

EVALUATION OFFICE

**Learning from Nutrition Programme Evaluations:
A Thematic Evaluation Synthesis Report**

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
BFHI	Baby Friendly Hospital Initiative
CEE/CIS	Central and Eastern Europe/Commonwealth of Independent States (Regional Office)
CMAM	Community-based Management of Acute Malnutrition
EAPRO	East Asia and Pacific Regional Office
ERD	Evaluation Report Database
ESARO	Eastern and Southern Africa Regional Office
GAIN	Global Alliance for Improved Nutrition
GMP	growth monitoring and promotion
IYCF	infant and young child feeding
MENA	Middle East and North Africa
MICS	Multiple Indicator Cluster Surveys
MTSP	medium-term strategic plan
NGO	non-governmental organization
REACH	Renewed Efforts Against Child Hunger and Undernutrition Initiative
SUN	Scaling Up Nutrition
TACRO	Regional Office for Latin America and the Caribbean
WCARO	West and Central Africa Regional Office
WHO	World Health Organization

Preface

Combatting maternal and child undernutrition has long been an important part of UNICEF's advocacy and programme work. UNICEF's first nutrition strategy was approved by the Executive Board in 1990 and replaced by the Health and Nutrition Strategy 2006–2015. Going forward, nutrition will continue to be an important area of work, both through regular programmes and through humanitarian action. UNICEF's Strategic Plan 2014–2017 assigns key importance to supporting improvements in child nutrition and commits the organization to achieving measurable outcomes in this area. Meanwhile, a broad-based nutrition strategy is in preparation. It is therefore timely to look back and reflect on lessons learned from nutrition programme evaluations to inform UNICEF's current and future work to support better nutrition for children around the world.

The purpose of this thematic evaluation synthesis report is to draw lessons from a large number of evaluations of UNICEF-supported programmes in the area of nutrition. The paper is based mainly on review of 49 evaluations managed by UNICEF in the period 2009 to 2013. The analysis considers key evaluation criteria and cross-cutting issues. By providing synthesized findings, the report identifies factors supporting and constraining successful nutrition programming and results. It also draws conclusions about the quality and coverage of evaluations. It aims, ultimately, to identify and share good practices to inform and improve UNICEF's performance.

The present report summarises the findings of a meta-analysis of UNICEF's nutrition programme evaluations conducted between 2009 and 2013, supplemented by a desk review of related documentation, a survey of UNICEF country offices on evaluation use and consultations with selected UNICEF staff. The detailed findings of this meta-analysis have been made available in a separate working paper intended to inform UNICEF staff at all levels. The working paper is available on the evaluation pages of the UNICEF website.

I am grateful to colleagues in the Evaluation Office for their work on this report, notably Krishna Belbase, Senior Evaluation Specialist, who managed this exercise and prepared the synthesis report with support from Laura Olsen, Evaluation Specialist and Celeste Lebowitz, Programme Assistant.

Questions or comments about the report can be addressed to the Evaluation Office at the following email address: evalhelp@unicef.org.

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I. Introduction

1. Adequate nutrition is vital for child survival and development. The theme for this evaluation synthesis report is child nutrition, selected in view of the importance of the subject and the growing involvement of UNICEF in nutrition programmes and partnerships. The findings, conclusions and recommendations of the report are intended to inform and support work by UNICEF at all levels.
2. Child survival and development are fundamental principles of the Convention of the Rights of the Child and combatting maternal and child undernutrition has been an important part of UNICEF's advocacy and programme work for many decades. To prevent, manage and treat undernutrition, UNICEF employs proven cost-effective strategies, practices and upstream policy interventions. Equity considerations in nutrition programming are now recognized to be particularly important, as stunting and other forms of undernutrition often afflict the less reached and most vulnerable populations with the greatest severity.
3. UNICEF's Executive Board approved the organization's first Nutrition Strategy in 1990. This included a conceptual framework on the causes of malnutrition, which emphasized the notion of *assessment-analysis-action* and the need to mobilize 'bottom-up' community-based action to improve nutrition. The strategy also highlighted the need for advocacy and social mobilization at all levels to address malnutrition. In 2006, UNICEF developed a Health and Nutrition Strategy, 2006–2015. The 2006 strategy reflected an important shift that put greater focus on policy actions to leverage large-scale coverage with proven high impact nutrition interventions. In recent years, UNICEF has played a major role in several partnership initiatives such as the Scaling Up Nutrition (SUN) movement, the Renewed Efforts Against Child Hunger and Undernutrition (REACH) initiative, and the Global Alliance for Improved Nutrition (GAIN), which have expanded global partnerships to improve child nutrition. UNICEF is currently in the process of finalizing a broad-based nutrition strategy for addressing child malnutrition.
4. In countries where UNICEF identifies nutrition as a priority, programme components typically include infant and young child feeding (IYCF), addressing micronutrient deficiencies,¹ and community-based management of acute malnutrition (CMAM). Growth monitoring and promotion (GMP) is less frequently implemented as a separate programme component and is occasionally integrated in other components such as IYCF and CMAM. In recent years, nutrition programmes have tended to prioritize the first 2–3 years of childhood as well as maternal nutrition. Nutrition also constitutes a major area of UNICEF's work in emergencies.

¹ Micronutrients include vitamin A, iron and iodine. For the purpose of this analysis, 'micronutrient-focused interventions' include those that aim to treat and/or prevent micronutrient deficiencies. Use of micronutrients for medical treatment, such as the use of zinc for the treatment of diarrhoea, are not included in this analysis.

5. Nutrition was a key component of the Young Child Survival and Development focus area of the UNICEF medium-term strategic plan (MTSP), 2006–2013. Nutrition was an important part of the MTSP key result area 1, which aimed, in collaboration with governments, the World Health Organization (WHO) and others partners, to scale-up high-impact health and nutrition interventions to reduce the number of neonatal and young child deaths from preventable and easily treatable causes. Nutrition also featured in key result area 2, which called for capacity building for improved family care practices in support of young child survival, growth and development. It was also an essential element of key result area 4, which required that, in declared emergencies, every child should have access to life-saving interventions.
6. Nutrition is an important part of UNICEF’s Strategic Plan for 2014–2017. Outcome 4 of the Strategic Plan concerns improved and equitable use of nutritional support and improved nutrition and care practices. The MTSP states that UNICEF will continue to support the delivery of micronutrient supplementation and iodized salt, the promotion, protection and support of optimal IYCF practices, and community-based prevention and management of severe acute malnutrition. It will increase its nutrition work focused on early childhood, support disadvantaged and excluded families, and emphasize completing the scale-up and integration of management of severe acute malnutrition, IYCF and micronutrient supplementation. Further, UNICEF will support increasing country capacity to ensure protection of the nutritional status of children in humanitarian situations. A global thematic evaluation on UNICEF’s work to reduce stunting is scheduled for 2015.
7. This paper reviews the quality and coverage of UNICEF’s nutrition programme evaluations addressing both development and emergency contexts and synthesizes their findings. It is based primarily on a meta-analysis of reports of 49 evaluations managed by UNICEF in the five-year period from 2009 to 2013,² and is supplemented by a desk review of related documentation, a survey of UNICEF country offices on evaluation use and consultations with selected UNICEF staff.
8. The report is presented in seven parts. Chapter I provides a background of child undernutrition and presents the scope of the meta-analysis. Chapter II assesses the quality, coverage and adequacy of evaluations of nutrition programmes supported by UNICEF. Chapter III analyses the findings of the evaluation reports with regard to relevance and appropriateness, effectiveness, efficiency and sustainability. Chapter IV considers evaluation findings by programme component while Chapter V reviews findings on the use of programmatic and cross cutting strategies. Chapter VI looks at how nutrition evaluations have been used. The final chapter presents key conclusions

² United Nations Children’s Fund, *Meta-Analysis of UNICEF’s Nutrition Programme Evaluations (2009–2013)*, 2014.

and offers recommendations on how to improve nutrition programming and evaluation of nutrition programmes.

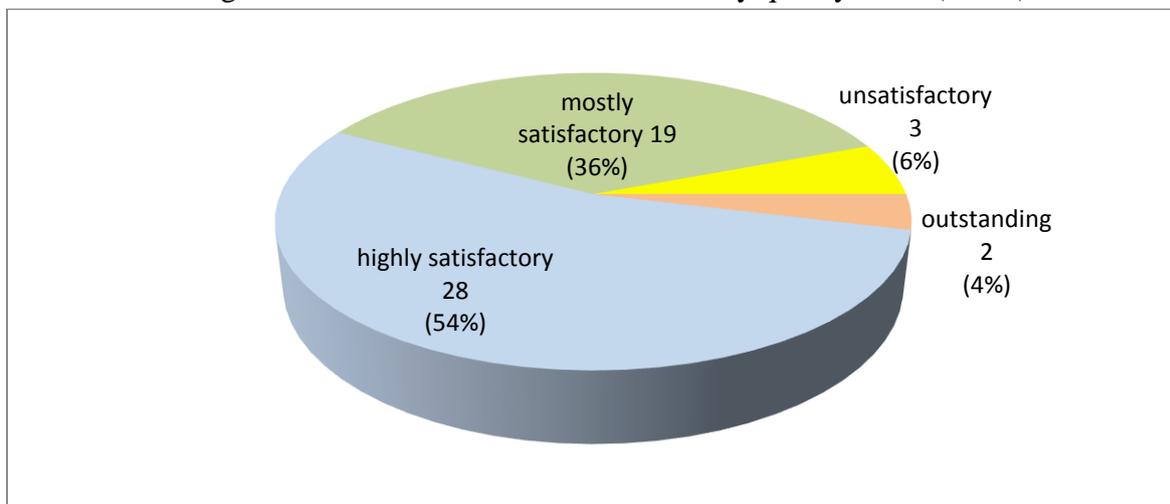
II. The evaluation evidence base

9. The 52 evaluation reports initially included in the analysis were selected from UNICEF’s Evaluation Report Database (ERD) maintained by the Evaluation Office. Additional reports, not yet available in the ERD, were identified by the Nutrition Section. Some of the evaluations addressed a nutrition programme as a whole while others focused on one or more nutrition programme components. The analysis included reports available in English, Spanish or French, conducted from 2009 to 2013.

Quality

10. Evaluation Office has established a system to rate the quality of evaluation reports that are posted in the ERD.³ Figure 1 shows the distribution of the evaluation reports according to the four quality scores given by the quality assessment method (outstanding, highly satisfactory, mostly satisfactory and unsatisfactory). It reveals that over half of the reports are rated highly satisfactory or better, while about a third are rated mostly satisfactory. The three reports that were rated unsatisfactory were excluded from the remainder of the analysis. This reduced the number of evaluations used in the analysis to 49.

Figure 1 – Distribution of evidence base by quality score (N=52)



Regional distribution

³ The Global Evaluation Report Oversight System (GEROS). The quality of evaluations has generally improved in recent years. See United Nations Children’s Fund, *Annual Report on the Evaluation Function and Major Evaluations*, 2013.

11. Table 1 presents the distribution of the 49 evaluation reports by region. Evaluations in the East Asia and Pacific (EAP), Eastern and Southern Africa (ESA) and West and Central Africa (WCA) regions are most represented. The Middle East and North Africa (MENA) and Latin America and the Caribbean (TAC) regions have conducted very few evaluations, which is a concern given that children in several countries in those regions are affected by undernutrition, although most countries in those regions fall in the middle income category. UNICEF Evaluation Office (headquarters) commissioned two thematic evaluations that covered more than one region.

Table 1 Distribution of evaluations by region

	N (49)
EAP	11
ESA	11
WCA	8
SA	5
CEE/CIS	4
TAC	3
MENA	2
Regional	3
Global (more than one region)	2

Distribution by programme component

12. Table 2 shows the distribution of evaluations by the type of nutrition programme component they cover. Half of the evaluations covered a nutrition programme as a whole (i.e. they include several components such as IYCF, micronutrients and GMP). Each of the various programme components appears in well over half of the evaluation reports. Only 18 per cent of the evaluations (9 evaluations in total) are related to nutrition programmes in emergencies. This is a concern, given that more than half of nutrition programme expenditure in 2013 was spent on programming in emergencies and in recent years typically more than 30 countries in a year have emergency programmes with significant nutrition interventions.

Table 2 - Distribution by type of nutrition programme component

	N	%
Micronutrient-focused interventions	36	73%
Infant and young child feeding (IYCF)	36	73%
Community-based management of acute malnutrition (CMAM)	32	65%
Growth monitoring and promotion (GMP)	29	59%
Nutrition in emergencies	9	18%
Nutrition programme as a whole	25	51%

Adequacy of nutrition programme evaluation

13. The UNICEF evaluation policy (2008) required that each programme should be evaluated at least once in the programme cycle. Given that UNICEF has nutrition programmes in over 100 countries and the investment in nutrition programmes is substantial and growing, the number of evaluations conducted and investment in evaluations fall below requirements.
14. The evidence base covers many of the countries with among the highest rates of undernutrition. Fourteen countries are home to 80 per cent of the world's stunted children.⁴ The evidence base contains evaluations of nutrition programmes (or components) in 10 of these countries. The evidence base also includes evaluations in 7 of the 10 countries with the largest numbers of wasted children.⁵ There are no evaluations in the evidence base that cover South Sudan, Sudan, Egypt, Uganda and India, all of which feature in one or more of the lists of highest burden of stunting, wasting or low birth weight. The global evaluation database includes no nutrition programme evaluations for India for the period under review, although India carries 38 per cent of the global burden of stunting and is home to 25 million wasted children.⁶ This exceeds the combined burden of the next nine highest-burden countries.

III. Findings by evaluation criteria

15. This section presents findings against standard evaluation criteria: a) relevance and appropriateness of UNICEF programmes; and their b) effectiveness; c) efficiency; and d) sustainability and scale up. The criterion of impact was not included in any evaluation.

a) Relevance and appropriateness of nutrition programmes

16. Relevance in evaluation refers to the extent to which programmes are suited to the needs and priorities of stakeholders such as the target group, the national authorities and the development agencies concerned. A majority of reports evaluated the extent to which nutrition programmes were in line with local needs and approximately a third of reports evaluated the extent to which nutrition programmes were aligned with national and donor priorities and policies.

⁴ These countries include: India, Nigeria, Pakistan, China, Indonesia, Bangladesh, Ethiopia, Democratic Republic of Congo, Philippines, United Republic of Tanzania, Egypt, Kenya, Uganda and Sudan. Source: United Nations Children's Fund, *Improving Child Nutrition*, 2013.

⁵ These countries include: South Sudan, India, Timor-Leste, Sudan, Bangladesh, Chad, Pakistan, Sri Lanka, Nigeria and Indonesia. Source: United Nations Children's Fund, *Improving Child Nutrition*, 2013.

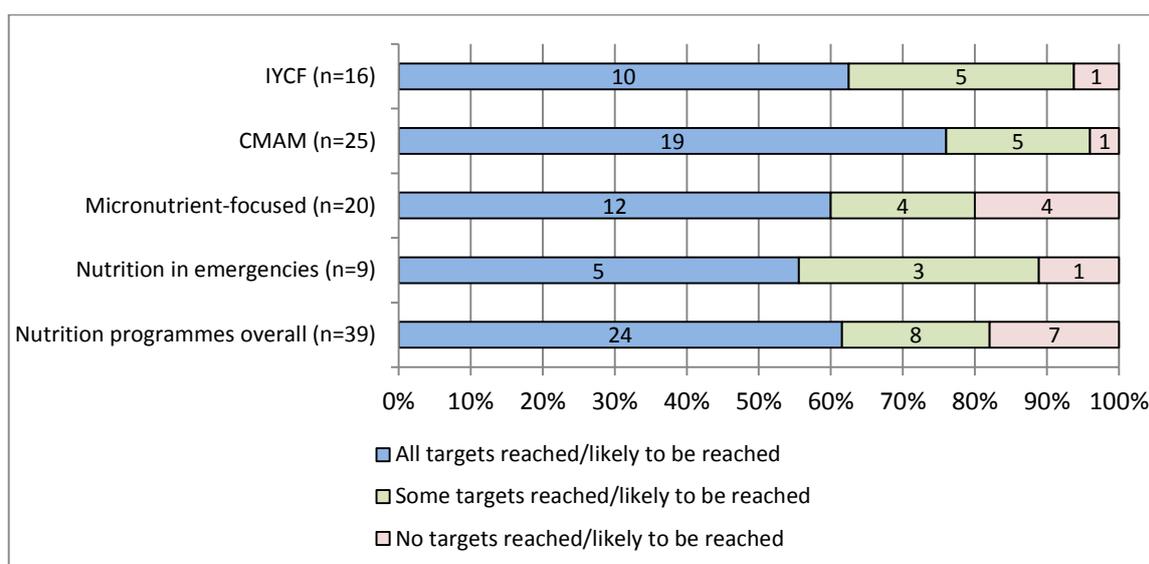
⁶ This figure is for 2011. Source: United Nations Children's Fund, *Improving Child Nutrition*, 2013.

17. The nutrition programmes were generally found to be in line with local needs and focused on the needs of vulnerable sub-groups of the population including children under 5 years old and pregnant and lactating women. Generally, nutrition programmes were found to be well aligned with national nutrition policies, health and nutrition strategies, and the relevant United Nations Development Assistance Framework and REACH strategies.
18. Although programmes were generally found to be well designed, one fifth of the evaluations identified weaknesses in programme design such as poor programme logic, which translated into poor results frameworks, making it difficult to establish clear connections between inputs, outputs, outcomes and impact. In order to design context specific nutrition programmes that address the particular needs of the target population, it is important to understand the causes of malnutrition. Six reports found that a poor understanding of causal factors led to design issues. Eight reports found that causal analyses and/or baseline studies were not conducted prior to the programme design. The design issues reported by the evaluations included insufficient implementation timeframes, unrealistic targets, inadequate attention to challenges of coverage and capacity to reach agreed targets, and underestimation of the programme scale required to make an impact.
19. A fifth of the evaluations identified issues in the selection of nutrition interventions including insufficient linkages with various sectors. A commonly cited problem was the absence of a coherent package of nutrition interventions. Specific examples include the lack of a more explicit focus on GMP, inattention to capacity and system building among national stakeholders, and the lack of nutrition-sensitive interventions in relevant sectors, which is emerging as an important issue given the multi-sectoral character of nutrition programmes.

b) Effectiveness

20. Effectiveness is understood to mean the extent to which a programme or an intervention attains its objectives. The analysis indicates that UNICEF-supported nutrition programmes have had mixed results in achieving programme objectives. Of the 39 reports that evaluated effectiveness, 24 found that all programme targets had been reached or were likely to be reached, while 8 reports found that some targets had been reached or were likely to be reached. However, seven evaluations found that programme targets were not met or were unlikely to be met.
21. Figure 2 provides a comparison of effectiveness across the various programme components. While all are reported to be effective in over half to three quarters of the relevant cases, CMAM interventions appear to be most effective, followed by IYCF and micronutrient-focused interventions.

Figure 2 - Effectiveness by nutrition programme component⁷



22. Strong partnerships, adequate system strengthening and capacity development, integration into national systems and rapid response in emergencies were found to contribute positively to the achievement of programme objectives. Where objectives were not achieved, a variety of constraining factors were identified including unrealistic timeframes, gaps in programme design, inadequate funding, weak monitoring and evaluation systems, and insufficient qualified personnel. The funding for nutrition programmes was often found to be insufficient to achieve expected outcomes. An analysis of nutrition programme funding suggests that funding for nutrition programme components is unevenly distributed and some areas such as IYCF, maternal nutrition and CMAM are significantly underfunded in relation to expected coverage and outcomes. For CMAM, coverage is low (less than 10 per cent) in many countries and scale up to cover those in need was challenged by funding constraints for regular programming, reliance on emergency funds and heavy dependence on external sources of assistance.

c) Efficiency

23. Efficiency considers programme outputs in relation to programme inputs. Although 35 evaluation reports commented on efficiency, the evidence they provide is weak and does not allow for clear, substantive conclusions due to poor references to cost data and evaluation design weaknesses. Cost analysis comparing financial inputs with programme outputs and outcomes was found in only one evaluation. Evaluations need

⁷ GMP is excluded because it has not been a priority focus area of nutrition programmes in recent years, although several countries with strong nutrition programmes have included GMP in their health care system. It is likely that because GMP is seen as part of other nutrition interventions (such as IYCF and CMAM), it is not evaluated explicitly.

to examine operational aspects more explicitly including human resource allocations, institutional arrangements, and the use of low cost options.

24. In some cases, efficiency was analysed in relation to the implementation rate and budget expenditure. Although implementation rates were generally found to be adequate, a significant number of evaluations found challenges related to the timeliness of implementation of nutrition activities. Over half of the evaluations identified challenges in ensuring qualified and motivated human resources in implementing partners, which was linked to the failure to achieve programme objectives in a timely manner.

d) Sustainability and scale up

25. Sustainability is concerned with measuring whether the benefits of an activity have continued or are likely to continue after external funding has been withdrawn. Three quarters of the evaluation reports commented on the expected financial, technical and institutional continuity of the nutrition programmes. While some reports noted that results were likely to be sustained, the majority (28 of 37) noted elements that hindered programme sustainability.
26. Factors that contributed to programme sustainability included policy work covering national guidelines, regulations and strategy formulation, implementing nutrition programmes through existing structures, strong government ownership, and attention to institutional and financial aspects in programme design, including co-financing of programmes, which also increased local ownership.
27. Factors that weakened programme sustainability were the absence of strong national structures and systems, insufficiently trained staff, high turnover of staff, the failure to integrate nutrition programme components into national health systems, the absence of arrangements linking nutrition activities with other sectors and insufficient national ownership of nutrition programmes. In addition, the widespread reliance on external funding and procurement (e.g., in the supply of ready to use therapeutic food) and lack of national funding commitments jeopardized the sustainability of some nutrition programmes. Numerous programmes experienced a decrease in effectiveness and lack of continuity when UNICEF and/or other donors reduced or ceased their financial support. As nutrition programmes are taken to scale, UNICEF must be more systematic in considering financial and institutional sustainability in advocacy and in programme planning and management.

IV. Findings by nutrition programme components

28. This section summarizes the findings on the effectiveness of key components of nutrition programmes, namely, IYCF, micronutrients, CMAM, GMP and nutrition in emergencies. It also summarizes the factors that contributed to or impeded success.

Infant and young child feeding (IYCF)

29. Of the 32 evaluations in the meta-analysis that evaluated one or more type of IYCF activities, nearly half (16) evaluated effectiveness of IYCF. Ten evaluations found that all intervention targets had been reached or were likely to be reached and five evaluations found that some of the intervention targets had been reached or were likely to be reached. Only one evaluation found that intervention targets were unlikely to be reached.

30. Sensitization at the community level, mainly conducted through community health workers and volunteers, was reported by numerous evaluations as an effective strategy to prevent malnutrition, particularly in Ethiopia and Cambodia. The integration of IYCF interventions with other programme components led to positive results, as did adapting counselling strategies to the local context.

31. Regarding weaknesses, evaluations found that programmes with an IYCF component were of insufficient duration to change behaviours effectively. Evaluations reported that insufficient political commitment to IYCF and inadequate resource allocations were a concern. In addition, several challenges related to adequate monitoring and evaluation of IYCF were reported.

Micronutrients

32. Generally, micronutrient-focused interventions were incorporated into nutrition and health programme designs and not delivered as stand-alone interventions. Variable results were observed in the 20 evaluations that reported on the effectiveness of micronutrient-focused interventions. Twelve evaluations found that intervention targets had been reached or were well on their way to being reached while four evaluations found that some of the intervention targets had been reached or were on their way to being reached. Four evaluations found that intervention targets were not reached or were unlikely to be reached.

33. The evaluations identified adequate supply chain maintenance in vitamin A campaigns (Madagascar) and distribution of micronutrient powder (Cambodia) as among the key factors that contributed to the effectiveness and coverage of the interventions. Among

the different nutrition programme components implemented in Bangladesh, micronutrient powder distribution, anaemia counselling and school-based nutrition education were identified as potentially highly cost-effective activities. Use of appropriate communication and social mobilization strategies was a key success factor in micronutrient interventions. For example, effective sensitization strategies in Madagascar included the use of local media for social mobilization, the training of animators and journalists and the adaptation of communication actions in the local dialect. In the Dominican Republic, national ownership was increased by the strong participation of the private sector in the iodized salt sensitization campaign. In Cambodia, iron and folic acid (IFA) distribution to pregnant and lactating mothers was enhanced with a nationwide mass media campaign on anaemia prevention and treatment, which led to an increased demand for IFA supplementation at the primary health care level.

34. The evaluations identified several challenges faced by micronutrient programmes. These related mainly to procurement and stock management such as stock-outs. The evaluations also found weaknesses in monitoring and evaluation of micronutrient-focused interventions, including assessment of impact. Programme results frameworks lacked indicators of progress along the results chains and partners did not regularly analyse monitoring data.

Community-based management of acute malnutrition (CMAM)

35. Of the 31 evaluations that analysed the management of acute malnutrition, 25 evaluated effectiveness. Nineteen evaluations found that interventions had reached their targets or were likely to reach their targets and five evaluations found that some targets were met or likely to be met. Only one evaluation found that none of the targets or performance standards were likely to be met.
36. The community approach of CMAM is mainly built on outreach activities that focus on screening, referrals and case follow up, sensitization, nutrition education, and prevention of malnutrition. Community sensitization improved the understanding of the CMAM approach by the community and paved the way for behavioural changes and improved nutrition care practices. The evaluations reported that the community approach caused minimal social disruption when compared to the facility-based in-patient approach. It was reported that it also increased demand for services: where community health workers had the necessary capacity, supervision and motivation to conduct outreach activities, demand for CMAM was effectively increased and programme targets were more likely to be met.
37. However, there were several instances of poor programme design. Feasibility assessments were not always conducted and CMAM interventions did not always alter their programme designs after changes in the environment. For example, in Pakistan, the evolution from an emergency intervention to an integrated long-term programme

did not result in the review of strategies and systematic planning. Several evaluations identified the failure to integrate IYCF into CMAM as a missed opportunity. The coverage and sustainability of CMAM programmes was challenged by the high cost of ready to use therapeutic foods. CMAM coverage remains very low in many countries due to poor capacity, and limited donor funding and government allocations.

Nutrition in emergencies

38. Of the 49 evaluations reviewed, only nine covered nutrition programmes in humanitarian emergencies, despite the high level of expenditure on these programmes. The findings were generally positive but suggest significant room for improvement. Of the nine evaluations, five found that all targets were reached or were likely to be reached, while three evaluations found that some of the targets were reached or likely to be reached. Only one evaluation found that targets were unlikely to be reached.
39. Evaluations highlighted several examples of successful or innovative programming. In the Maldives, an online nutrition and child health surveillance system was integrated into the national health system. This strengthened primary health care and preventative care actions. In the Sahel, increased community awareness about the existence of services for malnourished children helped to identify and refer children in a timely manner for treatment. Active case finding was effective in increasing admissions. In Burkina Faso, developing local procurement for ready to use therapeutic foods was found to be successful.
40. Evaluations identified several gaps and constraining factors in emergency nutrition programmes. These included a lack of non-governmental organization (NGO) partners to cover the needs of the affected population, lack of national capacity, poor quality of anthropometric measurements, lack of uniformity of admission and discharge criteria within the same country, and poor reporting. There was little participatory involvement and community health workers were often overburdened. There was a lack of detailed information in the guidelines on the frequency and procedures for screening, active case finding, referrals and follow up through home visits. Nutrition information systems tools were absent. Given UNICEF's substantial and continuing investment in nutrition programmes in emergencies, there is a need for more extensive assessment of UNICEF's performance in emergency preparedness and in relief and recovery phases.

Growth monitoring and promotion (GMP)

41. Of the 49 evaluations, only 15 found nutrition programmes that contained one or more type of GMP activity. From the evidence available in these evaluations, one may conclude that GMP has not been a priority focus of nutrition programmes in recent years, although several countries with strong nutrition programmes such as Ethiopia,

Bangladesh, Nepal, Tanzania and Ghana have integrated GMP in their health care system.

42. It is likely that because GMP is linked to and seen as part of other nutrition interventions (such as IYCF and CMAM), it is not evaluated explicitly. Extracting findings on effectiveness and its contributing factors was not possible for GMP interventions as the evaluations rarely provide information on performance. A key implication for the future is to evaluate GMP interventions more systematically and share good practices in integrating GMP as part of comprehensive nutrition programmes.

V. Findings on cross-cutting issues

43. This section analyses findings on cross-cutting issues. These issues include: a) equity, gender equality and social inclusion; b) sectoral integration and coordination; c) development of national systems and capacities; d) monitoring and evaluation; and e) partnerships.

a) Equity, gender equality and social inclusion

44. For UNICEF, equity means that all children have an opportunity to survive, develop and reach their full potential without discrimination. This interpretation is consistent with the Convention on the Rights of the Child, which guarantees the fundamental rights of every child regardless of gender, race, religious beliefs, income, physical attributes, geographical location or other status.
45. Overall, evaluations found that nutrition programmes were generally successful in adequately targeting those in need. The factors associated with success in reaching targeted populations included the use of integrated planning frameworks and community assessments, strong partnerships, strong outreach activities, and the acceptance of programme activities (goods and services) by participating beneficiaries.
46. The factors that limited reaching those in need included poor nutrition outreach, which led to weak case identification, insufficient data from programmes, outdated census on population statistics, lack of agreement on calculations, weak estimates of incidence, low funding of coverage surveys, and failure to disaggregate programme data by type of vulnerability. Finally, site selection for nutrition interventions was not always conducted according to nutrition-relevant selection criteria.
47. Although most evaluations found the identification and targeting of those in need to be adequate, reaching the hard-to-reach was found to be a recurring challenge.

Remoteness and lack of transportation for outreach workers were the two most common limitations. In some contexts, insecurity also impeded safe and frequent access to those in need.

48. Of the 49 reports reviewed, only 8 contained substantive findings on gender equality in nutrition programming. Of these eight reports, three found that nutrition programmes had not integrated gender equality in a significant way. Eight reports addressed the integration of people living with HIV/AIDS in nutrition programming. Generally, these reports found people with HIV/AIDS had been included using a variety of modalities. Only three reports presented findings on the inclusion of people with disabilities in nutrition programming. All three reports concluded that nutrition programmes did not adequately integrate the needs of people with disabilities.

b) Sectoral integration and coordination

49. Addressing child undernutrition requires effective involvement of many sectors. Private sector partners also have a key role to play. Sectoral integration or a multi-sectoral approach is both synergistic and conducive in scaling up nutrition interventions and the achievement of child nutrition outcomes. This approach is advocated and supported by several initiatives such as the SUN movement and the REACH initiative.
50. There are multiple examples of the use of well-functioning multi-sectoral approaches in UNICEF nutrition programmes in emergency and development settings. Several evaluations found that multi-sectoral approaches had been followed successfully from programme design to implementation by integrating the nutrition programming with one or more sectors including health, child protection, water, sanitation and hygiene (WASH), communication for development (C4D), HIV/AIDS, agriculture, livelihoods and education towards joint reduction of undernutrition and child mortality.
51. Ten evaluations reported that the challenges associated with the multi-sectoral approach had not been overcome. Programmes reported difficulties such as a poor assessment and understanding of the nutritional needs of the population. In some cases, a multi-sectoral approach was not properly incorporated into programme design, multi-sectoral coordination was inadequate or insufficient, or there was continued reliance on sector-based approaches to programme design. Even in cases in which a multi-sectoral approach was built into programme design, there was weak support from various relevant sectors. The 'pass-through' funding mechanism (i.e. separate budget lines and targets) of some nutrition programmes limited collaboration and nutrition and other sectors often had different donors. Some evaluations reported that sector-specific or 'siloed' support from the regional offices to the country offices limited the potential for an integrated approach. Limited capacities of governments and implementing partners and weak understanding of the benefits of an integrated response plan were also reported.

52. Given the complexity of nutrition programmes and the diverse contexts in which they are implemented, strong coordination of activities is needed to reach programme goals and objectives. UNICEF engages significantly in nutrition programme coordination, leading or supporting depending on the capacity of governmental institutions and other partners and on particular contexts.⁸
53. Only 9 of the 26 reports that evaluated coordination of nutrition activities found such coordination to be adequate. The findings confirmed that coordinating the work of several United Nations agencies in the administration of a programme avoided duplication of efforts. Inclusion of a large number and variety of stakeholders (government structures, international organizations, NGOs, academia, local representatives and private sector) in programme design and implementation also led to successful results. Frequent meetings allowed immediate and longer term programmatic needs to be dealt with and corrective measures to be implemented quickly.
54. However, there were many examples of weak coordination. Many factors reportedly constrained coordination including lack of clarity concerning national coordination procedures, limited government capacity for coordination leading to weak arrangements for planning and funding, weak or late inclusion of stakeholders, and parallel mechanisms duplicating existing national coordination structures.

c) Development of national systems and capacities

55. The development of national policies, systems and capacities is a common strategy for UNICEF programmes and it plays an important role in the effectiveness of nutrition programmes, in scaling them up and in ensuring their sustainability. Nutrition programmes, in both emergency and development contexts, provide technical support to governments and implementing partners so as to maximize nutritional impact. This section synthesizes findings of upstream policy work, technical support and human resource capacity building.
56. *Upstream policy work:* This refers to the development of national policies and strategies, which are the framework on which nutrition action plans and programmes are built. Much of this work is conducted through advocacy and technical support.
57. Of the 49 reports reviewed, 22 provide substantive findings on policy work. Of these, 15 evaluations found that nutrition programmes included substantive efforts that led to the development and improvement of national nutrition policies and strategies. Ten

⁸ UNICEF's role in coordinating nutrition activities within the Humanitarian Cluster System is not included in this report. The performance of humanitarian clusters is often evaluated as part of inter-agency evaluations. UNICEF's cluster management role has recently been evaluated in *Evaluation of UNICEF's Cluster Lead Agency Role in Humanitarian Action*.

of the 22 reports found that further policy work is needed to create an enabling environment for nutrition programmes to achieve maximum results. The findings suggest that policy work should focus on integrated strategic planning, development of national nutrition policies, monitoring and evaluation, and raising the profile of child nutrition within the national political agenda.

58. *Technical assistance*: UNICEF nutrition programmes include the provision of technical assistance to national stakeholders with a view to strengthening national systems and capacities to enhance the effectiveness of nutrition programmes. Systems development can be undertaken in many ways, including the creation and improvement of guidelines for more efficient and effective management of nutrition interventions and treatment of malnutrition.
59. Of the 49 reports included in the analysis, 20 provided substantive findings on technical assistance. Fifteen of the 20 reports found that nutrition programmes provided significant technical assistance in a variety of ways. Noteworthy initiatives included support for a Master's course in nutrition for training of high level cadres; production of guidelines for nutrition and inter-sectoral programming; support for the production of national protocols for the treatment of malnutrition; support for integration of management of malnutrition into the basic health services; and support for the integration of a package of complementary types of nutrition interventions.
60. A quarter of the reports found that the technical assistance provided by UNICEF was inadequate. Although guidance for malnutrition treatment is generally adequate at the global and national level, further work is needed to develop guidelines for planning and monitoring and for integration of treatment (CMAM) into other child health and nutrition programmes. Guidelines also need to cover equity and gender aspects, community assessment and mobilization, moderate acute malnutrition management, micronutrient supplementation, and the cultural adaptation of nutrition programmes. Further guidance on how to integrate IYCF and CMAM into wider health and nutrition programmes is needed, as is further emphasis on supporting national systems including the creation and use of system-level indicators.
61. *Human resource capacity building*: Nutrition programmes often face challenges relating to capacity gaps among national stakeholders and partners. UNICEF also assists with the development of national capacities, including those required for achieving results in nutrition.
62. Almost all evaluations that examined training and human resource capacity development found positive results, although several challenges and limitations were also noted. For instance, training was not focused on analysing epidemiological issues. Country programmes responding to emergencies focused on relief implementation and some made little effort to strengthen emergency preparedness planning and management capacities. Benchmarks for human resource capacity building were not

included in results frameworks. High turnover of staff affected the sustainability of capacity building.

d) Monitoring and evaluation

63. Of the 49 evaluations reviewed, 33 examined the monitoring and evaluation aspects of nutrition programmes. These covered various issues including the quality and accuracy of data on programme performance, the adequacy of data reporting and analysis, the appropriateness of indicators set in results frameworks, the utilization of data to improve and update programme design and result indicators, and the quality and use of nutrition information and surveillance systems.
64. The findings on monitoring and evaluation systems are mixed. Some reports cited examples of successful monitoring and evaluation systems and development of innovative information systems adapted to national contexts. They found that valuable technical support had been provided to national systems to include nutrition indicators.
65. Nevertheless, it is clear that weak monitoring systems and data gaps greatly affected programme monitoring and management as well as programme evaluation. Several reports identified weaknesses and constraints related to monitoring and evaluation. These included poor planning of monitoring and evaluation, inadequate indicators in the results framework, insufficient and poor quality data and weak analysis and utilization of programme data and lack of staff to collect and analyse data. Parallel monitoring and evaluation systems created confusion in the information transfer chain. In addition, the potential of Multiple Indicator Cluster Surveys (MICS) was not sufficiently realized in planning and conducting nutrition evaluations.

e) Partnerships

66. Although all evaluation reports name the partners involved (including implementing partners), only half of them address the relationship with implementing partners. Only a small number report on partnership initiatives.
67. Many evaluations found that the individual strengths, mandates and experience of multiple partners had a synergistic effect and enhanced process, coverage and outcomes. They highlighted that there was an advantage to partnering with local NGOs that were trusted and accepted by the community and had local knowledge. In some countries, the engagement of academics in nutrition programmes was found to be of high value.
68. Several evaluations also identified weaknesses, such as working with too many partners. For instance, in Afghanistan, the limited resources combined with a very high number of partners was found to greatly limit the potential for programme effectiveness.

VI. Use of evaluations

69. In addition to improving accountability for results, evaluations can and should be used to improve performance through learning. This section provides findings on the use of nutrition programme evaluations, based on an analysis of management responses to evaluations and on feedback received from UNICEF offices.

Management response

70. UNICEF's evaluation policy requires that a formal management response be prepared. The management response is an institutional mechanism intended to strengthen the use of evaluation findings, to increase stakeholder and management ownership of the results of the evaluation, and to support follow-up of agreed recommendations through a formal process. Table 3 presents an analysis of the 36 evaluation reports for which a management response was required.⁹ It shows the number and percentage of evaluation reports that have a management response.¹⁰

Table 3 – Number and percentage of evaluation reports with a management response by region

Region	Number of evaluations for which a management response was required	Number of management responses	Percentage of reports to which management responded
Global/HQ	2	2	100%
ESARO	10	9	90%
EAPRO	6	5	83%
CEE/CIS	4	3	75%
WCARO	7	5	71%
TACRO	3	2	67%
ROSA	3	2	67%
MENA	1	0	0%
All regions	36	28	78%

ESARO: Eastern and Southern Africa Regional Office; EAPRO: East Asia and the Pacific Regional Office; CEE/CIS: Central and Eastern Europe and the Commonwealth of Independent States; WCARO: West and Central Africa Regional Office; TACRO: Regional Office for Latin America and the Caribbean; ROSA: Regional Office for South Asia; MENA: Middle East and North Africa.

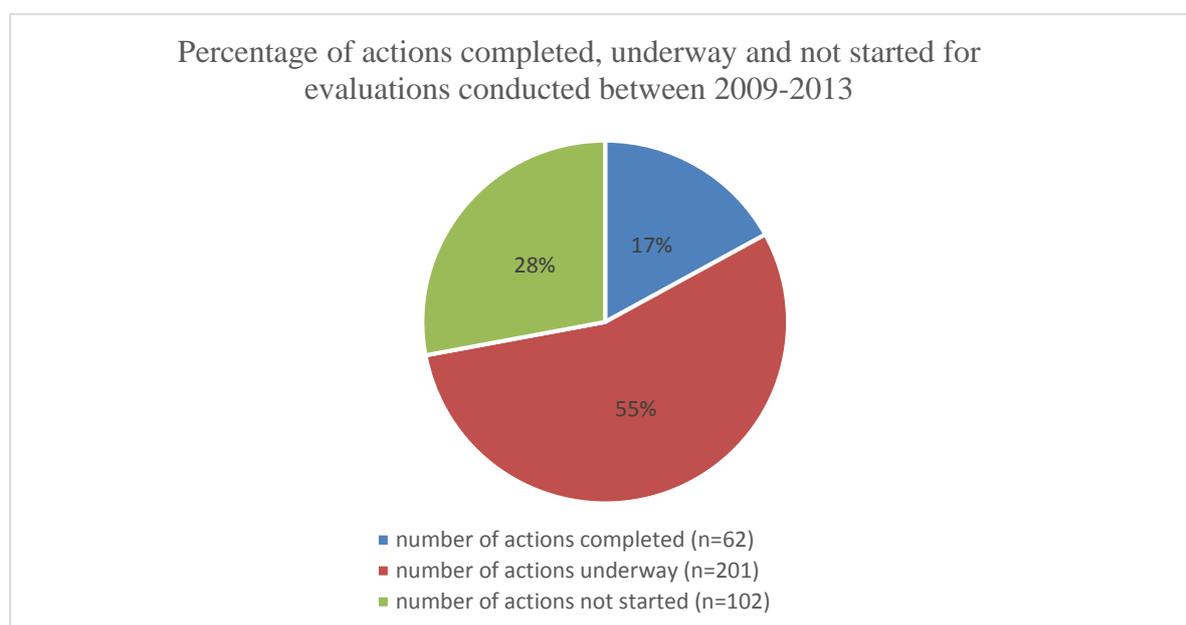
⁹ Not all reports in this meta-analysis required a management response. Some evaluations, although they evaluated UNICEF's work as an implementing partner, were managed by the Millennium Development Goal Achievement Fund (MDG-F) and thus did not require a response from UNICEF's management. Other evaluations included in the meta-analysis were national case studies that informed a synthesis report. Management was only required to respond to the synthesis report.

¹⁰ Source: UNICEF Evaluation Management Response Database.

71. Management responses have been prepared for 78 per cent of the nutrition programme evaluations conducted in the past five years.¹¹ ESARO and EAPRO are the most responsive, having prepared management responses for 90 per cent and 83 per cent respectively of the evaluations.

Management response action plans

72. Part of the management response process requires managers to indicate what they will do to implement evaluation recommendations. The evaluation management response database records these actions and monitors their implementation. The following graph shows the status of planned actions.



73. Only 17 per cent of planned actions have been reported as completed, while 55 per cent of agreed actions are reported to be underway. However, 28 per cent of agreed actions are reported to be not yet started. The evaluation policy stipulates that actions should be designed to be implemented within one year. That so many from past years are reported to be ‘underway’ indicates they have likely not been completed, representing a wasted investment and a missed opportunity for improving performance.

74. In January 2014 the Evaluation Office conducted a retrospective survey of regional and country offices to provide concrete examples of how nutrition programme evaluations were used. Responses were received from 12 offices and are summarized below.

¹¹ The management response system was introduced in 2009 and compliance with requirements has been increasing annually since then. Please see United Nations Children’s Fund, *Annual Report on the Evaluation Function and Major Evaluations*, 2013.

Advocating for and changing policy

75. Several offices reported that the evaluations were used to help change policy. For example, an evaluation conducted in 2009 on UNICEF's response to the 2004 Indian Ocean tsunami in Indonesia, Sri Lanka and the Maldives made specific recommendations about breastfeeding legislation. Follow up action helped change government regulations to protect exclusive breastfeeding. Similarly, the Indonesia country office reported that the recommendations in an evaluation report on improving the nutritional status of children and women helped to focus attention on breastfeeding legislation, as well as on complementary feeding and supportive supervision of IYCF.
76. Based on recommendations in an evaluation, UNICEF Moldova continues to advocate at the level of the Ministry of Health and Health Insurance Fund for more appropriate iron drugs and age-appropriate dosage for children under 5 years old.

Programmatic and operational shifts

77. Several programmes experienced programme and operational shifts as a result of an evaluation. For example, the Togo country office reported that as a result of an evaluation which verified that the Baby Friendly Hospital Initiative (BFHI) was performing poorly, the office shifted to using a comprehensive IYCF approach rather than a BFHI approach. In Uzbekistan, following an evaluation, the second phase of the programme, Improvement of mother and child health service in Uzbekistan, increased the emphasis on nutrition. At the community level, nutrition interventions now include a behaviour change communication component. In Nicaragua, the mid-term evaluation of the Programa Conjunto Infancia, Seguridad Alimentaria y Nutrición (PC-ISAN) was important in reprioritizing key actions affecting both the form and substance of the programme outcome. The evaluation allowed a clearer vision of the programme's strengths and weaknesses, and indicated how to improve operational procedures with a stronger focus on improving interaction with rights holders and counterparts.

Mobilizing resources and building ownership

78. Several offices reported that the evaluations were used to help secure human and financial resources. In Bangladesh, an evaluation that highlighted the lack of human resources at the community level helped address the issue. In Nicaragua, evaluation recommendations prompted significant adjustments within the agricultural production component. Less than thirty days after the conclusion of the mission, a technical director was appointed to improve the system of capacity building of the indigenous technical staff. A more hands-on approach to learning was adopted, which improved both the theoretical and practical aspects of the knowledge shared and was also fundamental in the training of community workers and for implementing the programme monitoring system. In Cameroon, the country office reported that an

evaluation led to improvements in the government's ownership and coordination capacity, as well as improved coordination among partners.

VII. Key conclusions and recommendations

79. The findings and analysis provided in this paper led to several conclusions and recommendations, which are summarized below.

Conclusions

80. *In recent years, UNICEF has made substantial investments in nutrition programmes. Much has been achieved.* The majority of the programmes evaluated were found to have been successful in achieving their objectives. Programmes were generally highly relevant to local needs and well aligned with national priorities. Strong partnerships, effective integration into national systems and speed in responding to emergencies each contributed towards good results.

81. *While many programmes have performed well, many have fallen short. Much remains to be done to improve programme quality, performance and results.* Of the evaluations included in this review, over a third found that programmes had met their objectives only partially or not at all, often because of poor programme design. Further work is needed to improve the design and implementation of nutrition programmes and the sustainability of the results achieved. Greater attention to sound results-based management practices is needed, in particular systematic needs assessments, feasibility studies, and causal analysis to support preparation and use of realistic, well-articulated results frameworks based on clear programme logic and supported by strong monitoring and evaluation components. Programme design needs to take account of local settings, and the availability of adequate human and financial resources.

82. *Sustainability of results is a concern.* While it was found that the financial, technical and institutional continuity of some nutrition programmes was likely, the majority of programmes were constrained by elements hindering their sustainability. Factors linked to poor sustainability include the absence of strong national structures and systems, insufficiently trained staff and high staff turnover, lack of integration of nutrition programme components into national health systems and weak national ownership. Dependence on external funding has also undermined sustainability. To sustain programme results, a long-term perspective is needed, taking local capacities into account and giving timely consideration to exit requirements.

83. ***To be effective and sustainable, efforts to reduce child undernutrition require time frames long enough to allow systematic integration with other sectors, capacity development and the establishment of national and local ownership.*** Successful interventions require engagement with various sectors, building integrated systems and capacities at both central and decentralized levels. When well deployed from programme design to implementation, a multi-sectoral approach was found to contribute to stronger programme results. National leadership and effective coordination were confirmed to be important. However, the evaluations reviewed presented a mixed record on the use of multi-sectoral approaches and on coordination.
84. ***UNICEF-supported nutrition programmes were found to be successful in reaching vulnerable children and pregnant and lactating women. However, from the evidence reviewed, attention to people living with HIV/AIDS and those with disabilities appears inadequate.*** Constraints here include weak mapping of vulnerability, limited coverage of health facilities, and the variable presence of appropriate implementing partners.
85. ***Despite an increasing emphasis on partnership to achieve results in the field of nutrition, evaluations of partnership initiatives are scarce.*** Partnership initiatives and joint nutrition programming were confirmed to achieve synergies and enhance process, coverage and outcomes. However, while evaluations refer to implementing partners, evaluations of partnership initiatives are rare.
86. ***Although this review has drawn from an informative body of evaluation results, evaluation coverage of nutrition programming is patchy and falls below UNICEF requirements. Increased evaluation coverage is needed to support accountability, learning and performance improvement.*** This review has identified significant gaps in evaluation coverage of nutrition programming with respect to geographical distribution by region and country. Several UNICEF offices in countries with a high burden of child undernutrition appear not to have conducted any evaluations of nutrition interventions in recent years. Coverage of emergency operations is also low, despite heavy expenditure in this area. Existing evaluations say little about some key issues, notably efficiency, impact and gender. Increased investment in evaluation is required to match UNICEF's major commitment to addressing stunting and undernutrition.
87. ***Follow up action to capitalize on investments in evaluation has been insufficient.*** According to the evaluation tracking system, many actions responding to the recommendations from evaluations of nutrition programmes are pending or have not been started. Management action is needed to follow through with agreed actions, for improved performance and better results for children.

Recommendations

88. UNICEF is currently in the process of formulating a new strategy for addressing child undernutrition, which is expected to draw on learning and evidence from past evaluations. The findings and conclusions of this report should inform and feed into the roll out of the new nutrition strategy. The following specific recommendations are provided to inform action to address four major gaps and weaknesses identified in the synthesis of evaluation evidence provided in this report. These recommendations will require attention and action primarily from UNICEF's Programme Division, Policy Division, Emergency Operations Division and the Evaluation Office.

a. **Improve the quality of nutrition programme design in line with results-based management principles in both emergency and development settings.**

To address weaknesses in the design of nutrition programmes, UNICEF should incorporate needs assessments, feasibility studies, findings of national epidemiological studies, and causal analysis into the preparation of well-articulated results frameworks for nutrition programmes. In addition, appropriate monitoring and evaluation arrangements need to be built into programme design, with adequate provision of human and financial resources. Key actions include:

- i. identification and sharing of good nutrition programme practices and guidance and support in adapting them to various contexts, addressing both emergency and development settings (*PD, DPS ROs*); and
- ii. training on results-oriented programme planning and management and on the use of multi-sectoral approaches for staff involved in nutrition interventions at all levels in both emergency and development settings (*DPS, PD, EMOPS*).

b. **Further strengthen national and local systems to respond to priority nutrition needs through upstream policy work, technical support and institutional capacity development.**

Programme expansion and sustainability is undermined by weaknesses in systems, capacity and ownership at national and local levels. The effectiveness, scaling up and sustainability of nutrition programmes depends upon their integration into national systems in the health and other relevant sectors. To address these issues, the following actions are proposed:

- i. Prepare and disseminate context-specific guidance and tools on development of national and local systems and institutional capacity for nutrition. These should include tools for the assessment of human resources and institutional capacity in nutrition as well as the

identification of capacity gaps, giving particular attention to addressing equity issues including coverage of children in families affected by HIV/AIDS and disabilities. (*PD, DPS*).

- ii. Enhance UNICEF's own capacity at all levels on advocacy and upstream policy work and nutrition system strengthening by developing a learning programme tailored to the needs of concerned staff. (*PD, DHR, DPS*).
- c. **Develop strategies and plans to address gaps in evaluation coverage at the global, regional and country levels, especially in countries with a high malnutrition burden and in the context of humanitarian emergencies.** The findings indicate that there are significant gaps in evaluation coverage at all levels. Priority should be given to bridging knowledge gaps through systematic planning and budgeting of evaluations at all levels as well as focusing on countries with a high malnutrition burden and on humanitarian emergencies. Evaluations should address questions of efficiency, impact and gender as well as issues of equity and inclusion more generally. Partnerships and alliances addressing nutrition goals are also an important topic for evaluation. Evaluations should make greater use of data from MICS and other survey data. (*PD, EMOPS, EO*).
- d. **Improve the dissemination and use of evaluations.** Given the shortcomings in the dissemination and use of evaluations, UNICEF should take steps to enhance the dissemination of evaluation results with a view to sharing and adopting good practices. In particular, UNICEF should improve the response to evaluation recommendations and follow up action in order to address deficiencies and strengthen performance. (*PD, EO, ROs, COs*).

