French is desirable.

**TWO (2) Team members (evaluation or research experts with background in public nutrition and strong multi-sectoral orientation) who have**

- Significant experience in evaluation and/or policy research with background in public nutrition or other areas relevant to addressing child stunting (at least 5 years relevant experience);
- Experience in evaluating multi-sectoral programmes or initiatives.
- Strong conceptualization, analytical and writing skills and ability to work effectively in a team.
- Hands-on experience in collecting and analyzing quantitative data;
- Expertise in qualitative methods with experience in sampling, survey design, data collection and qualitative data analysis;
- Knowledge of the UN’s human rights, gender equality and equity agendas and application in evaluation;
- Commitment and willingness to work in a challenging environment and ability to produce quality work under limited guidance and supervision;
- Good communication and people skills; ability to communicate with various stakeholders and to express ideas and concepts concisely and clearly in written and oral form;
- Language proficiency: Fluency in English is mandatory; good command of French and/or Spanish is desirable.

**A Research assistant who has**

- At least 3 years of progressively responsible experience in both qualitative and quantitative data analysis;
• Experience in supporting senior evaluators in ensuring use of consistent interview protocols, templates for recording and reporting on interviews, standard case study report formats and a comparative table of findings;
• Familiarity with nutrition and related issues/sectors an advantage.

A Data Analyst who has
• At least 3 years of experience in knowledge management for evaluation, information technology and data management;
• Expertise in handling collaborate teamwork software, online surveys, document repositories, bibliography software and databases.
• Commitment to handling back-office support and logistics as needed.

National consultants:
In the event that the team identifies the need to recruit national consultants, a clear rationale for their involvement should be offered. This should include qualifications and experience, tasks to be performed, as well as the level of effort (person days). The bidding organization’s general experience in recruiting and using national consultants should be discussed if their employment is contemplated.

Evaluation phases and deliverables

Inception Phase
A detailed evaluation methodology including a detailed evaluation framework will be developed based on further consultation, document review and exploration of possible approaches that will yield credible and timely evidence. The inception report will:

• Present the final set of evaluation questions and sub-questions within the proposed scope of the evaluation.
• Specify the detailed design of the evaluation, the tools that will be used for data collection and the analytical methods that will be used to respond to the evaluation questions.
• Detail the framework for analyzing and synthesizing data collected from various sources including use of triangulation.
• Confirm the selection of countries for the desk review and case studies and formulate precise specifications of the scope and design of country case studies (including data collection methods and analysis).
• Present a detailed work plan, specifying the organization and time schedule for the evaluation process including country visits, analysis and report preparation.
• Present the approach to be used for quality assurance throughout the evaluation including of the country case study reports.

The deliverable for this phase will be a PowerPoint presentation, inception report with a summary and annexes. The inception report will provide the foundation for the rest of the evaluation. Accordingly, the evaluation will proceed to the next phase only after successful completion of the inception phase and approval of the inception report.
**Data collection and analysis phase**

Data collection will start as part of the inception phase and continue through the field visits to the case study countries and interviews with various stakeholders. Detailed data collection and analysis plans will need to be developed for the desk review report, the case study reports and the synthesis report. Secondary data from various surveys and reports will constitute a key data source for the evaluation. Field visits to case study countries will be planned systematically in consultation with UNICEF CO counterparts. Briefing and debriefing meetings will be held with national reference groups which will be constituted in each of the participating countries.

Key deliverables for this phase will be the desk review report and the country case study reports.

**Final data analysis and reporting phase**

All data sources should be employed to develop the synthesis report. This includes, inter alia, findings from the desk review, the country case studies, and interviews with non-UNICEF stakeholders. A zero draft of the synthesis report (which could summarize key ideas in bullet point format instead of long text) will be provided for consideration and comment by the evaluation manager. A draft synthesis report will be prepared, addressing any comments made on the zero draft. The draft synthesis report will be presented to the EAG for comments. The final synthesis report will be prepared, responding to comments provided on the draft report.

The final deliverable from this phase includes a detailed summary of evaluation findings, conclusions and recommendations, a PowerPoint presentation, and the final evaluation report with an executive summary and annexes.

**Summary of deliverables:**

Several products will be expected from the evaluation activities, namely the inception report, desk review report, case study reports, and the final evaluation report, which will be a synthesis of the findings and conclusions of the evaluation, as well as a PowerPoint presentation of the final report to be used for dissemination purposes.

The detailed table of content for each deliverable will be formulated and agreed during the inception phase.

The **inception report** will include the following:

- Evaluation purpose and scope – confirmation of objectives and the main themes of the evaluation;
- Evaluation criteria and questions – final set of evaluation questions, and criteria for assessing performance;
- Evaluation methodology – a sampling plan; a description of data collection methods and data sources (including a rationale for their selection); draft data collection instruments (a data collection toolkit as an annex); a mapping that identifies evaluation questions, how they will be answered through the selected methods, and a data analysis plan; a discussion on how to enhance the reliability and validity of evaluation conclusions; a quality review process; and, a discussion on the limitations of the methodology;
• Proposed outline for case study reports;
• Proposed structure for the final report;
• Evaluation work plan and timeline – a revised work and travel plan, and,
• Resources requirements – detailed budget allocations, tied to evaluation activities, work plan, deliverables.
• Annexes (organizing framework for evaluation questions, data collection toolkit, data analysis framework)

The inception report will be –20-30 pages (excluding annexes), and will be presented at a formal meeting of the global reference group.

**Desk Review Report:**

**Case study reports:** For each of the country cases, complete case study report will include:

• a description of country context and key indicators related to stunting;
• an analysis of critical issues in policy advocacy work related to stunting, and objectives of the UNICEF country programme and desired results as they relate to the policy agenda of the country;
• an assessment of UNICEF’s mandate, strengths and weaknesses relating to UNICEF’s strategic and programmatic choices in addressing stunting at country level;
• statements of findings for the country by OECD/DAC evaluation criteria, well substantiated by the data and evidence;
• actionable recommendations on improvements that the country programme and/or national counterparts needs to make;
• list of background materials used; and
• annexes (evaluation terms of reference; annotated description of methodology; and, list of people interviewed, etc.).

The report will not exceed 20 pages, excluding the executive summary and annexes.

**Evaluation Synthesis Report:** This report will be offered in zero, first and final drafts. A complete draft report will include:

• an analysis of critical issues at the global and regional levels in policy advocacy work, partnerships, management and operations relating to the organisation’s response to stunting reduction;
• an assessment of UNICEF’s mandate, strengths and weaknesses relating to UNICEF’s strategic and programmatic choices in addressing stunting;
• statements of findings, well substantiated by the data and evidence;
• actionable recommendations on improvements that UNICEF needs to make;
• list of background materials used; and
• annexes (evaluation terms of reference; annotated description of methodology; data analysis framework, list of people interviewed).

The zero draft of the final report will be received by the evaluation manager who will work with the team leader on necessary revisions. The first draft will be sent to the reference group for comments. The evaluation manager will consolidate all comments on a response matrix, and
request the evaluation team to indicate actions taken against each comment. The report will not exceed **50 pages, excluding** the executive summary and annexes.

**PowerPoint presentation:** Initially prepared and used by the evaluation team in their presentation to the reference group, a standalone PowerPoint will be submitted to the Evaluation Office as part of the evaluation deliverables.

Reports will be prepared in English, according to the UNICEF House Style and UNICEF standards for evaluation reports. The evaluation team will also be expected to articulate a quality review process for the execution of the evaluation, and assessment of the final evaluation report based on the GEROS framework.

**Dissemination and follow-up phase**

The EO and the EAG will develop a dissemination strategy and plan for the evaluation. This will include the provision of a management response which is mandatory for such evaluations. The evaluation team will be invited to present findings in a major dissemination workshop which will be organized after the completion of the evaluation.

**7. Submission guidelines (to be red with RFPS-USA-2015-502159)**

**Institutional Profile**

Background Information: Bidders are required to provide background information about their institutions as follows:

- Date and country of incorporation
- Summary of corporate structure and business areas
- Corporate directions and experience
- Location of offices or agents relevant to this proposal
- Number and type of employees
- Financial statements of the two most recent financial years

Institutional expertise and experience: Bidders are required to provide a minimum of three (3) references from clients for whom evaluations (or related projects) of a similar scope of were carried out. References information should be organized as follows:

- Name and description of client company/organisation
- Names of senior individuals in the client companies who were involved in the project (referred to) who are knowledgeable
- Scope and scale of projects
- Services provided to client

UNICEF may contact referees for feedback on services provided to them by bidders.

**Technical Proposal**

General issues:
• Technical proposal should emphasize the conceptual thinking and methods proposed for the evaluation, and minimize repeating information stated in the terms of reference.
• The proposal should stipulate the level of effort to be committed by the different team members in each phase (inception, data collection/analysis, reporting) but without the costing data. That same information should feature in the financial proposal along with associated cost data.
• If the technical proposal indicates the need to hire local researchers or other institutions, the level of effort for such additional inputs should be clearly identifiable in the proposal. Furthermore, the experience of the organization in locating and supervising local teams must be described.
• Bidders may be asked to provide additional information at the proposal assessment stage. There is no minimum or maximum length for the technical proposal. However, sufficient detail and clarity are required.

Specific requirements: In addition to whatever other approaches and methods are proposed, the following specific items must be present in the bidding documents:
- Presentation of a work plan in three phases (inception, data collection and reporting), with details on the overall design and data gathering methods to be used.
- Details of team members’ relevant qualifications and the basic information about the organization submitting the bid.
- The intended participation of any former UNICEF staff.
- The level of effort for all team members in both the technical (without price) and financial proposals (with costs)56.
- The presence of any local researchers or others not normally full time members of the bidding organization, with a description of how they will be engaged and supervised.
- Requirements and/or assurances (e.g. non-use of child labor) that must also accompany the submission package.

While all contents of the technical proposal are important, special attention will be paid to the composition and strength of the proposed evaluation team, and the rigor of the proposed methodology (mainly the soundness of the approach and criteria for assessing evaluation questions, the rigor of both the case study approach and the rigor of the approach for enhancing the validity and generalizability of evaluation findings). These two elements account for 80 percent of the points awarded for the technical proposal as indicated in Section 4 of the RFPS document. The proposed work plan, organizational capacity and sample report will account for the remaining 20 percent.

Cost Proposal

General issues
- Bidders must submit a firm-fixed price bid57, in US Dollars.
- The quotation will not subject to revision unless officially invited to re-submit by UNICEF.

54 The format or summary table that is used in the financial bid may be used in the technical proposal, albeit without the cost information.
57 All costs will be fixed, except for travel to selected destinations, which will be on a cost-reimbursable basis.
• All prices/rates quoted must be exclusive of all taxes as UNICEF is a tax-exempt organization
• Bidders will suggest a payment schedule, linked unambiguously to contract milestones.
• Invoicing and payment will be effected by bank transfer, in US Dollars.

Budget categories and details
The budget should be presented in three categories: personnel costs, project costs, and overhead costs. Sub-headings within the categories may be done at bidder’s discretion.

• **Personnel Costs**: These should include classification (i.e. job title/function) and rates in person days for team members; number of days proposed for each member. This information may be contained within a table showing expected level of effort per team member, by project phase. The level of effort must be visible in both the technical and the financial proposals, albeit without associated cost in the technical proposal. If it is proposed to hire local researchers or other affiliated institutions, the costs and level of effort must be specifically identifiable in the proposal.

• **Project costs**: These should include cost of travel, including subsistence allowances, travel by air, train, road, etc., telecommunication and other expenses. Case study sites are subject to discussion. However, bidders are directed to estimate travel, local research, and any related cost using 6 destinations (Afghanistan, Democratic Republic of the Congo, Malawi, Niger, Pakistan, South Sudan) to facilitate fair cost comparison. **Travel to selected destinations will be on a cost-reimbursable basis.** This is the sole budget component that will be charged this way; other elements will be firm-fixed price.

• **Overhead costs**: General and administrative costs should include institutional overhead and fee/profit over and above overhead.

The cost proposal must include detailed item-wise quotations, based on the terms of reference and other relevant documents. Travel costs and subsistence rates (lodging, food, local transport, and incidentals) will be based on the lower of the rates proposed by the bidder or the official and prevailing United Nations rates. Bidders are encouraged to submit economical travel and subsistence costs. If information on prevailing UN rates is required, please submit a question as described in the RFP guidelines.

As long as the financial proposal presents the financial data in the requested three categories, it may employ any template or rubric.

Awarding the contract and payment
UNICEF will award the contract after considering both technical and cost factors, on the principle of best value-for-money. Payment will be made only upon UNICEF’s acceptance of the work performed in accordance with agreed schedule of payment and/or contract milestones. The terms of payment are **net 30 days, after receipt of invoice and acceptance of work.** Where the
need arises, earlier payment may be negotiated between UNICEF and the contracted institution, on the terms indicated in the RFPS.

**Selected References**


ANNEX B. SOURCES REVIEWED

Documents

- UNICEF Strategic Plan 2014-2017
- Final Results Framework of the UNICEF Strategic Plan, 2014-2017
- Revised Supplementary Programme Note on the Theory of Change for the UNICEF Strategic Plan, 2014-2017
- UNICEF 1990 Nutrition Strategy
- UNICEF Mid-Term Strategic Plan 2006-2013
- UNICEF State of the World Children 2015
- UNICEF 2014 Annual Results Report Nutrition
- UNICEF Management of Severe Acute Malnutrition in Children: Working Towards Results at Scale 2015
- UNICEF Nutrition Section and Valid International Global Mapping Review of Community-based Management of Acute Malnutrition with a focus on Severe Acute Malnutrition, March 2011
- WHO Global Nutrition Targets 2025: Stunting Policy Brief
- Multiple Overlapping Deprivation Analysis tool http://www.unicef-irc.org/MODA/
- UNICEF 2010a Re-focusing on Equity: Questions and Answers
• Adair, L. S., Fall, C. H., Osmond, C., Stein, A. D., Martorell, R., Ramirez-Zea, M et al. (2013). Associations of linear growth and relative weight gain during early life with adult health and human capital in countries of low and middle income: findings from five birth cohort studies. The Lancet, 382(9891), 525-534.

Data

• World Population Prospects, the 2010 Revision; The Population Division of the Department of Economic and Social Affairs of the United Nations
• World Urbanization Prospects, the 2011 Revision; The Population Division of the Department of Economic and Social Affairs of the United Nations
• World Bank World Development Indicators
• UNAIDS database and Global tuberculosis report 2012 (WHO)
• UNICEF Global Nutrition Database, 2012
• 2011 W. Schultink RMT Asia Scaling up Nutrition4.pptx http://apps.who.int/bmi/
• PovcalNet, World Bank Database http://www.a4nh.cgiar.org/2014/05/05/dietary-diversity-101/
• FAOSTAT
• Key Indicators of the Labour Market, 7th Edition; ILO
• Africa Regime Categorization, Joseph Siegle, Africa Center for Strategic Studies; Based on data from Polity IV and Freedom House.
• Systematic review of current efforts to quantify the impacts of climate change on undernutrition. PNAS 2015 http://www.reachpartnership.org/reach-countries;jsessionid=E440693A057CCE59663595B52ACA6E2F
• SUN Countries Progress Report 2015
• UNICEF’s Gender Action Plan 2014 — 2017
## ANNEX C. EXPLORATORY INTERVIEW RESPONDENTS

<table>
<thead>
<tr>
<th>Respondent Name</th>
<th>Title</th>
<th>Level</th>
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<tbody>
<tr>
<td>Saba Mebrahtu</td>
<td>Chief, Nutrition</td>
<td>India CO</td>
</tr>
<tr>
<td>Werner Schultink</td>
<td>Chief, Nutrition</td>
<td>HQ</td>
</tr>
<tr>
<td>Eric Alain Ategbo &amp; Zewditu Getahun</td>
<td>Chief, Nutrition</td>
<td>Ethiopia CO</td>
</tr>
<tr>
<td>Rosangela Berman Bieler</td>
<td>Chief, Children with Disabilities</td>
<td>HQ</td>
</tr>
<tr>
<td>Colin Kirk</td>
<td>Director, Evaluation Officer</td>
<td>HQ</td>
</tr>
<tr>
<td>David Clark</td>
<td>Nutrition Specialist (Legal)</td>
<td>HQ</td>
</tr>
<tr>
<td>Changu Mannathoko</td>
<td>Senior Education Advisor, Equity &amp; Quality</td>
<td>HQ</td>
</tr>
<tr>
<td>Karin Heissler</td>
<td>Child Protection Specialist, Child Protection Programmes</td>
<td>HQ</td>
</tr>
<tr>
<td>Lizette Burgers</td>
<td>Sr. Advisor, Water, Sanitation and Hygiene</td>
<td>HQ</td>
</tr>
<tr>
<td>Chewe Luo</td>
<td>Team Leader, Country Programme Scale-Up HIV and AIDS, Programmes</td>
<td>HQ</td>
</tr>
<tr>
<td>Alexandra Yuster</td>
<td>Associate Director, Programme Division/ Chief, Social Inclusion and Policy</td>
<td>HQ</td>
</tr>
<tr>
<td>Julia Krasevec</td>
<td>Statistics and Monitoring Specialist</td>
<td>HQ</td>
</tr>
<tr>
<td>Lilia Jelamschi</td>
<td>Early Childhood Development Specialist</td>
<td>HQ</td>
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<tr>
<td>Susan Sottoli</td>
<td>Associated Director, Gender, Rights &amp; Civic Engagement</td>
<td>HQ</td>
</tr>
<tr>
<td>Victor Aguayo</td>
<td>Regional Nutrition Officer, South Asia</td>
<td>ROSA</td>
</tr>
<tr>
<td>Diane Holland, Roland Kupka and France Begin</td>
<td>Nutrition Section</td>
<td>HQ</td>
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<tr>
<td>Ted Chaiban</td>
<td>Director, Programme Division</td>
<td>HQ</td>
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<tr>
<td>Jeff O’Malley</td>
<td>Director, DRP</td>
<td>HQ</td>
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<tr>
<td>George Laryea-Adjei</td>
<td>Deputy Director, DRP</td>
<td>HQ</td>
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<tr>
<td>Noel Marie Zagre</td>
<td>Regional Advisor, Nutrition, West and Central Africa Regional Office</td>
<td>WCARO</td>
</tr>
<tr>
<td>Respondent Name</td>
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<tr>
<td>Joan Matji</td>
<td>Regional Advisor, Nutrition, Eastern and Southern Africa Regional Office</td>
<td>ESARO</td>
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<tr>
<td>James Kingori</td>
<td>Regional Nutrition Officer, MENA</td>
<td>MENA</td>
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<tr>
<td>Stefano Fedele</td>
<td>Regional Nutrition Officer, LACRO</td>
<td>LACRO</td>
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<tr>
<td>Christiane Rudert</td>
<td>Regional Nutrition Officer, LACRO</td>
<td>EAPRO</td>
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ANNEX D. STRATEGIC PLAN 2014-17 THEORY OF CHANGE FOR OUTCOME AREAS 1-3 AND 5-7

A. Schematic for outcome 1: Health

**Impact:** Realizing the rights of every child, especially the most disadvantaged

**Outcome 1:** Improved and equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of healthy behaviours

**Output 1:** Enhanced support for children and caregivers, from pregnancy to adolescence, for improved healthy behaviours

**Output 2:** Increased national capacity to provide access to essential high-impact maternal and child health interventions

**Output 3:** Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling up of health interventions

**Output 4:** Increased country capacity and delivery of services to prevent excess mortality among girls, boys and women in humanitarian situations

**Output 5:** Increased capacity of governments and partners, as duty-bearers, to identify and respond to key human rights and gender equality dimensions of maternal and child health

**Output 6:** Enhanced global and regional capacity to accelerate progress in child health

**Capacity Development**
- Support governments to develop comprehensive maternal, newborn and child health communication plans
- Support countries with the roll-out of their integrated community case management programmes, to train and deploy front-line community health workers who can diagnose illness and provide simple treatments
- Support countries to conduct thorough analyses of the risks that shocks pose to delivery of and access to health services, and to build resilience capacity within immunization programmes
- Develop capacity of national partners to undertake gender review of health policies
- Develop capacity to rapidly forecast, purchase and deliver large quantities of vaccines
- Develop capacity to manage the supply chain of essential commodities
- Develop capacity to prepare and monitor costed implementation plans for maternal, newborn and child health
- Develop capacity of communities and community-based organizations to monitor and demand quality services for women and children

**Evidence generation, policy dialogue and advocacy**
- Support countries to gather, analyze and use disaggregated data to identify barriers and bottlenecks to addressing persistent health inequities
- Address key gaps in policy, such as concerning home visits to newborns within the first week of life and the ability of community health workers to prescribe antibiotics for pneumonia
- Support countries to understand and address the reasons why some children do not receive polo vaccinations because of refusals

**Partnerships**
- Participate in and provide leadership for global initiatives such as A Promise Renewed, Every Woman Every Child, the GAVI Alliance, the UN Commission on Life-Saving Commodities and Family Planning 2020

**South-South and triangular cooperation**
- Share lessons on health systems strengthening and innovative monitoring of barriers and bottlenecks

**Identification and promotion of innovation**
- Conduct implementation research on novel techniques to implement and monitor health programmes

**Support to integration and cross-sectoral linkages**
- Support the integration of polo vaccination with routine immunization and other health, WASH and nutrition interventions

**Service delivery**
- In humanitarian contexts, work with national and local counterparts and through inter-agency mechanisms to provide lifesaving health interventions and commodities
- Use communication for development approaches to provide caregivers and community members with essential information on pneumonia, diarrhea and malaria

**Assumptions (risks and mitigation measures in text)**
- Humanitarian crises do not overwhelm capacity;
- Political support for addressing inequity remains strong;
- Evidence-based approaches plus technical solutions make a difference in children’s lives;
- Consensus continues on the importance of partnerships;
- Progress occurs in other areas

**Assumptions (risks, mitigation measures and cross-cutting assumptions in text)**
- Health remains a priority at both global and national levels;
- Opposition to immunization remains localized;
- No significant new global threats to child health occur;
- Human resources for health are adequate to deliver health services
B. Schematic for outcome 2: HIV and AIDS

Impact indicators:
- Realizing the rights of every child, especially the most disadvantaged

Outcome indicators:
- Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents

Output indicators:
- Enhanced support for children and caregivers for healthy behaviours related to HIV and AIDS and to use of relevant services, consistent with the UNAIDS Unified Budget, Results and Accountability Framework
- Increased national capacity to provide access to essential service delivery systems for scaling up HIV interventions
- Strengthened political commitment, accountability and national capacity to legislate, plan and budget to scale up HIV and AIDS prevention and treatment interventions
- Increased country capacity and delivery of services to ensure that vulnerability to HIV infection is not increased and HIV-related care, support and treatment needs are met in humanitarian situations
- Increased capacity of governments and partners, as duty-bearers, to identify and respond to key human rights and gender equality dimensions of HIV and AIDS
- Increased global and regional capacity to accelerate progress in HIV and AIDS

Strategic interventions (illustrative)

Capacity development:
- Support governments to design comprehensive social behaviour change communication strategies for adolescents and youth
- Support countries to scale up voluntary medical male circumcision
- Provide guidance and support to implementation of task-shifting and -sharing to increase the involvement of non-physicians in delivering antiretroviral therapy (ART)
- Build local capacity to analyse and use data for decision-making by applying MoHES to elimination of mother-to-child transmission of HIV and to paediatric HIV care and treatment
- Strengthen capacity to programme for resilience and provide a minimum package for HIV prevention and treatment for adolescents in emergencies or post-emergency settings

Evidence generation, policy dialogue and advocacy:
- Advocate for and support improved reporting of disaggregated data on adolescents (including key populations)
- Support resource mobilization for children and AIDS through large funding mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria
- Provide recommendations on integrating prevention of mother-to-child transmission of HIV and paediatric HIV care and treatment in emergencies to help ensure continuity of programmes in the wake of a shock
- Advocate for all sectors and clusters to include HIV-related interventions in humanitarian action
- Advocate to engage men and boys in promoting gender equality in the context of HIV

Partnerships:
- Take leadership roles within UNAIDS co-sponsors on programming addressing elimination of mother-to-child transmission, on adolescents and HIV, and through the social protection, care and support working group

South-South and triangular cooperation:
- Synthesize, translate and disseminate the latest scientific and programmatic evidence and innovations to various audiences through diverse platforms, with a specific focus on South-South exchanges

Identification and promotion of innovation:
- Provide technical support to countries for strategic scale-up of early infant diagnosis

Support to integration and cross-sectoral linkages:
- Support integration of HIV services into maternal health services
- Support integration of sexual and reproductive health and HIV services

Service delivery:
- In UNICEF-supported programmes, ensure equal access for women and girls (in both of the first two decades of life) to HIV prevention, treatment, care and support

Assumptions (risks and mitigation measures in text):
- Humanitarian crises do not overwhelm capacity
- Political support for addressing inequity remains strong
- Evidence-based approaches plus technical solutions make a difference in children’s lives
- Consensus continues on the importance of partnerships
- Progress occurs in other areas

Assumptions (risks, mitigation measures and cross-cutting assumptions in text):
- No major drop in political commitment and resource allocation
- No new technologies revitalize the response to HIV
- No significant increase in stigma and discrimination
- No rapid and broad spread of drug resistance

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C. Schematic for outcome 3: Water, sanitation, and hygiene

**IMPACT:** Realizing the rights of every child, especially the most disadvantaged

**OUTCOME 3:** Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices

**OUTPUT 1:** Enhanced support for children and families leading to sustained use of safe drinking water, adoption of adequate sanitation and good hygiene practices

**OUTPUT 2:** Increased national capacity to provide access to sustainable safe drinking water and adequate sanitation

**OUTPUT 3:** Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling up of interventions to promote safe drinking water, adequate sanitation and good hygiene practices

**OUTPUT 4:** Increased country capacity and delivery of services to ensure that girls, boys and women have protected and reliable access to sufficient safe water, sanitation and hygiene facilities in humanitarian situations

**OUTPUT 5:** Increased capacity of governments and partners, as duty-bearers, to identify and respond to key human rights and gender equality dimensions of water, sanitation and hygiene practices

**OUTPUT 6:** Enhanced global and regional capacity to accelerate progress in safe water, sanitation and hygiene practices

**Assumptions (risks, mitigation measures and cross-cutting assumptions in text):**
- Humanitarian crises do not overwhelm capacity;
- Political support for addressing inequity remains strong;
- Evidence-based approaches plus technical solutions make a difference in children’s lives;
- Consensus continues on the importance of partnerships;
- Progress occurs in other areas.

**Strategic interventions (Illustrative):**

- **Capacity development**
  - Develop capacity to create and implement community-based water safety plans
  - Develop capacity to implement national strategies to eliminate open defecation and establish targets to provide access to drinking water for disadvantaged populations
  - Develop capacity for preparedness for WASH services in emergencies
  - Support the expansion of Community Approaches to Total Sanitation

- **Evidence generation, policy dialogue and advocacy**
  - Support planning for sustainability of water supply, particularly through the use of Sustainability Compacts
  - Build climate resilience into WASH sector plans
  - Advocate for more funding for WASH
  - Build a high-quality and accessible knowledge base on WASH programming and ensure that it is regularly updated with the latest evidence

- **Partnerships**
  - Collaborate with the WASH in Schools network to expand the availability of WASH services in educational settings, including improving menstrual hygiene management
  - Serve as the global WASH cluster lead agency
  - Support mechanisms for global action on WASH such as Sanitation and Water for All, the WH/UNICEF Joint Monitoring Programme and others

- **South-South and triangular cooperation**
  - Use existing South-South networks to gather information and disseminate good practices

- **Identification and promotion of innovation**
  - Support various innovative technologies and processes that address sector priority areas

- **Support to integration and cross-sectoral linkages**
  - Continue to support WASH in School programming
  - Develop the evidence base for WASH-nutrition linkages

- **Service delivery**
  - Use communication for development to support national hand-washing behaviour change communication programmes
  - In humanitarian situations support increased access to drinking water, improved sanitation, and increased adoption of hygiene measures

**Assumptions (risks, mitigation measures and cross-cutting assumptions in text):**
- Government capacity and political commitment are adequate to deliver and sustain WASH services;
- Expenditure is prioritized to disadvantaged populations;
- Enabling environment provides the necessary conditions for service providers to deliver services;
- Communities are open to receiving information and behaviour change messages;
- Receptiveness of stakeholders to the new focus on water safety planning;
- Existence of minimum level of capacity that can be supported;
- Willingness to incorporate evidence into sector plans;
- No convergence of unmanageable numbers of crisis simultaneously;
- Shared understanding of importance of the human rights approach and gender mainstreaming for WASH;
- Availability of disaggregated data;
- No collapse in the global system of coordination and partnership.
E. Schematic for outcome 5: Education

**Impact:** Realizing the rights of every child, especially the most disadvantaged

**Outcome 5:** Improved learning outcomes and equitable and inclusive education

**Output 1:** Enhanced support to communities with disadvantaged and excluded children to start schooling at the right age and attend regularly
**Output 2:** Increased national capacity to provide access to early learning opportunities and quality primary and secondary education
**Output 3:** Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling-up quality and inclusive education
**Output 4:** Increased country capacity and delivery of services to ensure that girls and boys have access to safe and secure forms of education and critical information for their own well-being in humanitarian situations
**Output 5:** Increased capacity of governments and partners, as duty-bearers, to identify and respond to key human rights and gender equality dimensions of school readiness and performance
**Output 6:** Enhanced global and regional capacity to accelerate progress in education

Strategic Interventions (Illustrative)

- **Capacity development**
  - Strengthen the capacity of school management committees to act upon information and support school improvement plans
  - Support teacher training programmes, provide guidelines and tools, and assist in implementing standards to assess learning outcomes
  - Build capacity to put in place quality standards consistent with child-friendly education and for early learning

- **Evidence generation, policy dialogue and advocacy**
  - Support the roll-out of education management information systems
  - Engage communities to discuss, address and abandon stereotypical beliefs and practices regarding children with disabilities, girls and other characteristics that result in children being excluded from education
  - Through the Out-of-School Children Initiative, develop profiles of out-of-school children and develop evidence-based strategies to address key bottlenecks
  - Advocate for the importance of student learning assessment systems, especially for the early grades
  - Advocate for more funding for education, including in emergencies

- **Use the Simulations for Equity in Education model and the education system analysis guidelines prepared in collaboration with the World Bank, UNESCO and the GPE to advocate for the rights of disadvantaged children**

- **Partnerships**
  - Co-lead the post-2015 dialogue on education and provide strategic leadership and support to UNGEI
  - Play an active role in cluster and sector coordination mechanisms on education

- **South-South and triangular cooperation**
  - In partnership with GPE, support South-South cross-fertilization through peer-to-peer learning processes and experience sharing

- **Identification and promotion of innovation**
  - Invest in innovative approaches to improve access to education and learning outcomes for the most disadvantaged children

- **Support to integration and cross-sectoral linkages**
  - Scale up cross-sectoral work on early childhood development, girls’ education, children with disabilities and WASH in schools

- **Service delivery**
  - Engage in conflict-sensitive delivery of learning opportunities and psychosocial support to children in humanitarian situations
  - Work with children, parents and communities to create awareness of the importance of education in alleviating stress and trauma

Assumptions (risks and mitigation measures in text)

- Humanitarian crises do not overwhelm capacity;
- Political support for addressing inequity remains strong;
- Evidence-based approaches and technical solutions make a difference in children’s lives;
- Consensus on the importance of partnerships continues;
- Progress in other areas

Assumptions (risks, mitigation measures and cross-cutting assumptions in text)

- Availability of quality data and evidence continues to increase;
- Receptiveness to put more emphasis on learning outcomes and their measurement;
- Funding gaps do not widen;
- Re prioritization of limited resources to support early childhood and basic education
F. Schematic for outcome 6: Child protection

**Impact:** Realizing the rights of every child, especially the most disadvantaged

**Outcome 6:** Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children

**Output 1:** Enhanced support and increased capacities of children and families to protect themselves and eliminate practices and behaviours harmful to children

**Output 2:** Increased national capacity to provide access to child protection systems that prevent and respond to violence, abuse, exploitation and neglect

**Output 3:** Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling up interventions that prevent and respond to violence, abuse and exploitation

**Output 4:** Increased country capacity and delivery of services to ensure that children’s rights to protection from violence, abuse and exploitation are sustained and promoted in humanitarian situations

**Output 5:** Increased capacity of governments and communities to identify and respond to the human rights and gender dimensions of child protection

**Output 6:** Enhanced global and regional capacity to accelerate progress in child protection

---

**Strategic interventions (illustrative)**

- **Capacity development:**
  - Strengthen child protection systems, including both preventive and responsive services, at the national and subnational level by bringing together the key actors in a child protection system.
  - Assist countries to modernize birth registration systems.
  - Develop capacities to plan and budget for child protection (e.g., working with ministries of finance to develop national comparative benchmarks for expenditures on child protection services).
  - Develop capacity to ensure that children are not deprived of their rights.

- **Evidence generation, policy dialogue, and advocacy:**
  - Work with governments to conduct mapping and assessments of legal frameworks to bring these into line with international best practices.
  - Support governments to undertake household surveys on violence against children to improve data on the prevalence and impact of violence on children and monitor programmes to track progress.
  - Advocate with political leaders to ensure that countries devote dedicated resources to child protection.

- **Partnerships:**
  - Lead the Child Protection Area of Responsibility and co-lead the Gender-Based Violence Area of Responsibility.
  - Lead the global End Violence against Children initiative.

- **South-South and triangular cooperation:**
  - Support South-South and triangular cooperation efforts such as the child protection master’s degree course that engages South-based academics and institutions.

- **Identification and promotion of innovation:**
  - Use mobile technology to support birth registration systems by reaching disadvantaged population groups and children not born in hospitals.

- **Support to integration and cross-sectoral linkages:**
  - Engage with the health and education sectors concerning birth registrations, child marriage, early childhood development and violence.

- **Service delivery:**
  - Support with parents and caregivers concerning attitudes and social norms towards child marriage, female genital mutilation/cutting, physical punishment and other forms of violence and exploitation.
  - Provide psychosocial support, referral, case management and safe spaces for children and women in humanitarian situations.

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**Assumptions and mitigation measures (in text):**

- Humanitarian crises do not overwhelm capacity.
- Political support for addressing inequity remains strong.
- Evidence-based approaches and technical solutions make a difference in children’s lives.
- Consensus on the importance of partnerships continues.
- Progress in other areas.

- Governments and other stakeholders recognize that all children have the right to be protected from violence, exploitation and abuse.
- Governments willing/able to make meaningful financial investments in child protection.
- Benefits of a holistic approach continue to be recognized.
- Efforts to change social/communal norms are not broadly undermined.

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**Openness from communities to receiving information and behaviour change messages:**

- Existence of minimum level of capacity that can be supported.
- Political commitment exists to address gaps in laws and policies and to translate these changes into concrete improvements in the functioning of child protection systems.
- No convergence of unacceptable numbers of crisis simultaneously.
- Shared understanding of the importance of employing an approach to child protection based on human rights and gender equality.
- No collapse in the global system of coordination and partnerships.
G. Schematic for outcome 7: Social inclusion

**Impact:** Realizing the rights of every child, especially the most disadvantaged

**Outcome 1:** Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data

**Output 1:** Enhanced support for disadvantaged and marginalized children and families to use social protection systems and participate in decision-making processes affecting them

**Output 2:** Increased national capacity to provide access to inclusive systems that protect children and adolescents from poverty and promote social inclusion

**Output 3:** Strengthened political commitment, accountability and national capacity to legislate, plan and budget for inclusive social policies and social protection measures, including in risk-prone and fragile contexts

**Output 4:** Improved country capacity and national systems to promote resilience and strengthen response to humanitarian situations

**Output 5:** Increased capacity of governments and partners, as duty-bearers, to identify and respond to key human rights and gender equality dimensions of social inclusion

**Output 6:** Enhanced global and regional capacity to accelerate progress towards social inclusion

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**Strategic interventions (Illustrative):**

- **Capacity development:**
  - Develop capacity of national statistical offices to collect better data for measuring both monetary and multidimensional child poverty
  - Develop capacity of ministries of finance, national planning bodies and local governments to identify and address inequities in budget allocation and expenditure
  - Support civil society actors and parliaments to analyse and advocate/legislate to address identified inequities
  - Support countries to improve legal and policy frameworks to address human rights and gender equality, and strengthen institutions and accountability mechanisms in line with commitments to international conventions
  - Support governments to undertake risk-informed budgetary planning, management and auditing to improve preparedness, prevention and response to stresses and shocks

- **Evidence generation, policy dialogue and advocacy:**
  - Generate evidence on the driving factors and prevalence of child poverty as well as the impact of policy responses and services in social protection, child care and related areas
  - Examine the impact of fiscal and economic trends and decision-making on child poverty and inequity through partnerships with government, universities, think tanks and civil society
  - Ensure that the impact on children of emerging trends – such as urbanization, disaster risk and climate change – is taken into account in policy and programmes

- **Partnership:**
  - Work with the World Bank, International Labour Organization, European Union and other partners to ensure data are harmonized and resources maximized for social protection systems
  - Lead the Child Poverty Network, which engages academia, policymakers and practitioners in the debate concerning child poverty measures and policy responses

- **South-South and triangular cooperation:**
  - Use triangular cooperation approaches to convene city governments and encourage them to exchange knowledge on urban planning and programming

- **Identification and promotion of innovation:**
  - Document and support emerging practices in the rapidly growing field of real-time monitoring
  - Support social inclusion efforts, increase government receipts from natural resources, reinvest funds resulting from changes in public subsidies and use income from carbon credits

- **Support to integration and cross-sectoral linkages:**
  - Engage with the health, education, nutrition, child protection and HIV sectors to improve the understanding and measurement of child poverty and jointly influence the design and implementation of social protection interventions in order to maximize the impact on multiple outcomes, including early childhood development

- **Service delivery:**

---

**Assumptions (risks, mitigation measures and cross-cutting assumptions in text):**

- Humanitarian crises do not overwhelm capacity;
- Political support for addressing inequity remains strong;
- Evidence-based approaches plus technical solutions make a difference in children’s lives;
- Consensus on the importance of partnerships continues;
- Progress in other areas

- Continued embrace of the concept of social inclusion;
- Greater participation of children and communities increases their inclusion;
- Well-designed systems are better at identifying and addressing the needs of disadvantaged populations;
- Partners remain willing to work in multisectoral ways.

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### ANNEX E. NUTRITION-SPECIFIC INTERVENTIONS AND NUTRITION-SENSITIVE APPROACHES

#### NUTRITION-SPECIFIC INTERVENTIONS

<table>
<thead>
<tr>
<th>ADOLESCENCE → PREGNANCY</th>
<th>BIRTH</th>
<th>0-5 MONTHS</th>
<th>6-23 MONTHS</th>
<th>24-59 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food fortification</td>
<td>Delayed cord clamping</td>
<td>Exclusive breastfeeding counselling and lay support on breastfeeding through community-based and facility-based contacts</td>
<td>Timely, adequate, safe &amp; appropriate complementary feeding counselling</td>
<td>Counselling and nutrition advice to women of reproductive age/adults</td>
</tr>
<tr>
<td>including salt iodization</td>
<td>Initiation of breastfeeding and lay support on breastfeeding through community-based and facility-based contacts</td>
<td>Control of the marketing of breast milk substitutes</td>
<td>Continued breastfeeding</td>
<td>Communication for behavioural and social change to prevent childhood obesity</td>
</tr>
<tr>
<td>Iron and folic acid or multiple micronutrient supplementation for pregnant women</td>
<td>Appropriate infant feeding practices and anti-retroviral therapy for HIV-exposed infants</td>
<td>Appropriate infant feeding practices and anti-retroviral therapy for HIV-exposed infants</td>
<td>Appropriate infant feeding practices and anti-retroviral therapy for HIV-exposed infants</td>
<td>Vitamin A supplementation</td>
</tr>
<tr>
<td>Intermittent (weekly) iron and folic acid supplementation for reproductive-age women</td>
<td>Vitamin A supplementation in first 8 weeks after delivery</td>
<td>Micronutrient supplementation, including vitamin A, zinc treatment for diarrhea</td>
<td>Management of SAM (and moderate acute malnutrition)</td>
<td>Management of SAM</td>
</tr>
<tr>
<td>Fortified food supplements for undernourished mothers</td>
<td>Use of fortified foods, micronutrients supplementation and home fortification with multiple micronutrients for undernourished women</td>
<td>Management of SAM</td>
<td>Food fortification, including salt iodization</td>
<td>Food fortification, including salt iodization</td>
</tr>
<tr>
<td>Nutrition counselling for improved dietary intake during pregnancy</td>
<td>Nutrition counselling for improved dietary intake during lactation</td>
<td>Home fortification with multiple micronutrients</td>
<td>Zinc supplementation with oral rehydration salts for diarrhoea treatment and management</td>
<td>Zinc supplementation with oral rehydration salts for diarrhoea treatment and management</td>
</tr>
</tbody>
</table>

Black refers to interventions of women of reproductive age & mothers
White refers to interventions for young children
## NUTRITION-SENSITIVE APPROACHES

<table>
<thead>
<tr>
<th>ADOLESCENCE → PREGNANCY</th>
<th>BIRTH</th>
<th>0-5 MONTHS</th>
<th>6-23 MONTHS</th>
<th>24-59 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved availability, access and use of locally available foods</td>
<td>Kangaroo care</td>
<td>Maternity protection in the workplace</td>
<td>Hand washing with soap and improved water and sanitation practices</td>
<td>Hand washing with soap and improved water and sanitation practices</td>
</tr>
<tr>
<td>Increased access to primary and secondary education for girls</td>
<td>Support for birth registration and strengthening of civil-registration systems</td>
<td>Early childhood development: responsive care</td>
<td>Early childhood stimulation &amp; education</td>
<td>Provision of healthy foods in schools</td>
</tr>
<tr>
<td>Adolescent health services that provide access to contraceptives and care</td>
<td></td>
<td></td>
<td>Improved use of locally available foods for infants (improved food access and dietary diversification)</td>
<td>Nutrition and physical education in school</td>
</tr>
<tr>
<td>Promotion of hand washing with soap and improved water and sanitation practices</td>
<td></td>
<td></td>
<td>Deworming for children</td>
<td>Deworming for children, school-age children</td>
</tr>
<tr>
<td>Antenatal care, including HIV testing &amp; deworming</td>
<td></td>
<td></td>
<td>Prevention and treatment of infectious disease</td>
<td>Prevention &amp; treatment of infectious disease</td>
</tr>
<tr>
<td>Intermittent preventative treatment and promotion of insecticide-treated bed nets for pregnant women in high-malaria areas</td>
<td></td>
<td></td>
<td>Early childhood development: responsive care</td>
<td>Early childhood development: child to child &amp; school readiness</td>
</tr>
<tr>
<td>Social protection and safety nets targeting vulnerable women</td>
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<tr>
<td>Promotion of increased age at marriage and reduced gender discrimination and gender-based violence</td>
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</table>
## ANNEX F. EVALUATION MATRIX

<table>
<thead>
<tr>
<th>EQ</th>
<th>Sub-EQs</th>
<th>Level</th>
<th>Key Methods and Data Sources</th>
<th>Indicators</th>
<th>Data Analysis Method</th>
</tr>
</thead>
</table>
| EQ 1 How relevant, appropriate, adequate, and coherent are UNICEF’s programmes, strategies, and plans to reduce stunting at the global, regional and country levels? | EQ 1.1 How appropriate, adequate, and coherent are the relevant UNICEF goals (notably under the Strategic Plan), global strategies, planned results and guidance for reducing stunting in young children? How clear and useful is the theory of change (ToC) in the current SP for informing country programme design, country action plans, country ToCs, and for progress reporting? | Global (G) Regional (R) Country (C) | **Primary** data collected via:  
- Qualitative interviews with key informants at global level and in case study countries  
- Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices  
- Web-based survey with UNICEF country office representatives  
**Secondary** data sources:  
- Desk review of relevant country and programme documents  
- Desk review of secondary data | - SP aligns with other key global stunting reduction strategy documents (UNICEF’s Approach to Scaling Up Nutrition and 2006-2015 Health and Nutrition Strategy) (G)  
- SP and country programmes and strategies align and reflect consistent ToCs and priorities (C)  
- SP underpinned by clear ToC that logically contributes to stunting reduction (G)  
- CPD underpinned by clear ToC that logically contributes to stunting reduction in the country context (C)  
- ToC includes measureable stunting reduction goals and objectives (G,C)  
- Regional strategies are aligned with SP and reinforce country strategies and plans (R,C)  
- Global UNICEF strategies align with and complement other global | Qualitative: thematic analysis and rubric scoring  
Quantitative: descriptive statistics, pre-post analyses, where possible |

58 This valuation matrix portrays an overall view of the general areas of questions asked for all analyses. A more detailed list with specific mapping of KEQs to EQs to sub-EQs specific to country and global/regional evaluations and including a mapping of indicators to instruments and methods will be included for each of the 8 reports generated (global synthesis, 24-country desk review, and 6 case study country reports).
<table>
<thead>
<tr>
<th>EQ</th>
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<th>Level</th>
<th>Key Methods and Data Sources</th>
<th>Indicators</th>
<th>Data Analysis Method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EQ 1.2 Has UNICEF adequately identified children at risk of stunting and analysed vulnerabilities to inform programme planning and targeting? How adequate and responsive are the global/regional/country strategies for addressing stunting in young children in various specific contexts?</td>
<td>Global (G) Regional (R) Country (C)</td>
<td><strong>Primary</strong> data collected via:  - Qualitative interviews with key informants at global level and in case study countries  - Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices  - Web-based survey with UNICEF country office representatives  - Web-based survey with government counterparts and key stakeholders outside of UNICEF  <strong>Secondary</strong> data sources:  - Desk review of relevant country and programme documents</td>
<td>• SP includes strategies and indicators for ensuring identification and support of vulnerable populations (G)  • Regional strategies include assessment of vulnerable populations and/or provide support to countries to identify and address vulnerabilities (R)  • Country programme documents identify vulnerable populations and country plans provide pathways to address vulnerabilities (C)  • Country strategies and programmes include external partners to identify and address vulnerabilities (C)</td>
<td>Qualitative: thematic analysis and rubric scoring  Quantitative: descriptive statistics, pre-post analyses, where possible</td>
</tr>
<tr>
<td>EQ</td>
<td>Sub-EQs</td>
<td>Level</td>
<td>Key Methods and Data Sources</td>
<td>Indicators</td>
<td>Data Analysis Method</td>
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| EQ 1.3 | How relevant and appropriate are the country programme strategies and interventions (including clarity of the theory of change/ programme logic/indicators and their use; multisectoral focus, targeting less reached and disadvantaged children; addressing gender equality including intra-household dynamics, supporting enabling environment) to address stunting? To what extent is stunting reduction reflected in country programmes as per country specific need and priorities? Has due account been taken of the specific needs and challenges of fragile and emergency contexts, where relevant? | ▪ Country (C) | **Primary** data collected via:  
- Qualitative interviews with key informants at global level and in case study countries  
- Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices  
- Web-based survey with UNICEF country office representatives  
- Web-based survey with government counterparts and key stakeholders outside of UNICEF | ▪ CPDs, CPAPs and other country programme documents present clear ToC for stunting reduction (C)  
▪ CPDs, CPAPs, and other country programme documents align with SP (C)  
▪ County programmes are developed and informed by situation analyses at the national and sub-national levels that account for key capacity gaps (C)  
▪ Country programmes address key gaps and take advantage of UNICEF’s comparative advantages and complement actions of other stakeholders (C)  
▪ Country programmes align with national strategies, policies, and plans (C)  
▪ Appropriate sectors are engaged to address the key issues identified and to implement the designed programmes (C)  
▪ Country programmes include a clear theory of change or results matrix (where relevant) or pathways to change that align with global ToCs and country context, including outcome and output | Qualitative: thematic analysis and rubric scoring  
Quantitative: descriptive statistics, pre-post analyses, where possible |
<table>
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<tr>
<th>EQ</th>
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<th>Level</th>
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</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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<td>indicators and a clear and cohesive M&amp;E plan (C)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Country programmes are tailored to fragile and emergency contexts at the national and sub-national levels and are able to adapt and respond to emergencies when they occur in the course of the implementation of the CP (C)</td>
<td></td>
</tr>
<tr>
<td>EQ</td>
<td>Sub-EQs</td>
<td>Level</td>
<td>Key Methods and Data Sources</td>
<td>Indicators</td>
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</tbody>
</table>
| EQ 2 How effective are UNICEF country programmes in addressing stunting and its immediate and underlying causes? | EQ 2.1 How effective are UNICEF country programmes in achieving concrete results for reducing stunting in young children? Which strategies and interventions (nutrition-specific as well as broad-based upstream policy work, multi-sectoral work, and partnerships) have been used effectively by UNICEF to reduce stunting in various contexts? | Country (C) | **Primary** data collected via:  
- Qualitative interviews with key informants in case study countries  
- Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices  
- Web-based survey with UNICEF country office representatives  
- Web-based survey with government counterparts and key stakeholders outside of UNICEF  
**Secondary** data sources:  
- Desk review of relevant country and programme documents  
- Desk review of secondary data | • Evidence of decrease in stunting prevalence at national and sub-national levels aligned with implementation of country plan/achievement of national programme targets (outcomes and outputs) (2010-2015) (C)  
• Implementation of nutrition-specific and nutrition-sensitive interventions and approaches aligned to country plans (C)  
• Programmes and implementation of activities changed and adapted in emergency situations in alignment of plan goals and country priorities (C)  
• Evidence of long-term plans for sustainability reflected in programmes and strategies (C)  
• Extent to which programmes and activities achieve target results according to stated M&E frameworks (C)  
• Analysis of UNICEF’s contributions to implemented national programmes (C) | Qualitative: thematic analysis and rubric scoring  
Quantitative: descriptive statistics, pre-post analyses, where possible |
<table>
<thead>
<tr>
<th>EQ</th>
<th>Sub-EQs</th>
<th>Level</th>
<th>Key Methods and Data Sources</th>
<th>Indicators</th>
<th>Data Analysis Method</th>
</tr>
</thead>
</table>
| EQ 2.2 | What are the key factors and conditions that lead to programme effectiveness? In countries with limited evidence of programme effectiveness, what needs to be done differently? What lessons can be drawn for strengthening UNICEF’s strategies and plans for reducing stunting to contribute to the WHA/SDG target on stunting? | Regional (R) Country (C) | **Primary** data collected via:  
- Qualitative interviews with key informants in case study countries  
- Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices  
- Web-based survey with UNICEF country office representatives  
- Web-based survey with government counterparts and key stakeholders outside of UNICEF  
**Secondary** data sources:  
- Desk review of relevant country and programme documents  
- Desk review of secondary data | **•** Barriers and facilitators to programmes achieving target results in country (C)  
**•** Transferability of programmes across contexts based on identified barriers and facilitators (R,C)  
**•** Facilitators and barriers to leveraging effective partnerships and regional and national resources (R,C) | **Qualitative:** thematic analysis  
**Quantitative:** descriptive statistics, pre-post analyses, where possible |
## Evaluation Area 3: Efficiency of management and operations

<table>
<thead>
<tr>
<th>EQ</th>
<th>Sub-EQs</th>
<th>Level</th>
<th>Key Methods and Data Sources</th>
<th>Indicators</th>
<th>Data Analysis Method</th>
</tr>
</thead>
</table>
| EQ 3 Are UNICEF’s management and operations approaches and resources adequate and efficiently utilized for its stunting reduction strategies and programmes? | EQ 3.1 In relation to needs, and taking the role of other stakeholders into account, how well has UNICEF allocated and managed human and financial resources? Were the financial resource allocations at the global and country levels for addressing stunting adequate and well-managed? How adequate and efficient is UNICEF’s internal coordination including integration and convergence of various programme components / sectors? | Primary data collected via:  
- Qualitative interviews with key informants at global level and in case study countries  
- Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices  
- Web-based survey with UNICEF country office representatives  
Secondary data sources:  
- Desk review of relevant country and programme documents | • Country office staffing appropriate for nutrition and other programmes relevant to stunting reduction efforts described in CDPs and CPAPs (C)  
• Extent to which lack of staffing or other resources limits programmes included in the country plans (C)  
• Annual Reports reflect appropriate allocation and utilization of financial allocations (C)  
• The extent to which financial expenditures align with plans (G,C)  
• Strategies and programmes are integrated across sections and take advantage of shared efficiencies and knowledge (G,C)  
• UNICEF staff can identify and describe internal integrated approaches to stunting reduction (G,C)  
• UNICEF External stakeholders discussion and description of UNICEF programmes reflect integrated approaches and promotion of | Qualitative: thematic analysis and rubric scoring  
Quantitative: descriptive statistics |
<table>
<thead>
<tr>
<th>EQ</th>
<th>Sub-EQs</th>
<th>Level</th>
<th>Key Methods and Data Sources</th>
<th>Indicators</th>
<th>Data Analysis Method</th>
</tr>
</thead>
</table>
| | EQ 3.2 To what extent is UNICEF’s staff capacity adequate for providing leadership, advocacy and technical guidance/support at various levels? What factors drive or constrain effective performance? What needs to be done to address gaps, if any, in staff/institutional capacity for fulfilling the lead role UNICEF is expected to play at the field level for contributing to sustainable and equitable reduction of stunting? |  | ▪ Global (G)  
▪ Regional (R)  
▪ Country (C) | Primary data collected via:  
- Qualitative interviews with key informants at global level and in case study countries  
- Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices  
- Web-based survey with UNICEF country office representatives | ▪ Adequate technical expertise to strategize and plan for stunting reduction (G,R,C)  
▪ Sufficient number of staff to plan and implement stunting reduction programmes (G,R,C)  
▪ Adequate expertise for advocating for stunting reduction programmes within UNICEF and across stakeholders (G,R,C) | Qualitative: thematic analysis  
Quantitative: descriptive statistics |

Evaluation Area 4: Sustainability and scale up
<table>
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</table>
| EQ 4 | Is there evidence that UNICEF’s strategies and programmes to reduce stunting are likely to be sustained or scaled up? | EQ 4.1 To what extent have sustainability considerations (technical, financial, institutional) been integrated in programme design and implementation phases by UNICEF and its counterparts? How adequate is UNICEF’s approach and contribution with respect to direct support, upstream work and creation of enabling environments (including system/capacity strengthening, building national ownership and national budget allocations) that is necessary for sustainability and scale up? | **Primary** data collected via:  
- Qualitative interviews with key informants at global level and in case study countries  
- Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices  
- Web-based survey with UNICEF country office representatives  
**Secondary** data sources:  
- Desk review of relevant country and programme documents | ▪ Extent to which programmes and strategies are sustainable given current and forecasted resources (G,R,C)  
▪ Extent to which UNICEF works with governments and stakeholders to ensure continuity of programming and sustainable funding and resource streams (C)  
▪ Extent to which scale-up considerations are reflected in country programmes, including replicability across various populations and contexts and the ability to implement at scale (C)  
▪ Extent to which UNICEF contributes to system strengthening, upstream policy, and advocacy at the national and sub-national levels (C)  
▪ Extent to which UNICEF promotes scaling up of programming to reduce stunting at a global level (C) | Qualitative: thematic analysis and rubric scoring |
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<tr>
<td>EQ 4.2</td>
<td>Are results sustainable or likely to be sustained? Are there any particular risks related to the sustainability of gains achieved in or scaling up efforts to reduce stunting in various contexts that UNICEF must address?</td>
<td>Global (G) Regional (R) Country (C)</td>
<td><strong>Primary</strong> data collected via: - Qualitative interviews with key informants at global level and in case study countries - Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices - Web-based survey with UNICEF country office representatives - Web-based survey with government counterparts and key stakeholders outside of UNICEF</td>
<td><strong>Barriers and facilitators to programme and outcome sustainability in varying contexts (G,R,C)</strong> <strong>Extent to which UNICEF takes advantage of facilitators to improve scale up or sustainability (C)</strong> <strong>Extent to which barriers are addressed in scaling up programmes, especially in scale up to less-reached and vulnerable populations (C)</strong></td>
<td>Qualitative: thematic analysis and rubric scoring</td>
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Evaluation Area 5: Leadership and leveraging partnerships
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<tr>
<td>EQ 5 Is UNICEF</td>
<td>EQ 5.1 How effective is UNICEF in its role related to global leadership</td>
<td>Global (G)</td>
<td>Primary data collected via:</td>
<td>▪ Documentation of UNICEF’s convening role at the regional and global levels, including SUN and REACH documents (G,R)</td>
<td>Qualitative: thematic analysis</td>
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<td>effective in leading and leveraging partnerships to reduce stunting?</td>
<td>and leveraging of partnerships to reduce stunting including through the SUN and REACH initiatives? How effective is UNICEF’s regional leadership and leveraging role particularly in regions with high rates of stunting? How effective is UNICEF in leveraging national government and country-level partnerships to effectively promote strategies and implement country plans?</td>
<td>Regional (R)</td>
<td>- Qualitative interviews with key informants at global level and in case study countries</td>
<td>▪ Clarity and use of region-specific strategies, realities, and opportunities in UNICEF country programmes (C)</td>
<td>Quantitative: descriptive statistics</td>
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<td></td>
<td>to reduce stunting?</td>
<td>Country (C)</td>
<td>- Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices</td>
<td>▪ Participation of UNICEF staff in key global, regional, and country events and partnerships to share knowledge and information to reduce stunting (G,R,C)</td>
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<td>- Web-based survey with UNICEF country office representatives</td>
<td>▪ Stakeholder opinions on UNICEF as a leader and convener (G,C)</td>
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<td>- Web-based survey with government counterparts and key stakeholders outside of UNICEF</td>
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<td>Secondary data sources:</td>
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<td>- Desk review of relevant country and programme documents</td>
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|    | EQ 5.2 Under what circumstances and to what extent has UNICEF been     | Country (C)    | **Primary data collected via:**  
- Qualitative interviews with key informants in case study countries  
- Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices  
- Web-based survey with UNICEF country office representatives  
- Web-based survey with government counterparts and key stakeholders outside of UNICEF  
**Secondary data sources:**  
- Desk review of relevant country and programme documents | **Leadership and participation in external collaborative partnerships and relationships (C)**  
**Extent to which external stakeholders report UNICEF as? convening stakeholders and improve engagement at the country level (C)**  
**Barriers and facilitators to external collaboration (C)** | Qualitative: thematic analysis |
<p>|    | called upon to provide leadership at the country level and how well has this role been performed including creation of enabling environments for addressing stunting? What have been the key success areas/factors and shortfalls/constraints? How could UNICEF further enhance its leadership and partnership roles at global, regional and national level to reduce stunting? |                |                                                                                                                                                                                                                           |                                                                                                                                                                                                          |                        |</p>
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| EQ 6 Are UNICEF’s strategies and programmes to reduce stunting equitable and effective in reaching disadvantaged children including children with disabilities? | EQ 6.1 How effective is UNICEF’s approach to achieving equitable results in reducing stunting? What type of approaches and interventions have yielded results in reducing stunting in disadvantaged, marginalized and less-reached areas/groups? To what extent is gender a significant factor? Has attention been given to the needs of children affected by disability? | **Primary** data collected via:  
- Qualitative interviews with key informants at global level and in case study countries  
- Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices  
- Web-based survey with UNICEF country office representatives  
- Web-based survey with government counterparts and key stakeholders outside of UNICEF  
**Secondary** data sources:  
- Desk review of relevant country and programme documents  
- Desk review of secondary data | Evidence of reduction in stunting prevalence among disadvantaged groups aligned with ToC and country plans (C)  
- Targeting of disadvantaged and marginalized groups and geographic areas in regional and country strategies and programmes (R,C)  
- Targeting and recognition of gender in global, regional, and country programmes and strategies (G,R,C)  
- Global, regional, and country strategies and programmes recognizing accessibility issues and needs of children with disabilities (G,R,C)  
- Country strategies and programmes recognize accessibility issues and needs of children with disabilities in emergency situations (C)  
- Global, regional, and country strategies and programmes contribute to other stakeholders’ recognition of issues and needs of children with disabilities in effectiveness of stunting reduction efforts (G,R,C) | **Qualitative:** thematic analysis and rubric scoring  
**Quantitative:** descriptive statistics, pre-post analyses, where possible |
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| EQ 6.2   | Are there concrete lessons that can be replicated for addressing stunting in an equitable manner targeting the most disadvantaged or vulnerable children? | Regional (R) Country (C) | **Primary** data collected via:  
- Qualitative interviews with key informants at global level and in case study countries  
- Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices  
- Web-based survey with UNICEF country office representatives  
- Web-based survey with government counterparts and key stakeholders outside of UNICEF  
**Secondary** data sources:  
- Desk review of relevant country and programme documents  
- Desk review of secondary data | ▪ Barriers and facilitators to equitably reducing stunting among disadvantaged and vulnerable children (R,C)  
▪ Replicability of programmes across disadvantaged populations and geographic regions based on identified barriers and facilitators (R,C)  
▪ Documented innovative approaches to reach disadvantaged and vulnerable children (C) | Qualitative: thematic analysis  
Quantitative: descriptive statistics, pre-post analyses, where possible |

Evaluation Area 7: Knowledge/data generation, management, and use
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| EQ 7 Does UNICEF generate and utilize knowledge and data sufficiently and appropriately to realize its stunting reduction strategies and programmes? | EQ 7.1 How adequately has UNICEF contributed to relevant knowledge, to the establishment or strengthening of effective nutrition information systems, data collection and analysis, and to monitoring and evaluation of outcomes and impact in relation to stunting, including a focus on equity? | Global (G)  
Regional (R)  
Country (C) | **Primary** data collected via:  
- Qualitative interviews with key informants at global level and in case study countries  
- Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices  
- Web-based survey with UNICEF country office representatives  
- Web-based survey with government counterparts and key stakeholders outside of UNICEF | **Secondary** data sources:  
- Desk review of relevant country and programme documents | **Extent to which UNICEF documents and contributes to knowledge base for stunting reduction (G,R,C)**  
**Barriers and facilitators of knowledge sharing and learning between sections and across global, regional, and country levels (G,R,C)** |

**Qualitative:** thematic analysis and rubric scoring
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<th>Key Methods and Data Sources</th>
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| EQ 7.2 | Are there areas that require strengthening including use of data or the results of research and evaluation at the global, regional and country levels? What lessons and concrete actions can be proposed for the post SDG context both for generating and using data at all levels? | Global (G)  
Regional (R)  
Country (C) | **Primary** data collected via:  
- Qualitative interviews with key informants at global level and in case study countries  
- Qualitative interviews with key informants representing UNICEF HQ sectors, Regional Nutrition Advisors, and select Country Offices  
- Web-based survey with UNICEF country office representatives  
- Web-based survey with government counterparts and key stakeholders outside of UNICEF | **Secondary** data sources:  
- Desk review of relevant country and programme documents | Citation of key and recent research and evaluation among UNICEF HQ, RO, and CO staff and documents (G,R,C)  
- Barriers and facilitators to utilizing research and evaluation (G,R,C)  
- Extent to which UNICEF promotes development and dissemination of evidence to promote activities that increase or improve stunting reduction (G,R,C) | Qualitative: thematic analysis and rubric scoring |
ANNEX G. COUNTRY VISIT PRELIMINARY INTERVIEW RESPONDENTS

Within UNICEF

- UNICEF Country Representative
- UNICEF Deputy Country Representative
- UNICEF Country Nutrition Section Chief
- Other Section Chiefs (e.g., WASH, Education, Early Childhood Development, Child Protection, Supply, Operations, Finance, Planning, M&E, and Communications)
- UNICEF sub-national staff member(s) during field visit

Outside UNICEF

We will work with the UNICEF CO point person to identify the appropriate ministries and organizations. Additional interviewees representing ministries or organizations engaged in stunting reduction but not working with UNICEF may be identified during interviews. These may include:

Government counterparts:

- Ministry of Health Nutrition Sector lead
- Ministry of Health Maternal and Child Health lead
- Ministry of Health WASH lead.
- National SUN Focal Point person
- National Nutrition Coordination Structure representative (if NNP in place, meet with sector leads participating in the platform – i.e. WASH, education, agriculture, fisheries, religious affairs, civil society, local development, social protection)
- Nutrition Champions (as appropriate)
- Ministry of Education
- Ministry of Agriculture
- Ministry of Fisheries
- Ministry of Social Work/Social Protection/Social Development
- Ministry of Statistics
- Ministry of Tribal Affairs
- Ministry of Religious Affairs
- Ministry of Local Development
- Ministry of Finance (as appropriate)
**Multilaterals:**
- UN Resident Coordinator
- World Food Programme
- Food and Agriculture Organization
- World Health Organization
- UNDP if country in transition setting
- UNHCR if humanitarian crisis impacts country context
- REACH Coordinator
- National Nutrition Cluster Lead
- Other National Cluster Leads if present (i.e. WASH)

**International and Local NGOs:**
- International NGOs – if feasible, interview an UNICEF implementing partner (if this is a funding mechanism in this context.)
- International NGOs – interview a NGO that has a strong/ large nutrition portfolio.
- International NGOs- interview a NGO who is collaborating with UNICEF.
- Local NGOs. Select an implementing partner if this mechanism is being utilized.
- Local NGOs - if present, select an umbrella association for local NGOs. (if consortium of local NGOs exists, if feasible, consider organizing a focus group discussion among representatives)

**Donor Agencies:**
- If feasible, select a Donor who is funding UNICEF (i.e. USAID, EU CIDA, DFID or other.)
- Select Donor Agency whose portfolio includes nutrition, MCH or WASH.
- If SUN country, GAIN (SUN Business Lead)

**Community or Civil Society Representatives / Organizations:**
- Select communities or Civil Society representatives who reside or operate within geographical areas benefiting from UNICEF initiatives.
- If present in country context, interview civil society coalitions that advocate for women and addressing gender disparities.
## ANNEX H. DOCUMENT REVIEW DATA MATRIX TEMPLATE

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<tr>
<td>Document</td>
<td>Appropriateness of coherence global, regional, country strategies &amp; plans</td>
<td>Effectiveness in addressing stunting</td>
<td>Equity and reaching disadvantaged children</td>
<td>Leadership/leveraging partnerships</td>
<td>Sustainability and scale up</td>
<td>Management/Operations</td>
<td>Knowledge/data generation and use</td>
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- 30: Notes
- 31: Memos
- 32: Notes
- 33: Memos
- 34: Notes
- 35: Memos
- 36: Notes
- 37: Memos
- 38: Notes
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ANNEX I. KEY INFORMANT INTERVIEW GUIDES

Interviewer Guide for UNICEF Nutrition Staff

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

Background:

UNICEF’s Evaluation Office commissioned ICF International to conduct a comprehensive evaluation of UNICEF’s strategies and programme performance in reducing stunting in children under five years of age. The evaluation began in January 2016 and will conclude in December 2016.

The evaluation is the first formal attempt to assess UNICEF’s strategies and programme performance in reducing stunting among children under five at the global, regional, and country levels. The focus of the evaluation is in contributing to improving UNICEF’s accountability and generating learning to guide future programmes and strategies.

The evaluation involves data collection from 24 countries. Among the 24 countries, 6 case study countries were selected to explore programmes in varying contexts. Although they are intended to represent diverse program implementation circumstances and outcomes, the selected case study countries are not intended to represent all UNICEF stunting reduction programs globally. The six case study countries are: Cambodia, Haiti, India, Mozambique, Niger, and Rwanda.

The findings from the evaluation will steer UNICEF’s future strategic plans and programmes to reduce stunting at the global, regional, and country levels. Findings will focus on key evaluation domains and cross-cutting issues to contribute to improving UNICEF’s accountability for its performance and results and generate evidence and learning to guide effective action towards sustainable reduction of stunting in the near future. The findings of the [insert name of country] Case Study will be compiled in a report which will be shared with you by UNICEF [insert name of country] as a participant in the evaluation.

You have been asked to participate in this interview as a staff person in UNICEF’s [insert name of country] Office Nutrition Section familiar with UNICEF’s programme to reduce stunting in [insert name of country]. Your participation is voluntary. Your decision of whether or not to participate will not affect your involvement in UNICEF’s programmes in any way. You may choose not to answer particular questions during the discussion without penalty. You may also choose to discontinue the interview at any time for any reason. Your responses to the interview are private. This interview is not meant to evaluate you; rather it is meant to gain insights into UNICEF’s stunting reduction programme in [insert name of country].

This discussion will take no more than 60 minutes.

This discussion is strictly confidential, which means that only the members of the project team will be able to connect your name directly with the information you provide. We will include your name and your role/title as a participant in the acknowledgements section of our report but will not attribute any information shared directly to you. However, there is a small chance that you could be identified based on the description of your role and your responses to our questions. In this regard, we believe that the risk of exposure is minimal, given that the information that we are asking you about is related to the UNICEF programme activities and is not personal information.
Your participation will not result in any direct benefits to you. However, your input may contribute to improvements to UNICEF’s strategies and programmes to reduce stunting that may be implemented in the future.

If you have any questions about the study, you can contact Rachel Kagel, the evaluation project director, at Rachel.Kagel@icfi.com or at +1.303.279.7897.

**Permission to Record Interview:**

We would like to get your permission to record this interview to ensure that we accurately capture details that you provide. However, if you do not agree to be recorded, we will not record the interview. If you agree to be recorded, only ICF evaluation staff will be able to use the recording. To protect your privacy, we will keep the notes and recordings in private files and only ICF study staff members will be allowed to use them. At the conclusion of the evaluation, all recordings will be destroyed. Do I have your permission to record the interview?

□ YES  □ NO

**EA 1: Relevance/appropriateness/coherence global, regional, country strategies & plans**

1.1 How has the Strategic Plan 2014-2017 informed strategic priorities for this CO? How has the SP 2014-2017 influenced stunting reduction efforts

   ○ 1.2 What framework do you use to plan, monitor and evaluation your programs? Is the framework specific to UNICEF or is it a shared framework with the host government and other country development stakeholders? Was this framework used from 2010-2015? [Refer to Strategic Plan 2014-2017, Mid-Term Strategic Plan 2006-2013, Health and Nutrition Plan, 2006-2015 Health and Nutrition Strategy, UNICEF’s Approach to Scaling Up Nutrition (July 2015)]

   ○ 1.3 How is this framework applied at sub national levels?

2.1 What is the process for prioritizing programmes, including amount of resources to be invested, types of support to be provided (technical assistance, direct implementation, other), interventions to be supported (nutrition-specific and/or nutrition-sensitive), and geographical areas and populations to be targeted?

   ○ 2.2 How does country-specific data and knowledge of existing local platforms and structures influence the process of prioritizing? [Probe about MORES if it is not mentioned. Is MORES used to design relevant interventions as well as track results and re-target accordingly?]

3.1 How do findings from the Situation Analysis [SITAN] feed into the programme development process? [Refer to most recent SITAN and confirm the preferred data sources]

   ○ 3.2 How do you address key determinants for stunting found in the SITAN that fall under nutrition sensitive types of interventions?

4.1 Can you share an example of a key determinant of stunting in this country context that required a nutrition sensitive intervention and how you went about incorporating that activity into the country programme?

**EA 2 Effectiveness in addressing stunting**

1.1 [Cite evidence of programme effectiveness from Annual Reports and other documents] shows evidence of progress in reducing stunting over the past 5 years (since 2010). What do you think were the key contributing factors resulting these accomplishments? What challenges have been encountered along the way? [integrated programmes, multisectoral work and partnerships, technical guidance from HQ and RO, scale up, knowledge generation and use]

2.1 What challenges has the stunting reduction programme encountered?
2.2 What critical challenges are yet to be addressed in (fill name of country) to see a further reduction in stunting as well as maintain achievements made? What potential workarounds or solutions are planned or being planned to address the challenges?

2.3 If country NOT on track to achieve targeted results based on recent Annual Reports: What needs to change to achieve your programme targets by 2017?

3.1 What unique opportunities exist in (fill in name of country) to see a further reduction in stunting and among those, which are most important for UNICEF to act on?

4.1 How do you monitor the effectiveness of nutrition resources being invested? What data sources are used to track stunting levels (e.g., MICS, DHS, SMART surveys, sentinel sites)? What trigger systems are in place to enable a quick response to geographical areas experiencing deteriorating levels of nutrition among vulnerable populations?

4.2 To what extent is cost and cost efficiency of national and sub-national stunting reduction efforts explored and considered? What tools do you use to evaluate cost efficiency?

5.1 How is resiliency being considered within emergency response interventions? Can you provide an example (e.g., cash plus; IYCF and WASH messages given to moms with kids in CMAM or supplemental feeding programmes; asset protection)?

6.1 How is UNICEF held accountable for stunting outcomes at the country level? [Are they?] What are the accountability criteria and consequences?

7.1 How does UNICEF foster a community-centered approach that empowers communities with the knowledge and tools to address their own nutrition issues?

**EA3 Efficiency of Management/Operations**

1.1 What type of engagement do you have with the other Sections? [Joint planning? Joint implementation? Some geographical/community or household targets but different avenues for implementation? Shared goals and objectives?]

1.2 Can you share an example of an integrated approach or interventions that are underway that are demonstrating or hold promise for a positive impact on stunting at the community level?

1.3 To what extent do non-nutrition Section Chiefs and technical staff see stunting reduction as an issue that requires integrated approaches?

1.4 What facilitators of integrated programmes exist?

1.5 What challenges exist?

1.6 Do CO staff agree on the key determinants of stunting and ToC for reduction of stunting in this country context?

2.1 To what extent do the Country Representative and Deputy Country Representative see stunting reduction as important?

2.2 What evidence is there that stunting reduction efforts are being integrated across section action plans?

3.1 What skills sets are vital for UNICEF staff to effectively fulfill their roles? How does UNICEF support staff to develop these skill sets? (i.e. leadership, technical excellence, advocacy/policy impact, coordination, programme development) [Do they share technical capacity building exercises across development partners or utilize south to south opportunities or online resources?] To what extent have CO human resources facilitated or limited stunting reduction efforts?

3.2 Are HQ/Regional Office guidance and technical support related to stunting reduction adequate?
3.3 Have you or your team members benefited from capacity building initiatives or technical support provided from the Regional Office or other source? What type of support was provided and how did it equip you to improve your work performance?

3.4 What skill sets are critical for UNICEF staff to be effective in serving in the leadership role/coordination capacity? How is UNICEF building the capacity of its staff to be effectively provide leadership?

How does the Section strive to make the most of the resources it has available? How does the Nutrition Section improvise when human, financial, technical, and other resources are inadequate to meet the existing needs?

**EA4 Sustainability and scale-up** (listen for themes that would contribute to an “enabling environment” such as: local ownership; utilizing existing platforms for delivery of interventions; favorable nutrition and health policies; evidence based national nutrition framework in place and shared by all implementing partners; cross sectoral national and subnational working groups to address malnutrition and its key determinants; real time monitoring and evaluation processes with heavy data utilization focus for re-targeting of resources and efforts and to encourage local problem solving)

1.1 What nutrition related interventions are most critical in this context to take to scale to realize a sustainable reduction in stunting among children under five? What are the greatest challenges to sustaining and bringing UNICEF programmes to reduce stunting to scale? What opportunities exist to address these challenges? [evidence of institutional sustainability]

2.1 What contributions and commitments are being made by the Government to prioritize and impact the reduction of stunting in (fill in the name of the country)?

- 2.2 Are the contributions, investments and commitments an increase or decrease from the year before? Can you show me the multi-year plan that is in place for host country Government incremental increase of investments for stunting reduction? [evidence of financial sustainability]
- 2.3 Are real outcomes being assessed (i.e., results for annual anthropometric nutrition surveys) to guide the prioritization of commitments and investments?
- 2.4 What opportunities exist to build capacity within the Government [refer to lead line ministry for nutrition] (e.g., supply management, staffing, training)? What factors impede capacity building?
- 2.5 What challenges has UNICEF encountered in advocating for upstream policies for stunting reduction? What factors have contributed to these obstacles?
- 2.6 What challenges have been presented in supporting stunting reduction policies in the field (downstream)?

3.1 What processes are in place to build national and sub-national partners capacities to sustainably address the reduction of stunting among children under five years of age? [evidence of technical sustainability]

- 3.2 What contributions and commitments are communities making to prioritize and impact the reduction of stunting in their respective areas?

4.1 How is climate change impacting your sector of implementation? How is the impact of climate change being assessed and mitigated by the Nutrition Section?

**EA5 Leadership/leveraging partnerships**

1.1 The Nutrition Section reports partnering with several partners [Refer to names of key partners for stunting reduction as reported in the country documents] to reduce stunting. How have these partnerships contributed to achievement of programme results?

- 1.2 What nutrition/stunting and/or multi-sectoral-related networks/platforms are UNICEF participating in? How often? What role is UNICEF playing within these
networks? At what level are these networks present and functioning (national and subnational [state, province, district], community level) [village, town]?

- 1.3 How is UNICEF engaging other UN Multilateral agencies present in country to maximize their impact on reduction of stunting (ie WHO, WFP, UNFPA, FAO)?
- 1.4 Can you give an example of joint planning or implementation of interventions that has led to improved outcomes at the community level?
- 1.5 How does UNICEF work with the national and sub-national governments to reduce stunting in (fill in name of country)? [Tailor to the country structure and UNICEF’s presence in the country at the sub-national level] What key capacities have been identified for strengthening and what action plans are in place to strengthen capacities?

2.1 What further opportunities exist for enhancing collaboration with external stakeholders for nutrition reduction? How will UNICEF make the most of those opportunities in the next 3 years?

3.1 If this is a SUN country, how has the presence of SUN impacted the UNICEF programme strategy and implementation at national, district, and community level? What further opportunities exist to increase the impact the SUN partnership can have down to the community level?

EA6 Equity and reaching disadvantaged children

1.1 Who are the vulnerable groups that have been targeted in this context? What was the process for determining who will be included in the “vulnerable group” or disadvantaged group for special targeting? [Refer to known vulnerable groups based on SITAN or other country documents – vulnerable groups may include ethnic groups, castes, tribes, indigenous groups, genders, socio-economic groups, children with disabilities, orphans, migrant groups, children affected by HIV/AIDS]

- 1.2 What social protection interventions are being provided to vulnerable groups as part of stunting reduction programmes?
- 1.3 How are vulnerabilities or the coverage of vulnerable groups tracked in the monitoring process (disaggregated data or other ways)? Are vulnerabilities and related intervention coverage being mapped or tracked in some manner?

2.1 How are gender norms/ issues identified, addressed and incorporated into assessment, implementation and monitoring activities?

- 2.2 What are the most significant gender inequalities that must be addressed in this implementation context to realize a greater impact on the reduction of stunting?
- 2.3 How is UNICEF and its partners going about addressing these recognized gender challenges?

3.1 Give an example of a gender-related bottleneck or barrier that has been identified and is currently being addressed within programmes?

- 3.2 How is UNICEF building the capacity of its partners at all levels to recognize and address inequities, gender imbalances and vulnerabilities (nutritional as well as other), including the protection of vulnerable children.

EA7 Knowledge/data generation and use

1.1 How does UNICEF encourage use of data for intervention selection and prioritization, geographical targeting, conducting advocacy, and tracking results for its nutrition interventions?

- 1.2 What data does UNICEF collect at the various levels (community, district, provincial, global) to guide and adapt its programmes for improved outcomes? How does UNICEF build capacity for the timely collection and use of quality relevant data among its staff and counterparts? Are data collection systems parallel to or integrated/synchronized with existing data systems? What is the community component of the data collection and use that enables local problem solving and ownership of activities?
- 1.3 How does UNICEF and its partners define, track or map equitable coverage?
- 1.4 How does UNICEF, in collaboration with country partners, use these data for early and effective emergency response?
2.1 What is the process for utilizing and sharing data?
   - 2.2 What platforms, partnerships, or meetings exist to utilize and share data at the sub-national, national, and regional levels?
   - 2.3 Can you give an example of how data was used to re-direct investments and re-target interventions to realize improved outcomes?
   - 2.4 Can you give an example of how data was used to bring about change within advocacy efforts?
   - 2.5 What measures are in place to maintain and improve data quality, accuracy, relevancy and timely use of data?

3.1 What challenges exist around disseminating and using data (e.g., partner capacity to interpret data, concerns about data reliability)?

**General Conclusion:**

1.1 If you could change one thing with regard to UNICEF what would it be?
Background:
UNICEF’s Evaluation Office commissioned ICF International to conduct a comprehensive evaluation of UNICEF’s strategies and programme performance in reducing stunting in children under five years of age. The evaluation began in January 2016 and will conclude in December 2016.

The evaluation is the first formal attempt to assess UNICEF’s strategies and programme performance in reducing stunting among children under five at the global, regional, and country levels. The focus of the evaluation is in contributing to improving UNICEF’s accountability and generating learning to guide future programmes and strategies.

The evaluation involves data collection from 24 countries. Among the 24 countries, 6 case study countries were selected to explore programmes in varying contexts. Although they are intended to represent diverse program implementation circumstances and outcomes, the selected case study countries are not intended to represent all UNICEF stunting reduction programs globally. The six case study countries are: Cambodia, Haiti, India, Mozambique, Niger, and Rwanda.

The findings from the evaluation will steer UNICEF’s future strategic plans and programmes to reduce stunting at the global, regional, and country levels. Findings will focus on key evaluation domains and cross-cutting issues to contribute to improving UNICEF’s accountability for its performance and results and generate evidence and learning to guide effective action towards sustainable reduction of stunting in the near future. The findings of the [insert name of country] Case Study will be compiled in a report which will be shared with you by UNICEF [insert name of country] as a participant in the evaluation.

You have been asked to participate in this interview as a staff person in UNICEF’s [insert name of country] Office familiar with UNICEF’s programme to reduce stunting in [insert name of country]. Your participation is voluntary. Your decision of whether or not to participate will not affect your involvement in UNICEF’s programmes in any way. You may choose not to answer particular questions during the discussion without penalty. You may also choose to discontinue the interview at any time for any reason. Your responses to the interview are private. This interview is not meant to evaluate you; rather it is meant to gain insights into UNICEF’s stunting reduction programme in [insert name of country].

This discussion will take no more than 60 minutes.

This discussion is strictly confidential, which means that only the members of the project team will be able to connect your name directly with the information you provide. We will include your name and your role/title as a participant in the acknowledgements section of our report but will not attribute any information shared directly to you. However, there is a small chance that you could be identified based on the description of your role and your responses to our questions. In this regard, we believe that the risk of exposure is minimal, given that the information that we are asking you about is related to the UNICEF programme activities and is not personal information.
Your participation will not result in any direct benefits to you. However, your input may contribute to improvements to UNICEF’s strategies and programmes to reduce stunting that may be implemented in the future.

If you have any questions about the study, you can contact Rachel Kagel, the evaluation project director, at Rachel.Kagel@icfi.com or at +1.303.279.7897.

Permission to Record Interview:

We would like to get your permission to record this interview to ensure that we accurately capture details that you provide. However, if you do not agree to be recorded, we will not record the interview. If you agree to be recorded, only ICF evaluation staff will be able to use the recording. To protect your privacy, we will keep the notes and recordings in private files and only ICF study staff members will be allowed to use them. At the conclusion of the evaluation, all recordings will be destroyed. Do I have your permission to record the interview?

☐ YES
☐ NO

Questions for Country Representative/Deputy Country Representative:

- How do you support integrated programming to achieve the COs designated stunting reduction goal?
- How has the Strategic Plan 2014-2017 informed strategic priorities for this CO? How do you reconcile the national and sub-national needs identified through Situation Analysis with global guidance to reduce stunting in (fill in name of country)?
- How does the CO strive to make the most of the resources it has available?
- What skills sets are vital for UNICEF staff to effectively fulfill their roles? How does UNICEF support staff to develop these skill sets? (i.e. leadership, technical excellence, advocacy/policy impact, coordination, programme development) [Do they share technical capacity building exercises across development partners or utilize south to south opportunities or online resources?] To what extent have CO human resources facilitated or limited stunting reduction efforts?
  - Are HQ/Regional Office guidance and technical support related to stunting reduction adequate?
  - Have you or your team members benefited from capacity building initiatives or technical support provided from the Regional Office or other source? What type of support was provided and how did it equip you to improve your work performance?
  - What skill sets are critical for UNICEF staff to be effective in serving in the leadership role/coordination capacity? How is UNICEF building the capacity of its staff to be effectively provide leadership?
- How is UNICEF held accountable for stunting outcomes at the country level? [Are they?] What are the accountability criteria and consequences?
- How does UNICEF foster a community-centered approach that empowers communities with the knowledge and tools to address their own nutrition issues?

Questions for Nutrition Sensitive Sector Staff (WASH, Health, Early Childhood Education ECD, Social Protection):

- What interventions does this section currently implement or support that contribute to the goal of reducing stunting in (fill in name of country)?
  - How does improvement in your sector related indicators relate to improvements in child and household nutrition, including the reduction of stunting among young children?
- For non-nutrition technical staff: To what extent do the Country Representative and Deputy Country Representative see stunting reduction as important? To what extent do non-nutrition Section Chiefs and technical staff see stunting reduction as an issue that requires integrated
approaches and attention or inputs from their own sector? [Probe for an example of their commitment and prioritization of stunting reduction]

- To what extent do sections within the UNICEF (fill in name of country) CO collaborate to achieve development goals and the reduction of stunting in particular?
  - Is there an example of multi-sectoral work within this CO?
  - What has helped multisector planning move forward in this CO and/or among development partners in this country?
- What challenges to integrated or multisectoral work are faced by Sections in this CO?
- What opportunities exist to work in a more integrated or convergent manner in this CO? What processes would support such approaches?
- Social Protection Section: What activities are you implementing that help households/community better prepare for and mitigate against the potential harms of natural disasters/climate change/market changes (i.e., resiliency)?
- Social protection and Early Childhood Development Section: Who are the vulnerable groups that have been targeted for your activities? [If not mentioned, see if children with disabilities are part of the vulnerable group]
- Education and Early Childhood Development Sections: How is UNICEF building the capacity of its partners at all levels to recognize and address inequities, gender imbalances and vulnerabilities (nutritional as well as other), including the protection of vulnerable children?
- How is UNICEF held accountable for stunting outcomes at the country level? [Are they?] What are the accountability criteria and consequences?
- How does UNICEF foster a community-centered approach that empowers communities with the knowledge and tools to address their own nutrition issues?
- If you could change one thing with regard to UNICEF what would it be?

Questions for Communications Staff:
- How do Communications (Advocacy and Communication and Communications for Development) support the stunting reduction agenda in (fill in name of country)? How does the Communications Section collaborate with the Nutrition and other Sections to reduce stunting?
- What successes have emerged from such collaboration?
- What challenges exist?
- What opportunities exist?
- How is UNICEF held accountable for stunting outcomes at the country level? [Are they?] What are the accountability criteria and consequences?
- How does UNICEF foster a community-centered approach that empowers communities with the knowledge and tools to address their own nutrition issues?
- If you could change one thing with regard to UNICEF what would it be?

Questions for Planning, Monitoring & Evaluation Staff:
- How does the PME/PPE Section support the reduction of stunting in (fill in name of country)?
- How does UNICEF encourage use of data for intervention selection and prioritization, geographical targeting, conducting advocacy, and tracking results for its nutrition interventions?
  - What data does UNICEF collect at the various levels (community, district, provincial, global) to guide and adapt its programmes for improved outcomes? How does UNICEF build capacity for the timely collection and use of quality relevant data among its staff and counterparts? Are data collection systems parallel to or integrated/synchronized with existing data systems? What is the community component of the data collection and use that enables local problem solving and ownership of activities?
  - How does UNICEF and its partners define, track or map equitable coverage?
- How does UNICEF, in collaboration with country partners, use these data for early and effective emergency response?
- What is the process for utilizing and sharing data?
  - What platforms, partnerships, or meetings exist to utilize and share data at the sub-national, national, and regional levels?
  - Can you give an example of how data was used to re-direct investments and re-target interventions to realize improved outcomes?
  - Can you give an example of how data was used to bring about change within advocacy efforts?
  - What measures are in place to maintain and improve data quality, accuracy, relevancy and timely use of data?
- What challenges exist around disseminating and using data (e.g., partner capacity to interpret data, concerns about data reliability)?
- How is UNICEF held accountable for stunting outcomes at the country level? [Are they?] What are the accountability criteria and consequences?
- How does UNICEF foster a community-centered approach that empowers communities with the knowledge and tools to address their own nutrition issues?
- If you could change one thing with regard to UNICEF what would it be?
Background:

UNICEF’s Evaluation Office commissioned ICF International to conduct a comprehensive evaluation of UNICEF’s strategies and programme performance in reducing stunting in children under five years of age. The evaluation began in January 2016 and will conclude in December 2016.

The evaluation is the first formal attempt to assess UNICEF’s strategies and programme performance in reducing stunting among children under five at the global, regional, and country levels. The focus of the evaluation is in contributing to improving UNICEF’s accountability and generating learning to guide future programmes and strategies.

The evaluation involves data collection from 24 countries. Among the 24 countries, 6 case study countries were selected to explore programmes in varying contexts. Although they are intended to represent diverse program implementation circumstances and outcomes, the selected case study countries are not intended to represent all UNICEF stunting reduction programs globally. The six case study countries are: Cambodia, Haiti, India, Mozambique, Niger, and Rwanda.

The findings from the evaluation will steer UNICEF’s future strategic plans and programmes to reduce stunting at the global, regional, and country levels. Findings will focus on key evaluation domains and cross-cutting issues to contribute to improving UNICEF’s accountability for its performance and results and generate evidence and learning to guide effective action towards sustainable reduction of stunting in the near future. The findings of the [insert name of country] Case Study will be compiled in a report which will be shared with you by UNICEF [insert name of country] as a participant in the evaluation.

You have been asked to participate in this interview because your colleagues in the UNICEF [insert name of country] Country Office identified you as an important stakeholder working to reduce stunting in [insert name of country]. Your participation is voluntary. Your decision of whether or not to participate will not affect your involvement in UNICEF’s programmes in any way. You may choose not to answer particular questions during the discussion without penalty. You may also choose to discontinue the interview at any time for any reason. Your responses to the interview are private. This interview is not meant to evaluate you; rather it is meant to gain insights into UNICEF’s stunting reduction programme in [insert name of country].

This discussion will take no more than 60 minutes.

This discussion is strictly confidential, which means that only the members of the project team will be able to connect your name directly with the information you provide. We will include your name and your role/title as a participant in the acknowledgements section of our report but will not attribute any information shared directly to you. However, there is a small chance that you could be identified based on the description of your role and your responses to our questions. In this regard, we believe that the risk of exposure is minimal, given that the information that we are asking you about is related to the UNICEF programme activities and is not personal information.
Your participation will not result in any direct benefits to you. However, your input may contribute to improvements to UNICEF’s strategies and programmes to reduce stunting that may be implemented in the future.

If you have any questions about the study, you can contact Rachel Kagel, the evaluation project director, at Rachel.Kagel@icfi.com or at +1.303.279.7897.

Permission to Record Interview:

We would like to get your permission to record this interview to ensure that we accurately capture details that you provide. However, if you do not agree to be recorded, we will not record the interview. If you agree to be recorded, only ICF evaluation staff will be able to use the recording. To protect your privacy, we will keep the notes and recordings in private files and only ICF study staff members will be allowed to use them. At the conclusion of the evaluation, all recordings will be destroyed. Do I have your permission to record the interview?

☐ YES
☐ NO

EA1 Relevance/appropriateness/coherence global, regional, country strategies & plans

1.1 How do development partners in (fill in name of country) collaborate and harmonize their understanding of the determinants of stunting, vulnerable groups, and shared framework for tackling these determinants?
   ☐ 1.2 How do development partners work together to determine priorities and levels of investment for the reduction of stunting?

EA2 Effectiveness in addressing stunting

1.1 What efforts do your/your organization support to contribute to the reduction of stunting among children under five years of age in this country?
   ☐ 1.2 For technical stakeholders: What progress have you seen towards the reduction of stunting among children under five years of age in this country over the past 3 to 5 years? What were the critical inputs or processes that made this progress possible?

2.1 What unique opportunities exist in (fill in name of country) to see a further reduction in stunting and among those, which are most important for UNICEF to act on?
   ☐ 2.2 For technical stakeholders: What challenges must be overcome (fill name of country) to see a further reduction in stunting as well as maintain achievements made? Can you think of any potential workarounds or solutions to address the barriers?

3.1 How does UNICEF foster a community-centered approach that empowers communities with the knowledge and tools to address their own nutrition issues?

EA3 Efficiency of Management/Operations

For organizations that are in a funding relationship with UNICEF:

1.1 For how long has your organization been receiving funds from UNICEF?
1.2 What are the most positive aspects of being a UNICEF grantee/sub-contractor?
1.3 What are some of the constraints you face in executing the UNICEF sub-contract?

EA4 Sustainability and scale-up

For Government counterparts and technical partners:

1.1 What government policies exist that are critical to support the reduction of stunting?
   ○ 1.2 How is UNICEF supporting these policies in the field (downstream)?

2.1 What policies exist that inhibit progress towards achieving nutrition goals?
   ○ 2.2 What advocacy actions is UNICEF and other development partners taking to see movement in policies (upstream)?
• What contributions and commitments are being made by the Government to prioritize and impact the reduction of stunting in (fill in the name of the country)?

4.1 What contributions and commitments are communities making to prioritize and impact the reduction of stunting in their respective areas?

5.1 How has climate protection been incorporated into programme interventions and operations?

6.1 What opportunities exist to sustain and bringing stunting reduction programmes to scale in (fill in name of country)?
  o 6.2 What challenges exist to bring such programmes to scale?

**EA5 Leadership/leveraging partnerships**

1.1 What role does UNICEF play in advancing the agenda for reducing stunting among children under five in this country?
  o 1.2 What have been UNICEF’s most critical contributions to the reduction of stunting in (fill in name of country)?
  o 1.3 What interactions do you or your organization have with UNICEF? [If they do not mention anything related to nutrition/stunting, then probe for any engagement specifically around nutrition. Probe to find out specifics – frequency, communications or advocacy, network, funding relationship, sharing data, receiving supplies for implementation, capacity building activities, etc.]
    ▪ 1.3.1 Do you/your organization work to reduce stunting (nationally, State/Province/District level, village/town level, community-based)? At what levels do you collaborate with UNICEF to reduce stunting?
  o 1.4 What needs do you or your organization have with regard to stunting reduction (training, technical guidance, supplies) that UNICEF could potentially provide?

2.1 What nutrition/stunting and/or multi-sectoral-related networks/platforms exist in (fill in name of country)?
  o 2.2 How often do they meet?
  o 2.3 What role is UNICEF playing within these networks?
  o 2.4 What successes have been achieved by this network?
  o 2.5 What challenges are faced by this network?
  o 2.6 How could UNICEF better support the network or platform?

3.1 In your experience, does UNICEF effectively convene external stakeholders to reduce stunting in (fill in name of country)?
  o 3.2 What opportunities exist for further collaboration?
  o 3.3 How could UNICEF better engage partners to reduce stunting?

4.1 If this is a SUN country, how has the presence of SUN impacted the stunting reduction at national, district, and community level?
  o 4.2 How has UNICEF participated in or facilitated this?
  o 4.3 How can SUN strengthen and extend its reach and impact in country to see results down to the community level?

**EA6 Equity and reaching disadvantaged children**

1.1 How are the organizations, ministries, and agencies that exist to address the needs of vulnerable groups involved in stunting reduction programmes in (fill in name of country)? [Refer to known vulnerable groups based on SITAN or other country documents]
  o 1.2 What opportunities exist to enhance the targeting of vulnerable groups?

**EA7 Knowledge/data generation and use**

1.1 How does UNICEF facilitate data generation, utilization and dissemination?
  o 1.2 Are there any examples of recent dissemination of stunting reduction findings? [Refer to specific surveys]
1.3 How were these findings utilized to improve targeting or advocate for increased investments?
1.4 What attention is given to tracking, mapping outcomes and coverage among vulnerable groups?
1.5 How do development partners work together to define and track vulnerable groups?

2.1 What gaps in data or knowledge exist in [fill in name of country] with regard to stunting?

2.2 What role could UNICEF play in helping to address these gaps?

• Are you aware of UNICEF building capacity for the timely collection and use of quality relevant data among its partners? Please give an example.

4.1 How does UNICEF support the use of data for early and effective emergency response?

**General Conclusion:**

1.1 If you could change one thing with regard to UNICEF what would it be?
ANNEX J. OUTLINE OF DELIVERABLES

Desk Review Report

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3 Findings
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3.1.1 EQ 1: How relevant, appropriate, adequate, and coherent are UNICEF’s programmes, strategies, and plans to reduce stunting at the country levels?
3.2 KEQ2: Do country programmes support the efficient implementation of programme actions, build commitment, and strengthen leadership and governance for improved nutrition?
3.2.1 EQ 3: Are UNICEF’s management and operations approaches and resources adequate and efficiently utilized for its stunting reduction strategies and programmes?
3.2.2 EQ 5: Is UNICEF effective in leading and leveraging partnerships to reduce stunting?
3.3 KEQ3: Are programme actions effective in achieving desired identified country programme outputs and sustainable nutrition-specific interventions and nutrition-sensitive programming to improve stunting through building capacity and fostering a community-centred approach?
3.3.1 EQ 2: How effective are UNICEF country programmes in addressing stunting outputs and outcomes identified in country programmes and results matrices?
3.3.2 EQ 4: Is there evidence that UNICEF’s strategies and programmes to reduce stunting are likely to be sustained or scaled up?
3.4 Cross-cutting Issues
3.4.1 EQ 6: How does UNICEF consider equity and reach of disadvantaged children in designing country programmes, supporting implementation of programme actions, and achieving country outputs and sustainable improvements in stunting?
3.4.2 EQ 7: How does UNICEF generate, use, and manage knowledge and data to design country programmes, supporting implementation of programme actions, and achieving country outputs and sustainable improvements in stunting?
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5 Conclusions

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Annex 2 Key Informant Interview respondents
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2.2 Data Collection
2.2 Triangulation
2.3 Evaluation Limitations

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3.4.2 EQ 7: How does UNICEF generate, use, and manage knowledge and data to design country programmes, supporting implementation of programme actions, and achieving country outputs and sustainable improvements in stunting?

4 Key Recommendations
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3 Findings

3.1 KEO4: How does UNICEF work with global stakeholders, ROs, and COs to identify and promote sustainable strategies for stunting reduction?

3.1.1 EA 5: Leadership and leveraging partnerships

3.2 KEQ5: How does UNICEF coordinate global messages, including the SDGs and other global targets, and local realities to inform and adapt the SP and other strategies and plans to identify programme actions and approaches to effectively and sustainably reduce stunting through nutrition-specific interventions and nutrition-sensitive programming, building capacity, and fostering a community-centred approach that reflect country contexts?

3.2.1 EA 2: Effectiveness in addressing stunting reduction

3.2.2 EA 4: Sustainability and scale up

3.3 KEQ6: How does UNICEF support COs (and ROs) in developing and implementing more localized and efficient strategies that consider the UNICEF SP?

3.3.1 EA 3: Efficiency of management and operations

3.4 KEQ7: Are global (and regional) strategies effective in translating desired outputs as stated in the SP that are adapted to the country context, including country needs (as identified in a situational analysis), national plans, and fragile and emergency situations?

3.4.1 EA 1: Relevance, appropriateness, adequacy, and coherence of strategies and plans to country programmes

3.5 Cross-cutting Issues

3.5.1 EA 6: Equity and reach of disadvantaged children

3.5.2 EA 7: Knowledge/data generation, use, and management

4 Key Recommendations

5 Conclusions

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ANNEX K. TEAM MEMBER BIOS

Helen Connolly, PhD, MA, MPA (Team Lead)

Biography: Dr. Connolly has over 20 years of experience in economic research and evaluation and has supported projects across the globe. She is experienced in methodologies of the evaluation of health, nutrition, income, gender equality, and poverty. In recent years, her focus has been on health and nutrition processes and outcomes and cost-effectiveness of international development programmes in HIV and nutrition programming. She provides technical assistance to 54-plus SUN countries, including evaluability assessments, formative assessments, cost estimation, cost-effectiveness, and monitoring and evaluation of implementation. She oversees multiple projects, conducting multivariate analyses on nutrition-related indicators to determine their correlation with malnutrition measures, assess the impact of nutrition interventions on health outcomes, and estimate the cost-effectiveness of these interventions. Dr. Connolly has considerable experience with a variety of research and evaluation methods, with a particular emphasis on longitudinal data analysis. She has conducted and overseen literature reviews, one-on-one interviews, evaluability assessments, and summative assessments of health and nutrition interventions. Dr. Connolly has conducted analysis with health data from large-scale secondary data sets, including survey data and national registry data from multiple countries.

Education:

• Ph.D., 2002, Boston College, Economics (Econometrics & Labor)
• M.A., 1999, Boston College, Economics
• M.P.A., 1994, Columbia University, School of International and Public Affairs, Education Policy
• Certificate of Graduate Studies, 2015, Tufts University, Friedman School of Nutrition Science and Policy, Delivery Science for International Nutrition
• B.A., 1988, Brandeis University, Economics and Psychology

Rachel Kagel, MPH (Project Manager/Team Member)

Biography: Ms. Kagel has 8 years of research, evaluation, and programme experience in various areas of public health. Her roles have mainly included designing data collection instruments and systems; managing data; developing interview protocols; developing and employing interview recording templates; conducting in-depth interviews; collecting data; assessing data quality; analyzing qualitative and quantitative data; training data collectors; coordinating data collection teams; providing technical assistance to grantees and other stakeholders; reviewing literature; and developing dissemination products. Ms. Kagel currently serves as a project manager of MQSUN Phase IV aimed at providing technical assistance to multiple countries in supporting multisectoral nutrition efforts. As part of current and previous phases of MQSUN, Ms. Kagel supported individual countries in costing their multisectoral nutrition plans and developing financial tracking mapping (e.g., Burundi, Ghana, Lao PDR, Congo, El Salvador, Lesotho, and Nepal); coordinated the extraction and entry of programme and cost data from over 20 country nutrition plans; and analyzed data and prepared summaries of findings for presentation to country leadership, the SUN Movement Secretariat, and other stakeholders. She is proficient in Excel, Stata, SAS, SPSS, ATLAS.ti, and EndNote.
Education:

- MPH, Population and Family Health, Columbia University Mailman School of Public Health, 2011
- BA, International Studies, Emory University, 2007

Anne Siegle, MPH, BSN (Team Member)

**Biography:** Ms. Siegle is an international public health professional with more than 20 years of experience in the design, management, and evaluation of nutrition and health initiatives in development, transition, and emergency contexts. She has extensive field experience working at the district-, provincial-, national-, regional-, and global levels to strengthen and integrate maternal, newborn and child nutrition, and health programmes and related policy in collaboration with governments, local partners, communities, and the international community. She has served as an associate professor at Johns Hopkins University Bloomberg School of Public Health and Tulane University School of Public Health and Tropical Medicine, teaching courses on nutrition and livelihoods and primary health care in developing countries. At ICF, she provides leadership for the design of integrated nutrition and agriculture interventions that lead to sustainable livelihoods and improved nutrition outcomes among the most vulnerable segments of the population, with a focus on the first 1,000-day period.

Education:

- MPH, Johns Hopkins University Bloomberg School of Public Health, 1992; Department of International Health, Division of Health Systems
- BSN, Community Health Nursing specialization, Berea College, 1985

Tesfayi Gebresellassie, PhD (Team Member)

**Biography:** Dr. Gebresellassie has more than 15 years of experience working in areas of public health, development, nutrition, and gender issues in the developing countries. He has expertise in evaluation, data collection and management, and applied econometrics. His PhD dissertation investigated the relationship between mother’s education and child nutrition and health. He is proficient in multiple statistical and econometric software and has published numerous articles in peer-reviewed journals, chapters in books, and working paper series. Dr. Gebresellassie has provided support to MQSUN projects in Ghana, Lao PDR, Rwanda, and Tajikistan, including conducting key informant interviews, analysis of district and national scale-up plans, evaluating scale-up for specific target populations (e.g., children younger than 24 months and pregnant and lactating women), and serving as a liaison between multisectoral country and MQSUN teams. In addition, he has worked extensively supporting various Demographic and Health Surveys on the topics of predictors of multidimensional child deprivation, infant and under-5 mortality, unmet need for family planning, fertility levels and changes, spousal gender-based violence, women’s empowerment; and maternal iron and Vitamin A supplementation and the nutritional status of children.

**Education:**

- PhD, Economic Development and Demography, Pennsylvania State University, 2005
• MA, Economics, Pennsylvania State University, 2005  
• MA, Econometrics and Social Statistics, University of Kent at Canterbury, 1989  
• BSc, Statistics, Addis Ababa University, 1982

Jose Monroy, MSc, MA (Data Analyst)

Biography: Jose has four years of experience in research, evaluation, and programme experience in various areas of international development. His roles have mainly included supporting technical assistance assignments, conducting research and drafting research outputs, managing data, conducting in-depth interviews, analyzing qualitative and quantitative data, as well as supporting the development of data collection instruments and systems, interview protocols, and interview recording templates. Jose has gained experience in nutrition and gender issues by participating in the Evaluation of the EU Humanitarian Aid and Civil Protection Department’s (ECHO) Interventions in the Sahel (2010–2014), assessing the effectiveness of the ECHO Sahel Plan in addressing humanitarian needs in the region, notably in malnutrition support and treatment for children under 5 and pregnant and lactating women.

Education:
• Post-Graduate Certificate in Urban Design University of Westminster, 2014  
• MSc Contemporary Urbanism London School of Economics & Political Science, 2010  

Anna Tarrant (Data Analyst)

Biography: Ms. Tarrant brings more than six years of experience in health and development to ICF International. She has applied her formal training in sustainable international development to research, evaluation, and implementation of programmes to improve under- and over-nutrition, water management for agricultural production, HIV/AIDS, housing, and human rights. She has substantial experience in the United States and multiple regions of Africa and in qualitative and quantitative methods. Her responsibilities have included tool development, primary and secondary data collection and review, data management, and data analysis.

Education:
• Masters of Development Practice (MDP), Emory University, 2013  
• BA, History/Politics, New York University, 2009