

End-Project Review of the Project for Improving Child Nutrition in Four Countries in Sub-Saharan Africa



Final Report

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LIST OF ACRONYMS

ANC	Antenatal care
BCC	Behaviour Change and Communication Program
CAMEBU	Centrale d'Achats des Médicaments Essentiels, des Dispositifs Médicaux et des Produits et Matériaux de Laboratoire du Burundi
CBN	Community-Based Nutrition
CLTSH	Community Led Total Sanitation and Hygiene
CMAM	Community-based Management of Acute Malnutrition
CO	UNICEF Country Office
CHW	Child Health Week
CPD	Country Program Document
DAC	OECD Development Assistance Committee
DPEM:	District Plan for Eliminating Malnutrition
EDHS	Ethiopian Demographic and Health Survey
EKN	Embassy of the Kingdom of the Netherlands
ESARO	East and Southern Africa Regional Office
EU	European Union
FAO	Food and Agriculture of the United Nations
GAIN	Global Alliance for Improved Nutrition
GAVI	Global Alliance for Vaccines and Immunization
GMP	Community Growth Monitoring and Promotion
GoB	Government of Burundi
GoE	Government of Ethiopia
GoN	Government of The Netherlands
GoM	Government of Mozambique
GoR	Government of Rwanda
HKI	Helen Keller International
HQ	UNICEF Headquarters
HEW	Health Extension Worker
HIMS	Health Information Management System
IBFAN	International Baby Food Action Network
ICYN	Infant, Child and Youth Nutrition
IFNSS	Integrated multisectoral Food and Nutrition Security Policy
IMAM	Integrated Management of Acute Malnutrition
IFA	Iron and Folic Acid
IYCF	Infant and Young Child Feeding
ITC	Inpatient Therapeutic Care
KAP	Knowledge, Attitude and Practices
MDGs	Millennium Development Goals
MI	Micronutrient Initiative
MoA	Ministry of Agriculture
MoH	Ministry of Health

MoFA	Ministry of Foreign Affairs of the Kingdom of the Netherlands
MoFED	Ministry of Finance and Economic Development
NGO	Non-governmental organization
NNP	National Nutrition Programme
OD	Open defecation
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
PIP	Project Implementation Plan
PMF	Project's Performance Monitoring Framework
PROPAN	Process for the Promotion of Child Feeding
REACH	Renewed Efforts against Child Hunger
RUTF	Ready-to-Use Therapeutic Foods
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Communication Change
SNNPR	Southern Nations, Nationalities, and Peoples' Region
SUN	Scaling Up Nutrition
SWOT	Strengths, weaknesses, opportunities, and threats
TOC	Theory of change
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WFP	World Food Program

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EXECUTIVE SUMMARY

The purpose of this End-Project Review is to provide an independent and detailed end-project review of the multi-sectoral, multi-country project *Improving Child Nutrition in Four Countries in Sub-Saharan Africa*. The Evaluation fulfils the dual objectives of accounting for the Government of the Netherlands' (GoN's) investment and of providing a learning opportunity for UNICEF and for the government administrations involved in the project.

The 4-year Project (2013-2017) supports four (4) countries in UNICEF's Eastern and Southern Africa Region Office: Burundi, Ethiopia, Mozambique and Rwanda, and uses principles aligned with the Scaling Up Nutrition (SUN) framework. The Project is implemented by the UNICEF Nutrition Section at the Programme Division at the New York headquarters and jointly with the East and Southern Africa Regional Office (ESARO) in Nairobi and respective UNICEF Country Offices, with the objectives to:

- build national leadership, ownership and capacity to promote nutrition policies and programmes, creating a more enabling environment for nutrition;
- reach communities with evidence-based interventions from different sectors and support the adoption of healthy nutrition behaviours by communities;
- improve equity-focused monitoring of results to improve programme performance;
- promote innovations, knowledge sharing and collaborative learning; and
- enhance networks and partnerships to address the multisectoral dimensions of malnutrition.

This Evaluation was conducted in three phases. During the first phase an Inception Report was prepared that assessed the evaluability of the UNICEF project and developed the evaluation framework including the questionnaires. The second phase consisted of fieldwork, during which the UNICEF headquarters, ESARO and the four countries were visited by the evaluation team, where about 90 semi-structured interviews and focus groups were conducted with UNICEF, government counterparts (SUN focal point, Ministries of Health and Agriculture, other ministries and provincial and/or district governments) and other main stakeholders; e.g., Dutch Embassies, UN agencies - REACH, FAO, WHO, WFP - implementing organizations, civil society organizations, community health agents, and completed by visits to intervention sites where target groups were met (in particular, pregnant and breast-feeding women and their families). The third and final phase was devoted to analysis and reporting.

Key conclusions

Relevance

The Project was successful and relevant because it helped shape the nutrition agenda in the four countries and it delivered nutrition services that contributed to improve the nutrition well-being of an estimated 16 million beneficiaries including 1.6 million children under-two (U2) from disadvantaged communities and isolated areas at an affordable and standard cost of USD \$1.21- \$2.85 per beneficiary¹ by country. The Project clearly made a difference in the lives of women and children in

¹ The output budget per capita is calculated by dividing the total programmable funds by the number of beneficiaries per country, i.e.,

the four countries involved.

Specifically, the project contributed to build national ownership and technical capacities, to promote innovations and support monitoring of results to enhance UNICEF's network by addressing malnutrition in a multisectoral way and reaching communities with a holistic package of interventions from different sectors, particularly, for Agriculture and WASH. The project created synergy at the community level between health and agriculture extensions workers while raising awareness about nutrition among the population. Communities in the four countries were reached by interventions from different sectors and started to adopt healthy nutrition behaviours. Families shifted from traditional beliefs to appropriate practices for malnutrition prevention.

The nutrition-sensitive interventions that reached households in Ethiopia, Rwanda and Burundi were relevant, largely innovative and fostered a strong impact – at home, school, and in the community. The Project strengthened UNICEF's position as a leader in nutrition because it facilitated the implementation of the multisectoral approach, which is both new and challenging. In addition the grant's flexible reallocation mechanism enabled UNICEF to align the project with the country priorities and needs using a participatory planning approach. In Mozambique for instance nutrition screenings were intensified through the scale up of the Nutrition Rehabilitation Programme (PRN) and the GoN project areas in the country benefited from these increased screenings during an emergency response to the country's worst drought in 30 years and saved about 100,000 children between 2014-2016, who were treated for Severe Acute Malnutrition.

The Project was the main source of the Nutrition budget for the Governments of Mozambique, Burundi and Rwanda and also for UNICEF's overall portfolio in these countries. In Ethiopia, however, UNICEF's Country Office has the largest nutrition budget in Africa with additional funding from sources other than the GoN grant. Complementary country-based nutrition projects, funded by the Netherlands' Embassies, were executed in Ethiopia (now closed) and in Rwanda (still ongoing).

At the start of the project, the Dutch Government positioned itself as both donor and partner by emphasizing the important role its Embassies should play at the country level. This worked well in the inception phase, where the four Dutch Embassies pushed for the inclusion of nutrition-sensitive interventions in the project; and in Ethiopia and Rwanda where the Embassies financed a separate but complementary nutrition program (Ethiopia) and a food-security program with a strong nutrition component (Rwanda). After the inception phase Embassy participation appeared to be less robust in Burundi and Mozambique (and in Ethiopia since the closure of the Nutrition project)².

Effectiveness

The project positively influenced child nutrition in the four countries, but the project's duration was too short to measure sustainable impact when some projects started at the end of 2014 or even 2015 and 2016 for some more complex interventions like nutrition-sensitive interventions. The targets set at the start of the project have not been achieved yet. Notwithstanding the promising results, we have to realize that the project is at the beginning of implementing the multisectoral

USD \$1.21 in Burundi, USD \$2.85 in Ethiopia, USD \$2.75 in Mozambique and USD \$2.15 in Rwanda.

² In the delegation model for Dutch aid, Embassies are responsible for country programs. Those Embassies are generally more engaged with a Nutrition program when financially accountable for this program.

approach and the countries remain heavily affected by undernutrition. Between 2013 and 2017, national stunting rates in the four project countries have been reduced: in Ethiopia, from 44.2% to 38.4%; in Rwanda, from 44.3% to 37.9%; and in Burundi, from 58% to 56%³. Although no new national data in Mozambique on stunting were available at the time of the evaluation, Government interlocutors and UN-agencies confirmed a reduction in stunting rates.

Overall, the project benefited from a strong commitment from the staff involved, and the program's governance structures and management process were conducive to efficient and effective administration of activities. As much as possible the project was mainstreamed with regular UNICEF nutrition work at the country level and the regular CO Nutrition Sections were made responsible for project results. Accountability ultimately rests with the UNICEF Representatives to Burundi, Ethiopia, Mozambique and Rwanda.

UNICEF HQ and ESARO worked in "compact" to provide project oversight, support, and quality assurance. However, there is not much evidence indicating a greater effectiveness through this kind of "umbrella" programme when compared to direct and delegated support to the four UNICEF country offices. The "umbrella" component added value by providing a comprehensive methodology and some technical support to Country Offices in the context of the challenge and novelty of the multisectoral approach; on the other hand, the Global and Regional component largely underspent with respect to the planned budget. HQ and ESARO, who jointly managed this component, only disbursed 56% and 24%, respectively, of the US \$2.7 million available for the G&R component, at the end of the third year of the 4-year Project, according to figures from January 2017.

The "umbrella" component also aimed to develop strong cooperation and knowledge sharing among all stakeholders, and to develop strategic, i.e., more political, results at the level of international and regional bodies. UNICEF HQ and RO did well in providing the necessary guidance and in facilitating UNICEF exchanges, but other more strategic results appeared to be less significant.

The G&R component also produced studies and developed the knowledge base for nutrition with partners like Erasmus University in Rotterdam, but it stimulated little interest in general from UNICEF's country offices. The limited capacity – staff and time – was often cited as the reason for these issues and the direct operational link between the studies and the country components was unclear. New intervention methodologies were developed or revised, but with a lukewarm reception by the country offices.

Efficiency

The multisectoral approach brought many challenges and particularly include: the different implementation and legal procedures between UNICEF and other UN agencies (especially FAO) and the difficulty in harmonizing these procedures; and competing agendas, which created implementation delays. Nevertheless, despite a steep learning curve for UNICEF and partners like the FAO, the approach strengthened collaboration between these UN-agencies and fostered alliances across Ministries, especially the Ministries of Health, Agriculture, and in some cases Industry.

The heavy planning process – country-led, participatory, aligned with the Theory of Change (ToC)

³ DHS 2017 data

and in harmony with the SUN framework – strengthened project ownership by Government counterparts, but also led to delays caused by the long and cumbersome process (high transaction costs). The ToC was relevant for informing program design and for capturing the project's logic, and all the UNICEF Country Offices integrated the new method for planning and managing by results.

Budgeted multi-sectoral nutrition plans are part of the UNICEF's core strategy and approach to scaling up nutrition⁴. However, a detailed budgeting exercise was not conducted, and the COs did not calculate unit costs of the nutrition-sensitive agriculture interventions during project preparation or during the inception phase. The FAO in Ethiopia estimates these expenses at the costly level of USD \$130⁵. These interventions must thus be introduced with careful attention to their sustainability. Without donor funding, these activities are probably too costly for partner governments.

Some project components also appeared to be relatively costly and less efficient in delivering the project activities due to the long and cumbersome planning process, the slow start of operations and specific country contexts; particularly, Mozambique and Burundi. For instance, the project's overhead costs⁶ were 32% in Mozambique and 35% in Burundi. On average, direct and indirect costs paid from the grant to UNICEF for overall project management were approximately 25%. Mozambique experienced several new challenges over the project period, such as the Government's large budget deficit and devaluation of the local currency (MZN) by more than 50%; damaging floods in 2015; and a severe drought in 2016. Since 2015, Burundi has faced civil unrest, escalating violence, and sharp economic decline following the incumbent President's decision to run for a third term in office. As a consequence, the Governments had difficulty in paying counterpart funds.

High staff turnover in all UNICEF Country Offices also produced inefficiency and slowed project management.

Efforts were made to improve the monitoring of results. Yet, according to government counterparts, strengthening surveillance and Monitoring and Evaluation (M&E) should be prioritized for nutrition programming in the future. Currently, nutrition surveillance across the board is a subjugated part of the health surveillance system and as recommended at the Inception Workshop in 2014, UNICEF's support to strengthen surveillance and other routine systems is imperative to the reduction of stunting.

Sustainability

UNICEF's approach to scaling up nutrition presents principles related to sustainability, such as government support, consultative processes with national stakeholders, capacity building and budgeting for multi-sectoral nutrition plans. Budgets are an essential part of the approach to plan and to implement interventions at a realistic scale and, ideally, include the availability of a

⁴ United Nations Children's Fund. UNICEF's approach to scaling up nutrition for mothers and their children. Discussion paper. Programme Division, UNICEF, New York, June 2015.

⁵ Unit costs of a package of nutrition-sensitive interventions have been estimated approximately at USD 130.00 by the FAO at the request of the Evaluation Team (taking into consideration inputs provided and related capacity building interventions for targeted households). The methodology for these calculations was not shared by the FAO.

⁶ The overhead costs indicate UNICEF's expenses to deliver the project. It includes the following categories: staff salaries and other personnel costs, travel, general operating costs, and other direct and indirect costs of 8%.

continuous funding source and increased contributions from the government budget to ensure sustainability. However, multisectoral nutrition programs are costly and these low-income partner country governments so far have not provided any considerable funding for nutrition in their national budgets.

As a consequence, nutrition interventions must be introduced with careful attention to a government's capacity to take over and as well as its dependence on donor funding with specific attention to provincial and local governments and the role the private sector can play in financing Nutrition (while keeping an eye on equity and access issues). The project did not execute cost-effectiveness studies or sustainability analyses to support the dialogue around this issue with partner governments.

Equity and Gender

Gender and Equity were mainstreamed into project design and implementation in the four countries. Targeted beneficiaries were admitted regardless of sex, or disability status. The project intervened in remote and vulnerable regions. Countries conducted different bottleneck analysis to improve the project's equity.

However, the monitoring tools were not adequate for proper appraisal of location, socio-economic or disability status of beneficiaries. Despite the project's sensitivity to gender issues in the design and implementation, data related to project outputs and outcomes through the PMFs were not disaggregated according to sex, socio-economic and disability status

Key recommendations

- 1 **Continue the Project** but review the financing modality for the next phase in order to lower the transaction costs and better align with UNICEF's strategic priorities and internal planning, reporting, and allocation mechanisms. Among the three available options (see main text), we propose a nutrition thematic core funding arrangement between MoFA and UNICEF HQ, including a notional financial earmarking for the four countries involved during this second phase to sustain their achievements. Eventually, this notional earmarking could be gradually phased out towards a third phase.
- 2 In the instance that MoFA and UNICEF decide to continue the program with the current modality, **the Global and Regional component should be reinforced** with respect to the project's strategic and global impacts, and planned and staffed in a way that avoids under-spending. Also in the thematic core-funding option measures should be taken to strengthen the strategic and supportive role of HQ and in particular ESARO.
- 3 **Improve inter-sectoral collaboration for Nutrition and Food Security.** We propose UNICEF pursues its multisectoral interventions, including nutrition-specific activities while fostering joint planning and collaborative implementation of nutrition sensitive interventions with key partners like FAO, WHO, among other, and while respecting one another's specializations and know-how.
- 4 **Enhance the planning and monitoring process** by including consultations at the community level, especially for new interventions, such as the nutrition-sensitive agriculture and WASH interventions.
- 5 A second phase should attend more to **foster Government ownership in order to sustain core activities** after withdrawal by donor and/or UNICEF. Capacity development is already a strong part of the project, but sensitizing stakeholders, such as central, regional, and local governments, and the private sector, to make them financially accountable should be enhanced.

- 6 **Step up UNICEF support to the existing national health information system(s)**, while fostering more room for Nutrition indicators in these systems.

1 End-Project Review mandate and scope

UNICEF commissioned ACT for Performance to undertake the End-Project Review of the project *Improving Child Nutrition in Four Countries in Sub-Saharan Africa* funded by the Dutch Ministry of Foreign Affairs for \$USD 38.9 million. Project implementation ran from September 2013 through August 2017 across four countries – Burundi, Ethiopia, Mozambique and Rwanda.

It is important to note that the relatively early scheduling of this End-Project Review, with still five months left to go, intends to inform potential new project phases. In addition, the End-Project Review informs client country programming, policy and strategic plans. The preliminary findings, conclusions and recommendations were presented at a workshop in Addis Ababa, in July 2017, to discuss the challenges faced, results achieved thus far, and other issues or concerns raised.

The End-Project Review contributes to the dual objectives of (i) accounting for the Government of the Netherlands' (GoN's) investment and (ii) providing a learning opportunity for UNICEF across all its levels (Headquarters and country and regional offices) and for the government administrations of the countries involved in the project. The main objective of this study is to provide an independent, critical and detailed analysis of the multi-sectoral, multi-country project *Improving Child Nutrition in Four Countries in Sub-Saharan Africa*.

According to the Terms of Reference, the evaluation seeks particularly to:

- assess how and to what extent the Project achieved its goal;
- enable evidence-based decision-making by informing program and policy decisions in the targeted countries and regionally;
- determine the extent to which the project contributed to the intended impact, and achieved outcomes and outputs as outlined in Project Performance Monitoring Framework.

The evaluation will also provide a prioritized list of specific recommendations to improve the project and similar programmes, and to support donor and country programming, policy, strategic plans.

The evaluation started with an evaluability assessment undertaken during the inception phase of the mandate, and the report presents a summary of the project profile, questions and methodology, the data-collection process and limitations, followed by the Findings, Conclusions, Lessons learned and Recommendations. The evaluation matrix is included in Annex B and the financial analysis of the project components is presented in Annex A.

2 Project profile

2.1 Context

The countries of the Eastern and Southern African Region have some of the highest rates of stunting and underweight prevalence in the world (accounting for 14% of the world's stunted children). The prevalence of underweight is 15% and wasting is 6%. In Burundi, Ethiopia, Mozambique and Rwanda, there are more than 9 million stunted children under-five (U5), representing around one third of the 26 million stunted children across the Eastern and Southern African Region. Micronutrient deficiencies are highly prevalent, and regular use of iron and foliate supplementation among pregnant women is very low; the coverage in most of the countries is below 10%. Anaemia in children under-five years (U5) children in the four countries ranges from 44% to 65%⁷.

Nutrition programmes have been scaled up with varying success. Although curative treatment of acute malnutrition is a lifesaving effort and receives high priority in the concerned countries, investing in prevention of acute and chronic undernutrition is as critical. Nutrition-sensitive and nutrition-specific action must be strengthened across all four countries and all nutrition stakeholders and related sectors, e.g. nutrition, agriculture, health, WASH, social affairs; thus creating a need for innovative knowledge on planning, implementation and delivery of multi-sectoral nutrition-specific and -sensitive interventions. The project intervenes in those East African countries that suffer from a high prevalence of stunting and child mortality, and is designed with a focus on equity by targeting the increased access to services for the most disadvantaged people. The nutrition interventions focus, in particular, on the 1,000 day(s) window of opportunity for greater impact.

2.2 Project summary

In November 2013, the Government of the Netherlands and UNICEF signed an agreement for a 4-year project (2013-2017) to support scaling up nutrition in four countries of the Eastern and Southern Africa Region (ESAR): Burundi, Ethiopia, Mozambique and Rwanda. The project sets out to contribute to an equitable and sustainable reduction of undernutrition in these four countries, using principles aligned with the Scaling Up Nutrition (SUN) movement's framework. Working in partnership, the project sets out to:

- build national leadership, ownership and capacity to promote nutrition policies and programmes by creating a more enabling environment for nutrition;
- reach communities with evidence-based interventions from different sectors and support the adoption by communities of healthy nutrition behaviours;
- improve equity-focused monitoring of results to improve programme performance;
- promote innovations, knowledge sharing and collaborative learning; and
- enhance networks and partnerships to address the multisectoral dimensions of malnutrition.

At the **global and regional level** the project aims to achieve the following key objectives:

- support project countries to improve stakeholder capacity in developing nutrition-sensitive

⁷ United Nations Children's Fund. Improving Child Nutrition in Four Countries in Sub-Saharan Africa, Consolidated report. Regional Office and Headquarters, Country Summaries. UNICEF Funding Proposal to the Government of the Netherlands. March 2013, p 10.

and nutrition-specific strategies.

- support countries in multi-sectoral linkages for planning, implementation and management of evidence-based interventions.
- building strong alliances and coordination mechanisms within targeted countries, among countries and regionally.
- provide technical assistance for sound evidence-based planning and monitoring at country level and coordinate an evaluation strategy that can help project stakeholders understand, learn and adjust based on project progress and bottlenecks.
- implement a knowledge management strategy to foster knowledge generation (including innovations and operational research); to facilitate knowledge exchange and build knowledge networks among project partners by establishing a community of practice; and to encourage knowledge sharing and dissemination of the lessons learned throughout the project cycle through multiple forums.
- provide strategic support to the project managers in the four countries, perform oversight and ensure donor requirements are met.
- strengthen nutrition governance by improved coordination of global and regional stakeholders relevant to this project, such as African Union, SUN, REACH, GAIN, learning centres from South Africa and the Netherlands, CAADP, EAC, ECSA, GAIN, UN Agencies, ONGs, NEPAD, IGAD, and Netherlands' Embassies.

At the **country level**, the project's objective, which is aligned with national goals, is to contribute to the reduction of stunting among children under the age of 5 years: in Burundi from 58% in 2010 to 48% in 2016, and in Rwanda from 44% in 2010 to 28% in 2017. Similarly, in Ethiopia, the project aims to contribute to reduce underweight prevalence from 41% in 1996 to 21% by 2015 and stunting prevalence from 46% in 1996 to 40% in 2015. In Mozambique, the project aims to contribute to the reduction of stunting in children under the age of 5 from 43% in 2011 to 30% by 2015 and 20% by 2020.

In all countries, the project will support governments and partners in order to:

- scale up major nutrition-specific interventions and increase access to and demand for nutritious food by using monitoring for programme corrective action and to show impact.
- influence and steer nutrition-sensitive development by building inter-sectoral linkages between health, agriculture, food security and social protection.
- equip managers and policy makers to develop nutrition-sensitive and -specific strategies, develop multi-sectoral linkages for planning, implementation and management of evidence-based interventions, and develop strong alliances and coordination mechanisms within countries, among countries and regionally.

2.3 Project activities in the countries selected for the evaluation

2.3.1 Burundi

In Burundi, almost one in five children (78/1000 live births) die before reaching his/her fifth birthday (DHS 2017). The infant mortality rate is 47 deaths/1000 live births (DHS 2017), which remains high. Maternal mortality stands at 712 maternal deaths per 100,000 live births. Acute malnutrition stands around 5% in children under five, while chronic malnutrition rates remain high, standing at 56%,

making Burundi one of the countries with the highest rate of stunting in the world (DHS 2017). The national agricultural survey showed also that an average of 40% of the agricultural households do not practice any animal husbandry⁸.

The project's objective was to contribute to the reduction of stunting rates in children under-five years from 58% (in the year 2010) to 48% by 2016 as per the national objective. A strong emphasis was placed on the development of nutrition strategies, advocacy for collective action and partnerships to ensure a sense of project ownership of all involved stakeholders, and revised and coordinated interventions rolled out at scale. As per the project proposal, three main activity areas were identified: (a) coordination, leadership and management, with a total of 8 activities planned; (b) improvement of nutrition status in children U5 with 12 activities planned; and (c) appropriate management of Severe Acute Malnutrition (SAM) in children under-five to be delivered through 6 activities⁹.

2.3.2 Ethiopia

Despite recent trends showing a decline in all three nutritional status indices among children since 2000, poor nutritional status of women and children continues to present a public health issue in Ethiopia. Malnutrition among children and women of childbearing age is highly prevalent, particularly in Amhara and Southern Nations, Nationalities, and Peoples' Region (SNNPR) regions. At the beginning of the project, the percentage of children aged 6-59 months with anaemia was 35% in Amhara and 37% in SNNPR, according to the Ethiopia Demographic and Health Survey (EDHS) in 2011. Similarly, among women aged 15-49 years, 17% in Amhara and 19% in SNNPR were anaemic whilst the national average was 17%. Nationally, only 16% of children live in households that use iodized salt, while in Amhara and SNNPR the percentages are 10% and 12%, respectively. There are concerns regarding the nutritional state of women of childbearing age in Ethiopia. Nationally, 52% of infants started breastfeeding within one hour of birth and 80% within the first day. Nationally, exclusive breastfeeding for children under 6 months of age is at 52%. Micronutrient deficiency disorders are also a significant contributor to childhood morbidity and mortality. The 2011 EDHS data indicated that only 26% and 13% of children aged 6-23 months consumed food rich in vitamin A and iron respectively¹⁰.

The primary aim of the project was to sustain and improve nutritional outcomes for children in their first 1,000 days, for their mothers, and for other pregnant and breast-feeding women, through an inter-sectoral approach across livelihood, health service systems strengthening and capacity building interventions. Through a combination of Community Based Nutrition (CBN) and nutrition sensitive agriculture interventions, the project expected outcomes that would indicate an improvement in dietary diversity. These improvements would be achieved through the promotion of diverse food consumption, the strengthening of human and institutional capacities of the agriculture sector to implement nutrition sensitive interventions at the national, regional and woreda (district) levels. As per the country project proposal, activities were grouped in the five following key areas:

⁸ United Nations Children's Fund. Improving child nutrition in 9 provinces in Burundi. Funding Proposal to the Government of the Netherlands. Submitted by UNICEF Burundi. March 2013, p11.

⁹ United Nations Children's Fund. Improving child nutrition in 9 provinces in Burundi. Funding Proposal to the Government of the Netherlands. Submitted by UNICEF Burundi. March 2013, p16-17.

¹⁰ Central Statistical Agency [Ethiopia] and ICF International. 2012. Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International.

- scale up delivery of community based nutrition in the two regions Amhara and SNNPR, aligned with the SUN framework, in particular, with a focus on the first 1000 days;
- improve dietary diversity through production and consumption of nutritious food at household levels from homestead gardening and livestock in selected districts;
- improve knowledge and capacity of national partners for implementation and management of multisectoral interventions;
- strengthen multi-sectoral coordination mechanisms through support to the SUN movement and the REACH mechanism; and
- enhance water supply and promotion of MUS¹¹.

2.3.3 Mozambique

Undernutrition rates remain high in Mozambique where the prevalence of stunting was 43% in 2011¹². In 2013, prevalence ranged from 50% in the Northern Province of Nampula to 31% in the capital city of Maputo¹³. Wasting prevalence was at 6% and underweight at 15%. Anaemia rate was 54% in women of reproductive age, and 69% in children under the age of five. In 2011, only 43% of children under six months were exclusively breastfed, only 64% of children aged 6-8 months had at least two meals per day, and only 37% of children aged 9-11 months had at least three meals per day¹⁴. It is estimated that one third of households in Mozambique is food insecure. Forty percent of women reported to have had their first child before the age of nineteen¹⁵. A UNICEF study found a significant correlation between maternal age under 19 and stunting, underweight and wasting levels¹⁶. Only 45% of households used iodized salt in 2011 (DHS 2011).

The overall objective of the proposal is to support the Government of Mozambique to achieve its goal of reducing stunting in children under the age of five to 30% by 2015, and 20% by 2020, and the project is geographically focused on the provinces of Manica, Sofala, Tete and Zambezia as well as scaling-up of essential nutrition interventions and other activities at national level. The interventions include:

- infant and young child feeding, including breastfeeding and complementary feeding and the distribution of micronutrient powders (MNPs);
- nutrition rehabilitation of children with moderate and severe acute malnutrition with an emphasis on system strengthening and outpatient and community-based treatment;
- strengthening the delivery of essential nutrition commodities, including iron/folic acid supplements for adolescent girls and iodized salt; and
- strengthening national and provincial multisectoral nutrition systems through supply chain strengthening, strategic policy development, multi-sectoral action and coordination at the national and provincial levels.

¹¹ United Nations Children's Fund. Scaling up Community Based Nutrition (CBN) and hygiene interventions in Amhara and SNNP Regions through strengthened inter-sectoral collaboration for optimal nutrition outcomes. Funding Proposal to the Government of the Netherlands. Submitted by UNICEF and FAO Ethiopia. April 2013, p 13-24.

¹² Mozambique Demographic and Health Survey (DHS) 2011, INE 2011.

¹³ SETSAN baseline study 2013

¹⁴ Multiple Indicator Cluster Survey 2008, Ministry of Health of Mozambique 2009

¹⁵ Mozambique Demographic and Health Survey (DHS) 2003, INE 2004

¹⁶ Azzari, C., Carletto, G, Davis B and Nucifora A, Child Undernutrition in Mozambique, UNICEF Mozambique 2010

The activities are categorized into six outcome areas, which are aligned with the national Multisectoral Action Plan for the Reduction of Chronic Undernutrition (PAMRDC):

- adolescent girls take iron and folic acid supplements weekly;
- children from 0-5 months are breastfed exclusively;
- children from 6-23 months have an adequate quality diet, including micronutrient supplements and deworming;
- families consume fortified foods including iodised salt;
- children from 0-5 years with acute malnutrition recover; and
- National and provincial multisectoral nutrition systems are strengthened¹⁷.

2.3.4 Rwanda

In spite of a strong nutrition policy, Rwanda remains a country with a high rate of stunting and significant regional disparities. The West Province has the highest prevalence of stunting at 45% compared to Kigali City that has a prevalence of 23.5%. There are also significant disparities amongst children in urban and rural areas (24% and 41% respectively)^{18,19}.

The project's objective is to contribute to the national goal, which is to reduce stunting rates of children under-5 in Rwanda from 44% in the year 2010, to 28% by the end of 2017. It aims to strengthen the capacity of the Government/social cluster ministries to coordinate the implementation and monitoring of multi-sectoral and multi-stakeholder interventions at national and district levels; to improve the nutrition status of children under-two; and to provide appropriate management of severe acute malnutrition in children under-five years. The project is designed to ensure that appropriate actions are operationalized at district levels and throughout the communities and is implemented in 8 districts: Gakenke, Burera, Rubavu, Rusizi, Kirehe, Bugesera, Musanze and Gasabo²⁰. The strategies include well defined district-based capacity building processes that oversee the smooth transfer of knowledge, capacity and skills to all participating districts.

According to the country proposal, project activities are based upon three main results:

- strengthen and/or bolster the capacity of the Government of Rwanda (GoR) structures or mechanisms to implement and monitor coordinated multisectoral and multi-stakeholder interventions at national and district level. This is expected to be achieved through 5 key activities;
- improve the nutrition status of children under-two through the implementation of 3 main activities; and
- provide appropriate management of severe acute malnutrition in children under-five through the implementation of three main activities.

2.4 List of Stakeholders

The project's multisectoral nature works with many stakeholder groups, including but not limited to

¹⁷ United Nations Children's Fund. Improving Child Nutrition in Four Countries in Sub-Saharan Africa. Inception Report May 2014, p 9-10.

¹⁸ Republic of Rwanda. Demographic and Health Survey [DHS] 2014/2015. Key findings. Kigali, Republic of Rwanda, National Institute of Statistics of Rwanda. 2015.

¹⁹ United Nations Children's Fund. Providing Strategic Support to the Government of Rwanda's Efforts to Reduce Malnutrition. Funding Proposal to the Government of the Netherlands. Submitted by UNICEF Rwanda March 2013, p 11, 17-18.

²⁰ United Nations Children's Fund. Improving Child Nutrition in Four Countries in Sub-Saharan Africa. Inception Report May 2014, p 10.

(comparable across the four targeted countries with slight differences):

- SUN focal point and the networks facilitated by SUN;
- Food and Nutrition Steering Committee (Rwanda) or Working Group (Ethiopia);
- Nutrition Task Force or Emergency Cluster (Ethiopia);
- Ministry of Health; Ministry of Agriculture; Ministry in charge of Local Government (Ethiopia, Mozambique, Rwanda); Ministry of Education; Ministry in charge of WASH; Ministries in charge of Family, Social Affairs, Women;
- Food Regulatory Agency (Ethiopia);
- Provincial and/or district governments;
- Consumer organization and other civil society groups;
- Implementing organizations (NGOs, local branches of central government, local government);
- Target groups (in particular, pregnant and breast-feeding women and their families), local communities;
- Private sector, particularly, the companies active in food fortification alliances;
- Parliamentarians actively promoting better nutrition;
- Research organizations active in nutrition improvement;
- REACH (WFP, UNICEF, WHO, FAO);
- Other development partners and international networks (e.g., GAIN)

3 Evaluation questions and methodology

3.1 Evaluations questions

Among the criteria set out in the Terms of Reference for this evaluation were those recommended by the UN Evaluation Group and the OECD Development Assistance Committee (DAC) for program evaluations, i.e. relevance, effectiveness, efficiency, impact and sustainability), as well as cross-cutting themes such as equity in access and gender equality. UNICEF expressed interest in additional evaluation issues in terms of management processes (the so-called umbrella component), as well as other issues like leveraging and partnership roles, which have been regrouped below. The respective evaluation questions are presented below for each criterion, crosscutting theme and evaluations issue. They can be reviewed with their respective indicators in the Evaluation Matrix presented and in Annex B.

Relevance of the project

- To what extent the project strategies, planned results and activities for reducing stunting in young children were relevant, i.e., justified in relation to country needs? Do they correspond to local, national and global priorities?
- To what extent the Theory of Change was clear and relevant for informing program design and for progress reporting?
- To what extent the project and its “ umbrella component ” were relevant to the broader UNICEF nutrition environment, including its linkages to other relevant actors and contexts?
 - Precisely, what demonstrated the project's niche, strength, and uniqueness as related to the broader scope of nutrition and actors within it?
 - How does this project compare to mainstream UNICEF nutrition work? Is there an effect in terms of resource mobilization (leveraging), partnership etc?
- What are the important lessons to take forward in designing future projects and programs?

Effectiveness of the project

- To what extent has UNICEF contributed to an equitable and sustainable reduction of undernutrition in four African countries? More specifically, what evidence exists of possible impact of the project in improving nutrition the wellbeing of women and children under-5 in Burundi, Ethiopia, Mozambique and Rwanda?
- To what extent have the interventions produced the expected results (outcomes and output) of GoN funded interventions being achieved? More specifically, what evidence is there of the intervention in the expected immediate and intermediate results and output in:
 - building national ownership and technical capacity to promote nutrition policies and programmes, and create a more enabling environment for nutrition;
 - reaching communities with evidence-based interventions from different sectors and support the adoption of healthy nutrition behaviours by communities;
 - improving community-based monitoring of results to improve programme performance with a strong equity focus;
 - promoting innovations, knowledge sharing and collaborative learning; and
 - enhancing the networks and partnerships able to address the multisectoral dimensions of malnutrition.
- Review the UNICEF reported indicators according to the results framework, i.e., numbers reached, effects of that reach and sustainability of these effects, and differentiating the results along the following lines:

- One-off reach with limited effect, e.g., a food supplement, diversification or treatment provided during the year concerned.
 - Structural reach/effect, e.g., regular checks, advice and supplement/diversification/treatment during the year concerned.
 - Transformative reach/effect, children exits undernourishment [classification] during the year concerned, e.g., through combined improvements in food availability, access, utilization and/or stability.
- Could more results have been obtained to reduce stunting by using different strategies/instruments (nutrition-specific interventions as well as broad-based - upstream policy work, multi-sectoral work, partnerships)?

Efficiency and Managerial process

- What was the efficiency of the project's governance and management? The evaluation will explore how the governance and management structures interacted and impacted each other.
- Have the objectives been achieved at the lowest cost? Could there be a greater effect at the same cost?
- How economically are resources/inputs (funds, expertise, time) converted to outputs? What is the "value for money" provided by the project?
- Have outputs been achieved on time and on budget?
- What was the project's added value as related to the wider area of and actors within nutrition?
- Have program governance structures and management processes been conducive to the efficient and effective administration of activities?
- Was it relatively effective to have a multi-country project rather than a project providing direct support to the four UNICEF country offices? (How effective was the umbrella component of the project?)
- What were the project's organizational and institutional strengths, weaknesses, opportunities, and threats (SWOT analysis)?

Sustainability

- Are the results and impacts, including institutional changes, sustainable over time? Will the impacts continue if there is no more public funding in the four countries?
- How adequate is the Project'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 risks related to the sustainability of gains achieved in reducing stunting in various contexts that UNICEF must address?

Equity and Gender equality

- Which of the project's approaches and interventions contributed to promoting equity in access, equity in gender equality? Has the project used equity principles throughout the project?
- What type of approaches and interventions have yielded results in reducing stunting in disadvantaged, marginalized and less reached areas/districts? Has attention been given to the needs of children affected by disability?
- To what extent was gender a significant and distinguishing factor in the project?
- Are there concrete lessons that can be replicated to address stunting in an equitable manner and to target the most disadvantaged or vulnerable children?

Contributing/Context/Explanatory Factors

This part deals with the analysis of factors affecting the project's performance and results.

- What were the facilitating factors or barriers that contributed to or influenced project performance?
- What factors could have improved project performance?

The evaluation includes conclusions, recommendations and lessons that address the purpose and specific objectives of the program.

3.2 Evaluation methodology

The Evaluation Team (Team) adopted a participatory approach to conduct the evaluation and applied a *realist evaluation* framework to inform development and guide all stages of the Team's work. *Realist evaluation* is a theory-driven approach that focuses on the mechanisms and contextual factors leading to the success (or not) of an intervention. The Team's pre-evaluation activity began with an evaluability assessment, which involved an assessment of the intervention logic and the performance measurement framework; a review of document and data available; and identification of limiting factors for the evaluation.

After approval of the inception report, the Team conducted documentary research and completed field missions from April through June 2017 in: The Netherlands, at the Ministry of Foreign Affairs in The Hague; Mozambique; Burundi; Rwanda; Kenya (ESARO); New-York (UNICEF HQ) and Ethiopia. In total, the Team conducted interviews with 90 stakeholders groups (accounting for unique sections within UNICEF). Site visits in the four African countries included:

- In Burundi: visits in Bujumbura, province of Ngozi-la zone de Gakere, commune Kiremba, Kirundo-commune Busoni;
- In Ethiopia, visits in Amhara region (Bahir Dar), Gozamin woreda (Debre markose) and Wonka Kebele
- In Mozambique, visits in Zambezia, one of the four central provinces;
- In Rwanda, in Rwaza sector (Musanze district) and Kanama sector, Kamuhiza cell (Rubavu district).

The Team met with UNICEF staff and different stakeholders groups, including: Dutch Embassies, UN agencies (REACH, FAO, WHO, WFP); government counterparts (SUN focal point, MoH, MoA, other ministries); provincial and/or district governments; implementing organizations (GAIN, MI, Access to Health, World Relief); civil society organizations (Scaling Up Nutrition Alliance); community health agents (community health workers, agronomists, veterinarian, sector executive representative) and target groups (in particular pregnant and breast-feeding women and their families).

Each Team member was delegated specific responsibilities for evaluating distinct aspects of the project. At the end of each country visit, final interviews and debriefing sessions were held with UNICEF and other stakeholders.

The following schedule was implemented:

Evaluation Phase including field work							
Field work	April 14	April 18	April 24	May 1	May 8	May 12	May 27
■ Field work – E. Kouam			Burundi	Rwanda	Nairobi (ESARO)		
■ Field work – M. Guay		Nairobi (ESARO) - rescheduled	Mozambique	Ethiopia – rescheduled		NY (HQ)	Ethiopia
■ Field work – F.	The Hague		Mozambique			NY (HQ)	

An Evaluation Framework (EF) was developed to structure the data collection process (Annex B) based on evaluation issues and questions contained in the Terms of Reference, as described in the section above. This EF established evaluation issues, questions, data sources and collection techniques, and served as the main tool for designing data collection instruments and reporting on evaluation findings for the overall project. Data collection instruments included: interview questionnaires, focus group guide/questionnaire and case studies templates. The following methods were used: desk review (including the case studies), field visits, interviews, focus group and the SWOT analysis.

A bullet point summary of preliminary findings was prepared for each evaluation criteria per component at the data analysis phase after a triangulation of all documentary evidence and primary data collected on each of the evaluation questions/criteria. The Team compared notes and discussed these preliminary findings and conclusions internally. Each member of the Team was responsible for analysing and reporting on the country s/he visited and for preparing the conclusions for “her” issues (i.e. relevance, sustainability and scale up, effectiveness, equity and gender quality, efficiency and managerial process). A SWOT (strengths, weaknesses, opportunities, and threats) assessment template was used to assess the efficiency and effectiveness of the managerial process.

3.3 Limitations and mitigation factors

The evaluation was designed in accordance with the Terms of Reference and considered the constraints therein. Most notable was the focus on the project’s five components, including the four African country components that required a field visits, which were challenged by time and budget constraints especially since each country visit entailed trips to those remote regions where UNICEF serves vulnerable populations.

Given the limited time for field visits and compliance with the narrow evaluation timeframe, the Team adapted to several unforeseen events during field missions, such as:

- Timeline and resource constraints for field visit could not accommodate availability of UNICEF ESARO as initially planned. Debriefing session in Nairobi by one team member and Skype meeting with ESARO during HQ visit were part of the mitigation strategy.
- Change in visa requirements in Ethiopia not anticipated by UNICEF and the flight delay, which shortened the field mission and reduced the number of site visits in Amhara region in Ethiopia. Rescheduling of the Ethiopian field visit and Skype call were part of the mitigation strategy.

This end review was no exception to the frequent challenges faced in collecting information across various sources, such as administrative documents (procedure manual) and financial data. And despite several requests, the Team never received the FAO financial report on the nutrition sensitive project in Ethiopia.

Because the project’s duration was too short to measure impact(s), the Team focused on the output and outcome measurements deduced through trends and forecast impacts. Qualitative rather than quantitative indicators were used mostly for the analysis of this evaluation due to the absence of regular monitoring of the PMF indicators by both UNICEF and implementing partners and due to the reporting frequency (noting that some indicators require 5 years).

The data collection approach and analysis is based on a *contribution* analysis and not on an

attribution analysis, which is not possible for this evaluation given that the GoN's funds complement various activities supported by governments and other development partners. This approach aims to reduce uncertainty about project contribution by documenting the specific results and the way the project addresses internal and external factors underlying malnutrition.

4 Evaluation findings

4.1 Burundi component

Summary finding Burundi: the GoN's funds served as the primary investment in UNICEF's national nutrition budget over the last four years and fostered the multi-sectoral approach with government counterparts and close collaboration among UN agencies, but at high overhead costs in comparison to the other project countries.

The project enhanced nutrition coordination at the national level through SUN and REACH initiatives and developed different nutrition strategic documents and reinforced the National Nutrition program. At the provincial and district levels, project outputs were achieved despite delays in the implementation of interventions, such as IFA supplementation, Infant and Young Child Feeding (IYCF) and home fortification. No new national data were available on stunting, wasting or the prevalence of anemia, but a decrease in stunting prevalence and an improvement in infant and young child feeding practices was noted in a multi-sectoral nutrition and food security in Ngozi province to which the GoN funding contributed. Great improvement on Infant and Young Child Feeding practices were revealed in the DHS 2016/2017 preliminary results. UNICEF is using the national targets for project monitoring and works at the same time with the Government to improve the indicators and the targets.

The low technical capacity in Burundi²¹ impeded the possibility of developing the national nutrition programme with available technical resources. Although this may be considered as a limitation, the use of additional international staff and consultants with adequate knowledge and technical capacity was also an investment to develop the country's capacity in nutrition programming. This allowed UNICEF to build national capacity and to equip the National Nutrition Programme and SUN Secretariat with key strategies, guidelines, job aids, and pool of trainers, which were not available for most nutrition aspects (acute malnutrition, micronutrients, ICYN, multisectoral approaches, etc.). Following this investment, the National Nutrition Programme and UNICEF are ready to use national capacities to scale-up these interventions nationwide and improve standardization of practices among all nutrition partners.

Finding on Relevance

Finding #1: The project was relevant to address the country's context especially since it was the main source of UNICEF's nutrition budget over the last four years. The Theory of Change facilitated the project's overall monitoring, but government counterparts claimed they were not adequately involved during the project's planning process. The multi-sectoral approach enhanced close collaboration among UN agencies.

The project was developed in accordance with the national health, nutrition and food security policies and priorities. The selected strategies, including IFA supplementation, IYCF, PD Hearth with home gardens and livestock, home fortification, and management of severe acute malnutrition (SAM) were appropriate to the country's context as these strategies targeted the most vulnerable

²¹ Following multiple troubled and violent periods since the 1990's, the intellectual, professionals and technicians fled the country.

population—women and children. The interventions considered community-based prevention activities with the participation of different sectors.

Planning took place at the national level with UNICEF, FAO, WFP and Burundi's national authorities. However, stakeholders, such as the National Nutrition Program (PRONANUT) claimed they were not adequately involved during the project's planning process. Furthermore, the community did not participate in exchanges to support project planning. Instead, decisions were made at the central level, i.e., the Ministry of Health, without the participation of these communities; consequently, the project's content and other directives were imposed on decentralized health and administrative authorities.

The development of the project's Theory of Change and the Performance Monitoring Framework (PMF) was very important for facilitating the project's overall monitoring and specific follow-up by programme managers. These managers primarily found excessive the number of PMF indicators that they were required to track – 82 indicators in total. No evidence-based study was conducted prior to the planning and implementation of this multisectoral project. Instead, indicators were selected through review of previous surveys and on a consensual basis in instances where baseline information wasn't available. Although the project embraced a multi-sectoral approach (Nutrition, Health, Food security), in reality there was insufficient social protection and food security components outlined in the project's ToC and PMF.

The GoN project was the very first of its kind in Burundi whereby the early development focused on a community-based nutrition strategy, which was elaborated on using programme tools like the Theory of Change and a structured monitoring framework, i.e., the PMF. It first established substantial links across the nutrition, health, agriculture and social protection sectors and partners. Then, lower level administrative bodies, or communes, implemented programming with support from NGOs in some provinces, which were supervised by UNICEF while implementation was executed by local authorities in one province. Local government(s) facilitated project activities through the engagement of local representatives and community leaders.

The multi-sectoral approach enhanced close collaboration among UN agencies, in particular, UNICEF, FAO and WFP, which have systematized consultation processes. Finally, GoN's fund served as the main source of UNICEF's nutrition budget in Burundi over the last four years and facilitated the development of the national nutrition programming beyond acute malnutrition and created a focus on stunting prevention through multi-sectoral nutrition interventions.

Finding on Sustainability

Finding #2: Measures were taken to ensure project sustainability and included several approaches, such as the integration of multi-sectoral interventions, the involvement of different partners in the implementation, and the creation of an enabling environment through the SUN/REACH coordination platform.

The national nutrition program from the Ministry of Health developed for the first time a three-year (2015-2017) work plan based on the experience, opportunities and capacity building provided by GoN funding. This 3-year plan will be revised for 2018-2020. National strategies were revised in accordance with this approach. For example, the national protocol for management of acute malnutrition was revised in 2014, followed by cascade trainings across the country. UNICEF provided financial support for the program supervision trainings, which were held on a quarterly basis in addition to other joint supervision activities.

The project was structured to favour synergy so that project beneficiaries received a package of complementary services and activities. Light Mothers²², Child Health Week (CHWs), and beneficiaries were trained across the different project activities. The project contributed to community enlightenment regarding adequate feeding and hygiene practices, household cultivation of home gardens and seeds for vegetable production. These activities have the potential to continue long after the project winds down.

Saving groups initiated by the project empowered community groups, which are currently financially autonomous. These individuals merged to form strong groups of producers for crops, which are regularly consumed in the households, while the crop surplus is sold to generate additional income. The main issue raised by interviewees was the difficulty to access food during lean seasons, which results in the increased vulnerability of malnutrition in children during these periods.

Despite investment in the strengthening of their technical skills and knowledge, government counterparts stated they lacked the number of qualified human resources, or staff, necessary for proper project management. At the national level, a total of 20 agents were available for reviewing all nutrition interventions countrywide (including the GoN project) – insufficient for the country's 18 provinces. At the village level ("colline" or "hill"), community agents claimed incentives, which were not considered in the Ministry of Health policy. Other means of non-monetary incentives were used, such as trainings, meetings, equipment, etc. Light Mothers and CHWs also received refresher trainings and regular mentorship and supervisions from health agents to boost their motivation. For equity reasons, light mothers and CHWs would also like to be beneficiaries of small livestock activities, which would be considered as a sort of compensation for time spent supporting the community.

Another important sustainability issue identified during the evaluation was funding. The GoN project financed the SUN Secretariat and its survival will be critical after the project winds down as the Government of Burundi has not dedicated a budget line for its continuity. REACH coordination platform needs to be transformed into the UN Network and integrated into the national multi-sectoral platform for nutrition and food security. This is also the case for the overall project.

Although the government is more aware now than ever before of the relevance of nutrition investment, the country currently faces major budget constraints. Donors have frozen most of their bilateral funding support to Burundi because of the current political context and related insecurities. The government is not capable of taking over the project after its phase out. To mitigate this reality, participants recommended that project activities, such as the sensitization of households for home gardens, the provision of ingredients for PD Heart sessions and community screenings for malnutrition, are mainstreamed into the health district development plans because Burundi's health districts are better positioned to deliver these services. Still, the funding issue remains because most of the MoH resources arrive from the country's central government. In addition, decentralization processes are not very effective in Burundi, especially at the MoH as the political situation has grown weaker and decision-making has become more centralized since 2015.

²² Light Mothers are positive-deviant or role model women living in similar condition as other members of her community, but without acute malnourished children

Finding on Equity, reaching disadvantaged children and Gender equality

Finding #3: Equity and Gender principles were mainstreamed into the project design and implementation.

The nine provinces selected for the project were those with a higher stunting prevalence than other parts of the country. Within these provinces, the communes most vulnerable to malnutrition and those areas without existing nutrition interventions were targeted. And further at the commune level, households with the most vulnerable populations – namely, children under the age of 5 suffering from malnutrition – were specifically targeted.

However, despite this rigorous targeting process, geographic coverage and treatment remained low at the health district levels primarily due to limited funds, which did not allow for covering all the targeted areas and beneficiaries. Community screenings for the identification of acutely malnourished children were performed in all targeted communes while the Positive Deviance (PD) Hearth sessions took place only in a few health districts. Consequently, many of the children identified with moderately acute malnourishment and who should have attended PD Heart sessions were placed on waiting lists because only 12 children were admitted to each 12-day long session. Beneficiary households were more vulnerable during lean seasons and it is likely for this reason that they did not arrive with all the necessary ingredients for cooking demonstrations during the PD Hearth sessions.

Community members requested that those households benefitting from small livestock or animal distribution activities create a solidarity chain in order to provide lamb to other vulnerable households, which did not benefit from the animal distributions. Men, who are generally heads of households in Burundi, were sensitized about the project and reports indicate they were very receptive to the project. They participated in cooking demonstrations sessions whenever accessible, established home gardens in their own households and spread the information from the project's sensitization campaign to their peers.

According to interviewees and based on national data such as the DHS 2010 and 2017, children were admitted to participate in the different project interventions regardless of their sex and ability/disability status. However, data reported in the PMFs were not disaggregated according to sex or location, which makes in-depth assessments of these key aspects of gender and equity principles difficult. This limitation was also due to the fact that the national health information system does not provide this low level of disaggregation.

Finding on Effectiveness

Finding #4: The project was successful in achieving outputs and intermediate outcomes. The project enhanced nutrition coordination at the national level, including the development of strategies and policy documents, along with the implementation of activities at provincial and district levels. There is not yet new national data showing that the project impacted outcomes such as stunting, wasting or the prevalence of anaemia, but a decrease in stunting prevalence and an improvement in infant and young child feeding practices was noted in a joint multi-sectoral nutrition and food security in Ngozi province to which the GoN funding contributed.

At national level in Burundi, UNICEF supported the recruitment of a national consultant to serve as REACH Facilitator in support of the National SUN Movement. Guidelines and training modules related to the different interventions were updated or developed as planned. For example, a national

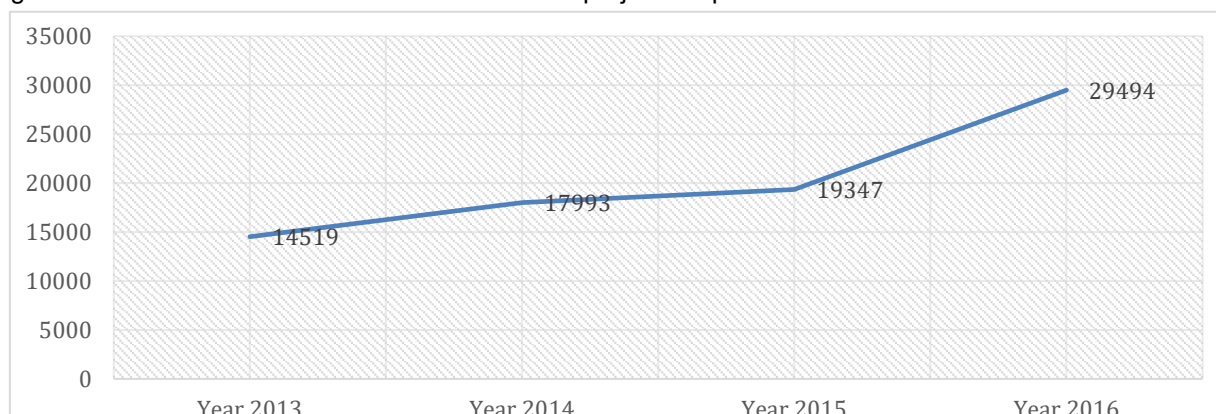
ICYN and multi-sectoral communication strategy was developed along with guidelines for micronutrient supplementation and home fortification. The national management protocol for acute malnutrition was also revised based on WHO's new recommendations. Training modules based on these new program documents were created. Health and community agents were trained on the use of new protocols and guidelines. A total of 36 individuals (with the target of 10) were trained as national trainers to support the implementation of micronutrient supplementation and home fortification (including iron and folic acid supplementation for pregnant women), while a national multisectoral pool of 35 trainers actively disseminated the PD/Hearth guidelines and counselling in the GoN project as well as with other partners / project elsewhere in Burundi. This achievement exceeded expectations.

Meanwhile, 35 national trainers were instructed on the revised management protocols for acute malnutrition but only 20 remained active as of 2017 (due to staff turnover for new appointments or departures outside of Burundi). In addition to guidelines for training activities, 42 trainers and 1,036 health providers were trained across the central, provincial and health district levels on the use of Rapid SMS innovative technology for CMAM supply and performance reporting (Community-based Management of Acute Malnutrition), which improved reporting rates.

At the district levels, 53% of health districts implemented the Positive Deviance – Hearth intervention and growth monitoring. All or 100% of health districts had full access to Iron and Folic acid supplements in CAMEBU (*Centrale d'Achats des Médicaments Essentiels, des Dispositifs Médicaux et des Produits et Matériaux de Laboratoire du Burundi*) through standard procurement channels for other medicine although the provisions were irregular and in lower quantities than required. All or 100% of the mothers who participated in the Positive Deviance – Hearth sessions were educated on the benefits to their children and households for cultivating home gardens with at least 3 different vegetables. Through this activity the community adopted new practices, such as the development of home gardens and increased consumption of vegetables, which were not commonly embraced before. Mothers of under-5 children suffering from moderate acute malnutrition and admitted to the PD Heart sessions declared that their children's weight increased once they applied the knowledge gained from cooking demonstration sessions. They also learned about key food groups and applied this knowledge whenever they accessed these foods.

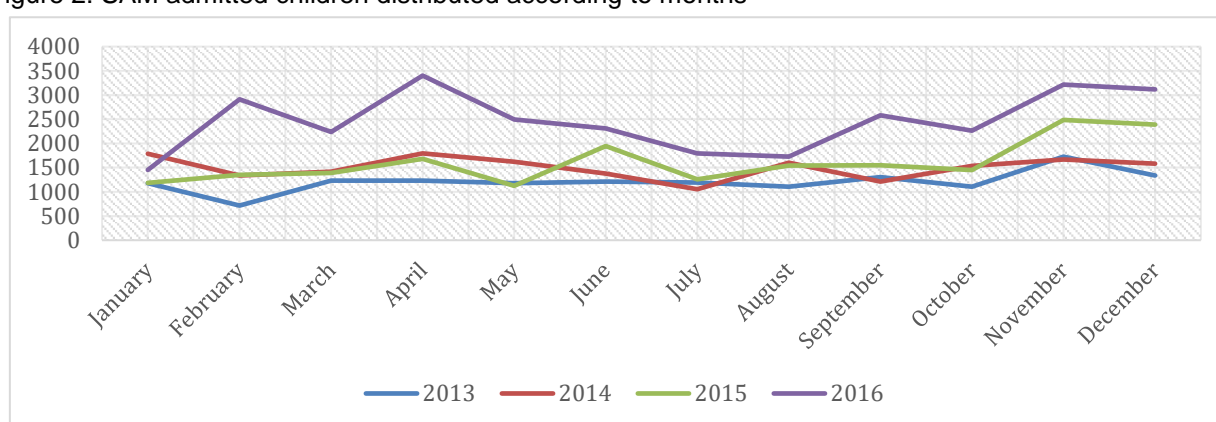
All or 100% of mothers of children with SAM were provided with treatment information and 100% of those admitted into nutrition therapeutic centres received counselling on malnutrition treatment(s), its causes and key family health and feeding practices. The number of children with Severe Acute Malnutrition who received appropriate treatment in line with the National Protocol increased from 14,519 in 2013, to 29,494 in 2016 (figure 1). A total of 81,353 new SAM cases were treated during the 2013-2016 period with a mean cure rate of 84%, default rate of 8% and death rate < 3% (these are within international standards). For four years, peaks in SAM admissions were observed during the periods of February–April and September–November (figure 2), which correspond to the lean seasons in the country.

Figure 1: SAM admissions from 2013- 2016 in the project's 9 provinces



Source: UNICEF PMF, Burundi, June 2017

Figure 2: SAM admitted children distributed according to months



Source: UNICEF PMF, Burundi, June 2017 and End-project review workshop on “Improving Child Nutrition in Four Countries in Sub-Saharan Africa”, PowerPoint presentation of Burundi Country team, July 11, 2017.

Below Table 1 shows that many targets related to different outcomes were achieved. Several factors contributed to these achievements, including:

- Organising beneficiary households into agricultural cooperatives, which enforced crop and vegetable productions and the improvement of household income.
- Active involvement of local authorities and community leaders (“Heads of Hills”) in mobilisation and sensitisation activities – enhancing community adhesion to project objectives.
- Systematic screening of malnourished children across health centres and in households.
- High flexibility of the population, which adapted easily to project changes as required even when they were not fully involved during the planning process.

Table 1: UNICEF additional key achievements in Burundi as of June 1st, 2017

Immediate Outcome 1: By the end of 2017, pregnant women have access to improved antenatal care through the provision of iron and folic acid supplementation within one province

- None of the health centres in the targeted province (1) experienced shortages of iron and folic acid greater than 1 month, but the quantity available was insufficient to cover all needs of pregnant women.
- 60% of pregnant women had at least 4 prenatal consultations within 1 province, which met the target of 60%.
- All or 100% of health districts included iron and folic acid supplementation in their annual activity plan within 1 province.

- All or 100% of health district managers and service providers were trained on drug management, as well as iron and folic acid supplementation for pregnant women.

Immediate Outcome 2: By the end of 2017, children aged 0-23 months benefit from improved feeding practices in 9 targeted provinces

- All or 100% of Light Mothers (target of 60%) were able to identify 6 of the recommended IYCF practices and to complete growth monitoring (including screening for chronic and acute malnutrition) through the Positive Deviance – Hearth.
- 98% of hills with at least one trained CHW had adequate counseling materials for BF and complementary feeding (target of 80%).
- All or 100% of CHWs (target of 80%) identified at least 6 of the recommended key IYCF practices and established growth monitoring (including screening for chronic and acute malnutrition).
- 95% of those health centres (target of 60%) offering delivery services for pregnant women had at least 2 staff qualified to promote the importance of the early initiation of breastfeeding.

Immediate Outcome 3: By the end of 2017, children aged 6-23 months benefit from home fortification in at least 1 province

- 90% of mothers (target of 85%) of children aged 6-23 months were exposed to messages about the importance of micronutrient powders.
- 68% of children aged 6-23 months in at least 1 province (Ngozi province) had access to home fortification with the micronutrient powders (target of 70%).
- All or 100% of health centres in at least 1 province (Ngozi) had a sufficient amount of micronutrient powder for children aged 6-23 months.
- All or 100% of health centres in at least 1 province (Ngozi) had at least 2 staff trained on home fortification for children aged 6-23 months.
- 93% of the mothers of children aged 6-23 months knew how to use the micronutrient powders (target of 50%).

Immediate Outcome 4: By the end of 2017, children with severe acute malnourished will be appropriately treated in health centres and hospitals in 9 targeted provinces

- National IYCF and mother's nutrition communication strategy (linking micronutrient supplementation, hygiene, ECD, food security, WASH and social protection) was revised.
- All or 100% of the CMAM supply (RUTF, therapeutic milk and others) were stored in the national drug store (CAMEBU) in accordance with MoH recommendations.
- All or 100% of health district management teams had at least 2 staff trained on CMAM programme (in-patient and out-patient).
- 100% of health centres (target of 100%) offering CMAM intervention had at least 2 trained staff in CMAM.
- All or 100% of district hospitals offering to manage treatment of severe acute malnutrition with medical complications had at least 2 adequately trained staff.

The project also faced many challenges, including the following:

- Mothers, Light Mothers, agricultural monitors, community agronomist, CHWs and Heads of Hills described the difficulty for mothers to apply feeding advice from PD Hearth sessions and cooking demonstrations during lean seasons (February–April and September–November) given decreased availability of some of the critical foods during these periods²³. Also, the number of participants in the PD Hearth sessions decreased during these seasons because of insufficient food available for cooking demonstrations.
- Decentralised levels benefit from the performance based financing lump sum for supervision in the Health sector. However, nutrition was not well integrated into supervision plans while there was concern regarding the number and quality supervisions completed by these lower levels. Health centres were mandated to supervise community actors although it is widely

²³ High food insecurity was prevalent at the moment of the project evaluation, which lasted for 2 agricultural seasons. This was a very difficult period for the households depending on subsistence agriculture (90% of households in Burundi). In all surveys on-going at that time, the same comment was provided but this comment was not given in previous years during different meetings, community fora, etc.

known that centres did not all take the appropriate time to do so. PRONANUT doesn't profit from these performance-based financing. Except for a few joint supervisions supported with financing from UNICEF, it did not conduct regular field supervisions because of insufficient human resources and the prerogative that supervision should stop at provincial and district level. Community activities were the most neglected in this regard.

- High health staff turnover affected the quality of care provided to acutely malnourished children. The level of ownership assumed by health agents new to nutrition interventions was not consistent; and the level of involvement was often lower than that of their predecessors.
- There was no standardised project reporting form applied across different partners. Every implementing partner used its own reporting tool for community activities, which made it difficult to synthesize findings and project achievements. Through the PD-Heart approach, MoH and UNICEF developed standardized tools for community nutrition reporting. Work was ongoing at the national level MoH to develop a community health information system, which will integrate nutrition. From the perspective of sustainable health system strengthening, this is important to prevent the creation of a parallel reporting system relying on project funding and limited to a specific project area.

In terms of potential impact, preliminary findings of the 2016-2017 DHS survey indicated that the prevalence of stunting and wasting remained stable (based on national figures) during the four years of project implementation, but some improvements were noticed at provincial level. Many nutrition indicators at national and provincial levels improved, e.g., exclusive breastfeeding from 69% to 83%, minimal adequate diet from 8% to 10%, stunting from 58% to 56% at national with some provinces improving such Ngozi (from 71% to 61%), Mwaro (from 57% to 50%), Karusi (from 68% to 63%), and Bujumbura Marie (from 28% to 24%) while others degraded, such as Kirundo from 60 to 63%. Anaemia prevalence especially degraded to below the critical public health emergency level, which was associated with the on-going food insecurity and the malaria epidemic at the time of the DHS data collection.

Table 2: Progress achieved for key nutrition indicators in Burundi

	Achievements	Baseline (DHS 2010)	Project's targets ²⁴
Stunting Prevalence (national level)	56%	58%	48%
Wasting Prevalence (national level)	5%	6%	4%
Prevalence of anaemia in women	39%	18.5%	12%
Prevalence of anaemia in children <24 months	61%	44.5%	30%
Proportion of children 0-5 months are exclusively breastfed	83%	69.3%	75%

²⁴ The targets are based on national targets, which are ambitious. However, situation monitoring needs to use the national target as much as possible. In addition, the project contributes to these indicators but multiple complex factors outside of the scope of the project also influence them.

Proportion of children 6-23 months receiving minimum acceptable diet	10%	8.8%	30%
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Source: UNICEF PMF, Burundi, June 2017 and End-project review workshop on “Improving Child Nutrition in Four Countries in Sub-Saharan Africa”, PowerPoint presentation of Burundi Country team, July 11, 2017.

Finding on Efficiency

Finding #5: UNICEF adequately applied the MoH project implementation processes in terms of financial support, but the management process was centralised and health districts were not involved. A very high proportion of the grant, 35%, was spent on staff salary, and UNICEF’s other direct and indirect expenses.

In Burundi, PRONANUT, which is the National Nutrition Program, received funds from UNICEF for training and follow up activities in the provinces, districts and communes. In line with the MoH centralization processes, health districts were not involved in project planning and fund management and they were not concerned about supervision. The health districts stated that they didn’t have sufficient resources at their disposal to purchase fuel necessary for monitoring. Internal allocation of funds between central and district levels is a widespread problem in the Health sector. Accordingly, the project management process was centralised²⁵.

The disbursement rates as reported in the PIP were 82%, 101% and 112% in years 1, 2 and 3 respectively, and may be explained by the expense of training two staff for each health centre in years 2 and 3 rather than one staff as originally planned in the project.

A proportion of 35% of the grant was spent on staff salary, and UNICEF’s other direct and indirect expenses, which were very costly (as in Mozambique). High expenditures for staff in Burundi, a country with limited country staff capacity, few strong implementation partners (NGOs) and currently a difficult political context, is explained by the fact that most of its project’s management staff was international personnel.

Table 3: Donor Statement by Nature of Expense in Burundi

Details of Expenditures Burundi	
Staff, Travel, Equipment, General Operating and other Direct Costs and Indirect Costs	35%
Supplies and Commodities	26%
Transfers and Grants to Counterparts	27%
Contractual Services and Equipment and commodities	12%
Total	100%

Source: UNICEF, Donor Statement by Nature of Expense, 2014-2015-2016

4.2 Ethiopia component

Summary finding Ethiopia: The project contributed to the robust reduction in stunting in Ethiopia with nutrition-specific and WASH interventions leading to the greatest

²⁵ Continued advocacy is on-going by bilateral and multilateral MoH partners, including UNICEF, to shift from a centralised programming to a decentralised one but the political situation does not ease these discussions.

improvement of all countries globally with a decrease in the practice of open defecation (OD) by 70% and an improvement of 60% for water supply access.

The project greatly assisted with solidifying the country's multi-sectoral approach with the nutrition "sensitive" FAO pilot. And despite a slow start in the implementation, the project achieved the multi-sectoral approach by creating synergies at the community levels between health and agriculture extensions workers and raising nutrition awareness among the population. However, the sustainability of this approach and its cost-effectiveness are not well known and more evidence is necessary to assess the scalability of this approach.

Finding on Relevance

Finding #6 The project was aligned with government priorities and procedures and responsive to the needs of the country in nutrition while introducing a multi-sectoral focus. The project's ToC enabled a more flexible work plan and presented a new way of program planning and management for UNICEF's Country Office (CO) in Ethiopia. The project strengthened UNICEF's positioning as the primary nutrition partner with the Ethiopian Government because of its engagement and the flexibility of its programming modalities.

The Scaling-up Community-Based Nutrition (CBN) project and water and hygiene interventions in Amhara and Southern Nations, Nationalities, and Peoples' Region (SNNPR) were relevant and responsive to the needs of the government, i.e. at the central, level, in the region and the community, and supported national development strategies of the National Nutrition Programme (NNP II), the Ethiopian Government's second Growth and Transformation Plan (including the national Health Sector Transformation Plan). The Growth and Transformation Plan focuses on ensuring household food security and aims strengthening the implementation of nutrition programmes in order to deliver equitable and quality health care.

With the Dutch fund, UNICEF supported 54 woredas/districts in Ethiopia: 34 in SNNPR and 20 in Amhara regions (across a total of 800 districts). The two states are the second and third most populated areas of Ethiopia with 37 million people, i.e., 38% of the population. The UNICEF country programme 2016-2020 identified seven priorities²⁶, including nutrition and is implemented nationwide focusing on the developing regional states of Afar, Benishangul-Gumuz, Gambella and Somali and other marginalized areas or population groups out of the nine National Regional States.

The Nutrition Team Coordinator at the Ministries of Health and Agriculture (MoH and MoA) was involved during the project planning process in 2013, and participated in the inception workshop in 2014 (as well as the WASH Officer, the Nutritionist from FAO, the First Secretary Health of the Embassy of the Kingdom of the Netherlands). Additionally, UNICEF and FAO worked closely with government counterparts to create the annual work plans of the MoH and MoA and with the various regional and district bureaus. As highlighted by government officials when visiting Amhara and the woreda Wenkele, the regional presence of UNICEF and FAO enabled close collaboration. Due to this proximity, most officials interviewed in the Amhara region consider UNICEF the "top" partner. UNICEF managed regional offices across Ethiopia's eight regions.

²⁶ The programme has seven components: health; nutrition; water, sanitation and hygiene (WASH); learning and development; child protection; social policy and evidence for social inclusion; and programme effectiveness. All programmes will include knowledge generation and management and advocacy for sustainable financing, Country Program Document (CPD), Ethiopia 2016-2020.

Project planning – including the elaboration of the ToC – was a very time-consuming process for the stakeholders, but it introduced a new way of program planning and management to UNICEF's CO in Ethiopia. Despite initial resistance to implement this methodology, UNICEF's nutrition programming is now managed based on the ToC model. According to the CO team, the ToC brought a sharper focus and understanding of the project. It also enabled a more flexible work plan, which may be adjusted based on results achieved during the project. Consequently, the use of the ToC methodology justified the fact that the Ethiopian component changed significantly since the inception phase.

Along with the ToC, the Performance Management Framework (PMF) was elaborated during the inception phase and includes indicators for monitoring the project results and the Project Implementation Plan (PIP), which links outputs to budgeted activities. UNICEF adjusted the PMF to reflect changes (following the new ToC), and the nutrition team referenced the PMF, which functioned as the logical framework, to track progress on output and results — even if the indicators weren't all monitored on an annual basis. The UNICEF Team also adjusted the PIP after the new ToC but this framework was not applied to manage activities and the budget; instead, the internal UNICEF financial system was utilized. The PIP was completed afterwards to be delivered along with the PMF to UNICEF's Headquarters, ESARO, and the donor in the Annual Report. However, it was not completed accurately and was somewhat misleading: only one third of the disbursements of the USD \$15.3 million dollars have been reported in the PIP according to the Evaluation Team's analysis (See Efficiency issue).

Project activities, objectives and strategies follow the lifecycle approaches – from pregnancy through two years old – to reduce stunting and wasting with community-based interventions while noting that both are nutrition-specific and nutrition-sensitive interventions with WASH and FAO. The Ethiopian Government implemented interventions with the funding and technical assistance from UNICEF and other partners. UNICEF correctly aligned its aid with government priorities, systems and procedures — even for the procurement process to other donors such as the WB — and helped strengthen the capacity of all actors. UNICEF funds are channelled via the Ministry of Finance and Economic Development (MoFED) and its regional bureau in the regional states of Amhara and SNNPR.

UNICEF introduced innovative approaches for the country such as the provision of deworming tablets and other services to adolescent girls through schools (supply); harmonized training materials of Agricultural Extension Officers; and e-learning modules to train health workers on nutrition. As reported to the donors in the consolidated response to comments (June 17 2013), key innovative aspects were introduced: (i) the collaborative work on planning and implementation with FAO joint agriculture and nutrition interventions in convergent geographical location with the expectation that could accelerate the achievement of nutrition optimal outcomes; and (ii) the integration of a multiple use system (MUS) and community-based nutrition with a range of WASH interventions in order to reduce stunting and improve food security.

The project clearly had a multi-sectoral focus as intended, but the very slow start of the nutrition-sensitive interventions revealed the challenges to joint work among partners. FAO began the project in 2015 and did not succeed in implementing the nutrition-sensitive agriculture services in selected woredas in Amhara before 2016.

The four-year project duration was sufficient to implement the nutrition-specific activities as more time was necessary for the FAO, which experienced a steep learning curve such as when the Nutrition Team began to work with WASH (according to interviews with the Nutrition Team). The

new multi-sectoral approach revealed to UNICEF that it was better to launch multisectoral activities sequentially, i.e., first, the UNICEF Nutrition Section works with WASH and then with another partner to build upon learning opportunities like the model the Nutrition Team used with FAO based on its WASH experience.

UNICEF's CO in Ethiopia managed one of the largest funds in nutrition, i.e., USD 85 million annually from an overall UNICEF budget over USD 500 million. UNICEF regional offices are located in all eight regions to allow a robust presence in the country. UNICEF positioned itself as the primary nutrition partner with the Ethiopian government because of this engagement, the flexibility of its programming modalities such as its utilization of the government's national systems – contrasting this approach with the approach of other donors.

UNICEF serves as a leader in nutrition due to its budget, strong technical expertise and proximity to the regional office, which favours support and capacity building. The flexible modality of the Dutch grant optimized the support provided to UNICEF by allowing staff to reallocate the funds for maximum effectiveness. In that regard, the ToC assisted the Nutrition team with its ability to make appropriate adjustments to program interventions. As one staff wisely pointed out, guidance provided by the planning model was necessary to mitigate the risk of inadequate and ineffective programming modifications.

The Embassy of The Netherlands in Ethiopia remains very interested in the Nutrition project as it also financed a similar project that ended just last year.

Embassy experts viewed their role as program monitors for UNICEF's project – at least one expert visited some sites – and would like to become more involved in the annual review.

Finding on Sustainability

Finding #7: Some issues of this project component concerned the sustainability of certain nutrition-specific activities in the private sector and the nutrition-sensitive agriculture interventions for which no detailed costing was available in Ethiopia.

UNICEF revised its model – from a rural to a semi-urban model – to reach children with complementary feeding activities. The Mid-term review that completed in 2016 indicated that the rural model – wherein women's groups prepare the supplementary food by acquiring it through a barter system in exchange for basic grains or legumes they bring from home, effectively, a "Grain Bank" – was not sustainable and would no longer be used as a model. UNICEF introduced a business model in which women organised into associations purchased equipment to allow for the packaging and sale of packaged food. This model is likely to be profitable and sustainable in the short term in its current form.

The project for which UNICEF is contracting GAIN's support for marketing and promotion will be finalized in August 2017 and the associations of women would be reliant upon a government agency (Federal Micro & Small Enterprises Development Agency) to support their operational costs if their businesses are yet not profitable. The project's sustainability is uncertain, especially by the MoH because government resources in the region(s) are insufficient. The NGOs believe that the regional government will be able to sustain the support. According to UNICEF, the model has yet to be tested and could have potential with a more strategic selection of women and association locations in order to benefit from larger markets. Optimal complementary feeding is greatly needed in the country and only 7% of the children have access to a diverse diet. An assessment of this specific project should be available in June 2017.

Sustainability of the nutrition sensitive agriculture activities is also questionable considering the nature and the cost of the interventions. While highly visible to the population because of donations of poultry, seeds and the assistance provided to the households and the pregnant women (as a selection criteria) to grow their own gardens, the interventions have raised high expectations among the Ethiopian population and the Regional Agriculture and Health Bureaus, which quickly integrated these activities. The popularity of the interventions placed significant pressure on the MoA to scale up when, according to the MoA, the government is not in a position to pay for such an investment.

An important factor was that no detailed costing of these activities was made. At the request of the evaluation team, FAO calculated a unit cost for this intervention and estimated it at approximately USD 130.00 taking into consideration provided inputs and related capacity building interventions for targetted households. This amount is comparable to the most expensive nutrition specific interventions, such as a Community Based Management of Severe Acute Malnutrition activities. The calculation method was not shared by FAO, which should have been useful to foster a validation with the stakeholders. Below are the specific unit costs per item according to the FAO.

Table 4: FAO Unit costs on nutrition-sensitive interventions

Description of activities (interventions)	Average Unit cost (ETB)	Average Unit cost (USD)
Create awareness and training at Federal and Regional levels about nutrition sensitive agriculture interventions	1,780,000	76,237
Monitoring and provision of on-site technical supportive supervision to implement project activities, see progress, identify gaps and develop action plan to address the existing gap/s	174,320	7,466
Conduct assessment on Crop, Livestock and Fisheries Nutrition Sensitive Action Plan in regional states for harmonizing with Federal MoLF and MoANR activities	55,000	2,235
Facilitate development of nutrition-sensitive agriculture (NSA) strategy at federal (MoLF and MoANR) regional and zone level bureau/agency staff	617,300	26,440
Organize and facilitate nutrition-sensitive agriculture (NSA) strategy familiarization workshop and establishment of NSA Taskforce	161,200	6,904
Conduct sensitization workshop among decision makers of the agricultural colleges and universities to discuss the importance of incorporating nutrition into course curriculum and come up with an agreed upon action plan	856,200	36,671
Seedlings per Kg (barley, bean, Fava Bean, Irish potato, wheat, cabbage, tomato, carrot, lettuce, swiss chard, beet root, onion, etc.)	30 per KG /crop	1,28
	2000 for vegetable seed	85,66
	70 for fruit seedling	3,00
Chicken (egg layers) distributed to farmers in both regions	150 per chicken	6,42
Agricultural input and farm tools (spades, water pumps, nails, etc.)	500	21,42
Loading and unloading seedlings and forage cuttings distribution from the Woreda centres to 10 project Kebeles; estimated @ 150 ETB/MT	150 per Metric Tonne	6,42
Stationary (<i>Computer papers, pens, carbons, line papers, paper pads etc. for report writing, beneficiary listing, input distribution records etc. per month</i>)	100,000	4,283
Cooking demonstrations and school gardening at schools (<i>labour and purchase of local materials for cooking demonstrations per site in each Woreda</i>)	18,000	770
Maintenance cost of school gardens (<i>labour and local materials to strengthen school garden plots at FTCs and schools per region, to serve as demonstration sites</i>)	80,000/Site	3 426
Fuel for vehicles and Motor bikes of focal persons and accountants to conduct training and supervision from Regions, Woredas and Zones to project sites	19/Litre	0,81
Strengthen farmer training centre(s)	10,000	428

Source: FAO Ethiopia Country Office, May 2017

The MoA initially planned implementation in 10 woredas in Amhara and SNNPR with FAO's support but ultimately reached fewer households than expected due to implementation delays, which impacted about half of the Amhara region (as of May 2017). At the time of field visits, the MoA and the Agriculture bureau were ready to pursue and complete implementation until August 2017, as planned.

While the economic perspectives appear stronger in Ethiopia, both Nutrition case teams from the MoA and MoH in Addis relied entirely on external aid to implement their nutrition-specific and -sensitive program. For instance, the MoH paid staff salary and provided the team a small operation budget of USD 85,000. It is even worse in the regional states where the government only covered staff salaries and emergency needs. MoA provided a small operating budget of USD 65,000 annually to the Nutrition Case Teams.

FAO nutrition-sensitive interventions are new and innovative but these interventions raised issues concerning the sustainability of the approach and the cost-effectiveness. Financial estimates should have been developed during the planning process to address issues of scalability of this expensive approach. Indeed, strong evidence should be collected at the end of the project in order to better understand cost implications and the impact on these new and promising interventions.

Finding on Equity, reaching disadvantaged children and Gender equality

Finding #8: Gender mainstreaming activities were intensely integrated in the project since the Mid-Term Review reported the issue as a challenge for WASH and nutrition programming.

UNICEF provided technical support to MoH and other ministries to integrate gender aspects (NNP II; food and nutrition policy; school health and nutrition strategy; nutrition, gender and social development mainstreaming national facilitators training guidelines) and capacity building trainings on gender responsive nutrition programming for programme staff and partners.

Deworming tablets were provided for adolescent boys and girls for the purpose of ensuring gender equity. Also, the BCC material developed for the *1000 days* campaign were gender sensitive. For example, fathers' support with childcare was included in posters and in mass media messages prepared to promote the campaign. Key messages on gender aspects, such as gender division of household labour and support from fathers, were integrated in radio spots prepared in different languages.

Equity focus is the heart of UNICEF's approach in contributing to the reduction of the prevalence of malnutrition. The interventions were directed at regions with the highest number of stunted children and people lacking sufficient access to healthy drinking water, and with the greatest number of open defecators.

Between 50% and 60% of the children in Amhara and SNNPR regions participated in Growth Monitoring and Promotion sessions. About 60% of the households have water supply access, leaving 40%, i.e., the most vulnerable or with limited access via road(s) because of the lack of infrastructure or natural spring sources. UNICEF plans to improve its strategies to reach more children by implementing new tactics with mothers or through its Comprehensive integrated Nutrition services (CINuS), including the Productive Safety Net Program (PSNP), education, WASH, Health and agriculture sectors.

Finding on Effectiveness

Finding #9: Nutrition-specific interventions and WASH interventions that have been

supported by the GON have led to the greatest improvement of all countries globally with a decrease in the practice of open defecation (OD) by 70% and an improvement of 60% for water supply access. Nutrition-sensitive interventions created nutrition awareness among the population in the areas of implementation but were implemented only from 2015 and in 10 woredas of Amhara and SNNP; thus, they are too new to have a measurable impact on the rate of stunting presented below. The multi-sectoral GoN project clearly participated in generating the nutrition-focused momentum in Ethiopia leading to the presentation to Parliament of the country's first Food and Nutrition Policy, which may lead to increased government resources and financing in nutrition for the country²⁷.

Between 2013 and 2016, UNICEF contributed to a strong reduction in stunting from 44% to 38%, including in the GoN supported regions of Amhara (from 52% to 49%) and in SNNPR (from 44% to 39%).

The involvement of the MoA in nutrition-sensitive activities is also another achievement especially with the addition of ministry nutritionists at central, regional levels, including a new Ministry organogram and a nutrition-sensitive agriculture strategy that will lead the work with other ministries once adopted.

UNICEF also participated in efforts with other UN agencies to advocate for the reallocation of the National Nutrition Coordination Body currently housed in the MoH under the Prime Minister Office in order to federalize all 13 ministries involved in the National Nutrition Program (NNP II).

Children and households are generally better off due to targeted and nutrition-sensitive in combination with WASH activities implemented with the support of UNICEF. In Ethiopia, WASH interventions supported by the Embassy of The Netherlands since 2012 and with the GoN project decreased the practice of open defecation (OD) by 70% and led to an improvement of 60% for water supply access.

WASH interventions, including the promotion of hand washing practices, CLTSH, community water supply, WASH in health facilities and schools and strengthening hygiene practices were integrated into Community-Based Nutrition (CBN) in order to reduce stunting and diarrheal disease, and contribute to improved food security of children and women. UNICEF is currently conducting an endline study related to these interventions.

The most recent EDHS results (from 2016) suggested that a similar reduction in the rate of underweight also occurred with a drop from 28 to 24%. Indicators were better for children who participated in community based nutrition interventions that are led by UNICEF in the two regions. For instance, the prevalence of underweight children who participated in the Growth Monitoring and Promotion (GMP)

Short history of Vitamin A supplementation, Deworming and screening in Ethiopia

The Government of Ethiopia (GoE) transited Amhara & SNNP regions (funded by the Dutch grant) from Child Health Day to routine Health Extension Programme.

Since 2004, children were provided biannual vitamin A supplements and deworming tablets and were screened on a quarterly basis in drought-prone areas. Those identified with moderate acute malnutrition and children with severe acute malnutrition were referred to relevant programmes. Following development of a transition strategy by FMOH, in June 2012, all woredas in agrarian regions transited from this program EOS to CHDs. Health Extension Workers incorporated the activities into their workload by setting aside days dedicated to vitamin A, deworming and screening activities. In 2014, following the GoE directives, a selected number of woredas began to transit from CHD to routine integration of the interventions into the HEP routine activities.

(UNICEF Country Office of Ethiopia, May 2017)

²⁷ The World Bank decided to include nutrition indicators in its next Results-based financing for health grants in the amount of USD 150 million, and UNICEF has been selected to provide the technical support for the implementation of the Bank's instrument.

activities remained below 2% in the 44 supported woredas of Amhara and SNNP, were well below the national average. Still great effort must be provided to reach all children especially from remote areas. More than 40% of the children have not yet been reached by nutrition services: in SNNPR, participation in the GMP activities improved from 46% in 2015 to 56% in 2016; in Amhara, from 42% in 2015 to 49% during the same years.

Overall, the project targeted five of the 37 million people in Amhara and SNNP, i.e., 13% of the population including children under two (268,024), adolescent girls (100,000) and pregnant and lactating women (180,550).

The table below presents the project's key achievements.

Table 5 : UNICEF's main achievements in nutrition-specific activities and nutrition-sensitive interventions in Ethiopia

Upstream work	Revision of the National Nutrition Programme II (NNP II); Development of the Multisectoral implementation plan and the National food and Nutrition policy; Support to the Nutrition Technical Committee (RNTC); Co-chair the Nutrition Development Partner Forum (NDPF with the EU; Lobby for the Ethiopia Code of Marketing of Breast-milk Substitutes; Support to the National Guideline on the Adolescent, Maternal, Infant and Young Child Nutrition (AMIYCN); the National Guidelines for the prevention and control of micronutrient deficiencies in Ethiopia (MN); support to the National Food Fortification Plan; Involvement in the School health initiative; National adolescent and youth Health strategy: KAP survey and formative assessments for Adolescents; FAO support to the Ministry of Livestock and Fisheries (MoLF) in the establishment of the Nutrition Case Team; National Baby WASH guideline to support the roll-out of this initiative
Children under 2	<ul style="list-style-type: none"> Participation increased from 9% at project inception to 56% by end of 2016. Growth Monitoring and Promotion (GMP) allowed programmatic monitoring of child nutrition status. Underweight rates has been on the decline from 3% in project inception to less than 1% by 2016. Between 40,000 and 100,000 children weighed per month in 34 woredas of SNNPR; between 30,000 and 80,000 children weighed per month in 20 woredas of Amhara.
Complementary feeding	<ul style="list-style-type: none"> Women's groups in 90 kebeles and 10 woredas were able to produce local complementary feeding During the course of the programme, a total of 29,595 children benefited from this initiative. Complementary feeding production is linked to entrepreneurship to ensure sustainability (assessment due this summer and while noting that profitability remains a concern). Rural model has been evaluated (it won't be continue since it is not sustainable).
Vitamin A supplementation and deworming	<ul style="list-style-type: none"> Progressively reaching more children for both vitamin A supplementation and deworming. However, coverage now around 80% (drop due to transition to routine and Health Extension Programme remains a concern). Transition from child health day to routine. Please see Table below.
Screening for Acute Malnutrition	<ul style="list-style-type: none"> Monthly screening from the end of 2015 introduced by the government due to emergency nutrition response. Screening coverage of 93% for children 6-59 months; Screening coverage of 79% for pregnant and lactating women Targeting GMP to children under 5 (from under 2) shifted focus from screening.
Iron Folic Acid Supplementation for pregnant women	<ul style="list-style-type: none"> Antenatal care (ANC) used as a proxy for Iron and Folic Acid (IFA) and showed an increase in ANC attendance. IFA indicators have now been included in the national HMIS and can be tracked. Percentage of pregnant women who received IFA passed from 77% to 82% in SNNP and to 64% to 72% in Amhara.

Adolescent Deworming	<ul style="list-style-type: none"> ■ Nutrition and WASH Behaviour Communication Change integrated into school-based deworming campaign. ■ Targeted both girls and boys to prevent/ mitigate any negative community perception. ■ More than 100,000 girls and boys received deworming tablets (reached the targets). ■ Scale up nation-wide (pilot in selected schools in 35 woredas; scale up in all schools in 54 woredas; national scale up in 471 woredas).
WASH	<ul style="list-style-type: none"> ■ 1,800 community managed water supply systems established in 30 woredas benefitting over 3,000,000 people with safe drinking water, and promoting Multiple Use Water Services (MUS) in 37 schools. ■ Community Led Total Sanitation and Hygiene (CLTSH) promoted in over 8,000 villages in 54 woredas resulting in home-built toilets, benefiting an estimated 4,000,000 families. ■ 368 health facilities and 359 schools received a full WASH package.
Nutrition-sensitive Agriculture	<ul style="list-style-type: none"> ■ Nutrition-sensitive agricultural activities implemented in 10 selected woredas across the two regions. ■ A two day inception workshop to strengthen multi-sectoral collaboration and a detailed woreda based action plan was prepared. ■ The project provided seeds (cassava cuttings, mango, papaya, moringa, cabbage, carrot, tomato and Irish potato), small agriculture tools (watering canes, rakes, wheel barrows, treadle pumps hose pipes, plastic crates for transporting seedlings and produce, hoes, spades, etc.) and egg laying poultry activities (including 44,000 egg laying poultries distributed to households in 2016 and 2017). ■ The project established demonstration stations at 50 Farmer Training Centers (FTCs) and 25 secondary schools as a learning ground on growing vegetables and fruits for dietary diversification. ■ 1400 woreda level experts and kebele management members sensitized on agriculture sensitive agriculture; ■ Training of trainers (ToT) sessions including cooking demonstrations for agricultural extension officers (DAs) and health extension officers (HEO) from both Amhara and SNNPR ■ Capacity building training provided for women groups. ■ A harmonized training manual with nutrition sensitive agriculture training needs for agriculture extension officers and Job guides and facilitator's guides was created

According to stakeholders, the project clearly helped solidify the multi-sectoral approach that UNICEF promoted for several years, especially with respect to nutrition-sensitive agriculture interventions. In 2016 and 2015, 11,168 and 2,000 households, respectively, were reached; however, there remain 8,832 households to adopt the nutritive-sensitive interventions.

FAO believes that the target of 22,000 households will be realized by the end of 2017 for home gardening and an additional 5,000 selected households will be supported by the full package of livelihood inputs and training for livestock intervention.

FAO explained that the slow progress of project implementation since its initial stages is due to the persistent drought that affected procurement and distribution of agricultural inputs. Differing procedures and modalities between UNICEF and FAO also contributed to delays (See Section on Efficiency).

This pilot already had great visible impact and raised awareness among the population and also within the government on nutrition issues. UNICEF reported that households are producing a variety of foods from their gardens, thus preparing diversified complementary foods for their children by using vegetables and various food items to support the gardening.

According to the Nutrition Team in the MoA, the idea of the multi-sectoral approach with the MoH is still in early stages. The MoA recently expanded the Nutrition Case Team both regionally and at the district level. Six people work at the national level although the appointment of one focal point per region and per district is pending. The Nutrition Team hopes that the new nutrition-sensitive

agriculture strategy to be published with FAO support will clarify the organisational structure and motivate the scaling-up of the nutrition-sensitive pilot.

After a rough start, the agriculture sensitive-nutrition interventions flowed smoothly, thus proving that the joint UN approach is feasible. Despite a steep learning curve for the FAO, it did not seem to generate additional work after the initial investment. The same held true for government counterparts: the project implied complementary work between MoH and MoA and did not increase transaction costs. Ministries even experimented with small economies of scale by paying less by training both Health and Agricultural extension workers in one session. These synergies between HEW and AEW should be enhanced in future programs.

In Amhara, UNICEF contributed to 25% of the resources for the health program including nutrition and Emergency response. According to the Officials of the Health Bureau, the challenge was to enhance coverage while providing the same quality support to the other 165 woredas of the regions to address equity. Even if the health services were available in each Kebele (at community level), for example, some mothers still did not attend the Growth Monitoring and Promotion sessions (GMP). Even with a strategy in place, resources were lacking or inadequate. Amhara needs to expand behaviour change communication activities and hire more HEWs to reach the mother who did not attend to the session.

The same applies to the water supply access. Coverage improved from 63% in 2010, to 70% in 2016, i.e. 14 million of the 20 million people have water supply access. By 2020, authorities aim to cover 80% of remote areas that are difficult to reach because of distance, the lack of infrastructure and the absence of water sources. Still, some households are required to travel up to six hours to procure water. The new Plan GPT II aims to connect these villages with pipelines.

The overall challenges are clearly to scale up the integrated nutrition services, Social Behaviour Communication Change (SBCC) activities with continuous attention to the quality of care as planned in the new UNICEF CPD 2010-2016 that UNICEF hopes to implement with other partners. More training is necessary in addition to providing universities with incentives to focus research on the issue of multi-sectorality in nutrition. Coordination across different ministries must also improve.

Ethiopia is still in the information collection phase to build the case for implementation of this approach and to convince key officials that the programmed interventions will contribute to improved nutrition and a balance diet for vulnerable children.

Finding on Efficiency

Finding #10: The project was managed with moderate costs and according to schedule and budget, except for the FAO, which experienced long delays before beginning implementation of the sensitive-nutrition interventions in 2015. UN agencies faced great challenges in joint implementation of multi-sectoral projects.

According to UNICEF, all planned activities were conducted, but the Evaluation Team could not verify the implementation rate of project activities since the PIP was not accurate, as explained above.

In Ethiopia, programme funding was USD 14.2 million, including USD 5.7 million for WASH and USD 3.5 million for FAO. According to the Donor Statement by Activity, only half of the funds were spent by FAO for multisectoral engagement (1.3 million) and 4 million for WASH activities, as of January 2017. The remaining funds, USD 6.9 million, were managed by UNICEF's Nutrition Section

for nutrition-specific interventions, government support, management, etc., although the planned budget was USD 5 million.

FAO is confident in its ability to spend the allocated funds before the end of project in August 2017, according to the project calendar.

The UN agencies FAO and UNICEF faced great challenges in joint implementation of multi-sectoral projects. According to their partners, delays were primarily caused by differences in administrative procedures between UNICEF and FAO. FAO isn't as decentralized as UNICEF nor does FAO provide the same delegation of power to its field staff. Indeed, FAO took considerable time during the inception phase to prepare its analysis and to sign the Memorandum of Understanding; and, during the implementation phase, to obtain the non-objection from its Headquarters in Rome for various decisions. Additional factors include the different way in which FAO operated with the MoA: a seasonal life cycle of agriculture versus [human] life-cycle approach in nutrition.

As discussed, discrepancies were observed in the PIP that was presented to the donor with the Annual Report. Only 31% of the disbursements were presented as actual expenditures in the PIP between 2014 and 2016 (See Table Details of Expenditures in Annexe A). The PIP was not actually used for project management purposes. As with other countries, these tools were updated only at the end of the year to comply with the project arrangement concerning the project frameworks. High staff turnover also complicated management as the CO had three different chiefs of nutrition and three different managers in only three years.

UNICEF's CO used its internal financial system to present the actual disbursements as stated in the Annual Report and the Donor Statements. To avoid the confusion, UNICEF reporting to donors should be formulated according to UNICEF's internal system (such as the PIP).

Overall disbursement rates as reported in the Annual Reports 2014, 2015 and 2016 are 85%, 177% and 77%, respectively. A total of 86% of the budget has been disbursed from 2014 through January 2017. According to the Donor Statements for 2014, 2015 and 2016, the relative costs of delivery in Ethiopia are moderate, namely 19% as showed in the Table below:

Table 6: Donor Statement by Nature of Expense in Ethiopia

Details of Expenditures Ethiopia		
% of Disbursements on Total	Disbursements 2014-2016 (in \$USD)	
19%	2,31,015	Staff, Travel, Equipment, Vehicles and other Directs Costs (2%) & Indirect Support Costs (8%)
5%	664,689	Supplies and Commodities
75%	9,166,296	Transfers and Grants to Counterparts
1%	110,451	Contractual Services
100%	12,257,451	Total

Source: Details of Expenditures Ethiopia Donor Statement 2014-2015-2016

4.3 Mozambique

Summary finding Mozambique: The GoN project provide a great support in Mozambique, especially considering the country's high rate of stunting, the difficult country context over the last few years and since the project was UNICEF's only grant for the Nutrition Section for two years.

The Government's nutrition interventions were maintained during 2014 and 2015 with the Dutch grant, which contributed to producing key results such the inclusion of stunting as a key indicator in Mozambique's national 5-year plan, a common UN Agenda for the reduction of chronic undernutrition and, most notably, scaling up nutrition screening through child protection services during the worst drought in Mozambique in 30 years. Like in Burundi, the implementation of the project was costly (32% of direct and indirect costs) and did not influence long term outcomes such stunting and wasting.

Finding on Relevance

Finding #11: The planning of the nutrition project in Mozambique was a participatory process involving the Ministry of Health's agreement with both the approach and selected initiative(s) consistent with national and sub-national priorities. The ToC helped GoM and UNICEF's thinking on nutrition, but the long process contributed to a slow project start at the end of 2014 although delays were also due to the particular political context in Mozambique these last years. The Dutch fund greatly supported the functioning of UNICEF's Nutrition section until 2016, when other donors were attracted by the positive results.

The project is part of the Mozambican multi-sectoral action plan for the reduction of chronic malnutrition (PAMDRC) and is also coherent with Mozambique's other nutrition-specific policy framework, the National Strategy for Food Security and Nutrition (ESAN II 2008-2015). The government's five-year plan aims to reduce chronic undernutrition from 43% (2013) to 35% (2019), an objective from which it is quite far from achieving (See Effectiveness). The introduction of this plan states that the PAMRDC goals are 30% in 2015, and 20% in 2020.

The project contributes to five specific results in nutrition in Manica, Sofala, Tete and Zambézia – four provinces, which are home to 45% of Mozambique's population of 28 million. An estimated 4.6 million children under-5 were reached by the project, in addition to their mothers, fathers and other caregivers at the national level with essential nutrition interventions, including approximately 40,000 children under five with severe acute malnutrition; as well as 3,582,827 adolescent girls.

The project introduced new types of interventions in Mozambique to impact stunting, including: a Social Behaviour Change Communication (SBCC) package and radio drama called "Ouro Negro", which includes community events and interpersonal communication; the IFA supplementation for adolescents through routine youth-friendly health services and schools that the government quickly adopted to scale up; and access to micronutrient powders (MNP) for mothers and children. A noteworthy innovation fostered by emergency operations involved the treatment of MAM and SAM with no medical complication in the community with the screening and referral of at-risk children by mobile teams. But other approaches discussed at the inception phase with the MoN were not introduced, such as the use of vouchers and the Process for the Promotion of Child Feeding (ProPAN)²⁸ methodology. The Government was not interested in the tool, which was presented at a regional workshop in 2015, for improving the diets and feeding of infant and young children's, due to the length and complexity of this approach.

The project was carefully planned but the process was time-consuming and contributed to a very slow project start at the end of 2014, although delays were also due in part to general elections held

²⁸ Process for the Promotion of Child Feeding (ProPAN) tools is an analytical framework that can be used to guide and strengthen analysis of country situation as part of complementary feeding programming

in October 2014. The Mozambique proposal was submitted in April 2013, revised in June 2013, and revised at the inception workshop in February 2014, following the signature of the project agreement in November 2013. During the project, the work plan was subject to changes initiated by UNICEF or government counterparts while noting that not all activities were implemented as agreed. For instance, the MoH decided to scale up the activities concerning the supplementation of adolescent girls of Iron and Folic Acid (IFA) instead of proceeding as agreed (with UNICEF) with a prior mapping of existing interventions for adolescent girls and a baseline study on anaemia in selected schools in Zambézia despite UNICEF's claim that this decision jeopardized results.

Over the last two years, the political situation in Mozambique has heavily affected the relationship between the Government and its development partners. In 2016, the WB, FMI, and the EU suspended direct aid to the Government – action that contributed to a serious economic decline from 6.6% in GDP growth to 3.4% in GDP growth in 2017 (as expected).

According to the UNICEF country team, the inception workshop was highly useful for developing a common understanding of the nutrition project and a comprehensive theory of change. However, the UNICEF CO argued that its support across so many activities was not easy to report on and that not all results were captured in the project frameworks. As in the other countries, the Mid-Term Review provided an opportunity to review the Theory of change (ToC) and the corresponding project frameworks in Mozambique. As highlighted by the CO, an outcome was added to the revised PMF around: “National and provincial multisectoral nutrition systems strengthened”. The intention was to capture activities at the national level, including supply chain strengthening, strategic and policy development, multi-sectoral action and coordination at national and provincial levels – activities and results not easily captured under the life cycle approach.

Indeed, the CO reorganised the project's Performance Monitoring Framework (PMF) and Project Implementation Plan (PIP) to better illustrate the chain of planned activities – from inputs, outputs and results – according to actual activities with the government and its new strategic program. In fact, UNICEF was also preparing a new Program Strategy Note for nutrition, including a comprehensive ToC in order to focus on nutrition in the years to come. Nutrition became one of the seven priorities, or outcomes, of the new UNICEF Country Program Strategy (CPS 2016-2020).

The UNICEF team reports that a life cycle approach (focusing on the first 1000 days of the life of the child) rather than the government's operating approach complicated reporting frameworks and the PMP and PIP tools. Conceptually, the life-cycle approach is highly relevant, but it is operationally difficult to implement because delivery units are organized according to service types and not according to a specific moment in the life cycle. Consequently, there were many challenges to harmonizing the platforms across various delivery units.

The project's ToC helped UNICEF's thinking on nutrition, and the new country programme document included a window focused on nutrition (specific target groups). Nutrition has also become a flagship issue for the UN system in Mozambique as a whole (Outcome 1), and the multi-sectoral approach has been adopted at national and sub-national levels. UNICEF CO is now receiving USD 1 million in core funding for nutrition and started to intensify its presence on the ground at the sub-national level and particularly in the provinces, which have the largest child population and persistent poor performance on child nutrition indicators, Zambézia and Nampula.

As was also highlighted in Ethiopia during the end project review in July 2017, a proximate and regional presence made UNICEF a strong partner, according to government officials in Zambézia. UNICEF has a unique niche because the organisation works closely with the provincial government

to help reach objectives and assure transparency and accountability – an aspect, which generates a special appreciation given the context where many donors ceased their use of national systems.

In 2014 and 2015, UNICEF's Nutrition Section operated mainly with the Dutch grant until the European Commission and other donors funded the UNICEF nutrition program in 2016. The grant maintained nutrition activities in the four regions where UNICEF already operated and also its activities to strengthen nutrition strategy and policy at the national level. UNICEF serves as the SUN UN platform and also co-chairs the SUN donor platform with the European Commission. UNICEF has well recognized expertise in nutrition among the stakeholders and maintains a strong political influence in the country.

The grant supported the UNICEF Nutrition Section (See Efficiency). The allocation flexibility provided by the modalities of the grant allowed this support as well as the support for droughts and emerging needs – key for a country like Mozambique where there are at least two crises per year –. In Mozambique, the Dutch support fostered the current support of six other donors who are now supporting the UNICEF's nutrition work in addition to UNICEF's own funding of USD 1 million a year effectively increasing UNICEF's Nutrition budget for Mozambique to around USD 7 million per year. The Dutch grant contributed to this development with its efforts to maintain nutrition activities in the country, sustain UNICEF expertise, and to foster donor funding.

The Evaluation Team observed no active involvement between the Dutch Embassy and UNICEF. The reasoning provided included a lack of time and interest in the subject matter given that the Embassy was not involved in the nutrition sector. This may change, however, since the Embassy is looking to replace the rural development expert (who is retiring) with a food security and nutrition expert. The head of cooperation is also open to assuming more active engagement in the nutrition sector given its thematic importance in the country. In fact, the Embassy was quite surprised to learn that the Dutch are the largest bilateral donors in Mozambique's nutrition sector.

Finding on Sustainability

Finding #12: The project included many measures to ensure sustainability although some issues arose during the implementation of the project.

For instance, UNICEF involved the MoH in a joint planning process by supporting the government to ensure that nutrition is incorporated into national policy and planning (such as the five year Health and Sanitation Strategies), and strengthened capacities and systems through supervision, monitoring tools, counselling methods, and coordination assistance. Many other measures were implemented and included assistance with government planning at the national, provincial and district levels to ensure (i) that nutrition activities are captured in line with annual ministry sector plans; (ii) that nutrition is a priority of the government five-year plan with inclusion of FNS indicators, including stunting; and (iii) that vitamin A supplementation and deworming through routine health and outreach services (the RED/REC Strategy) is integrated.

According to UNICEF, long-term sustainability of the adolescent IFA and deworming effort is a concern, and it was important to capture lessons from service providers especially since a multi-sectoral strategy for adolescent nutrition has not been finalized yet. UNICEF is currently developing a joint programme with UNFPA and WHO, where adolescent nutrition is being incorporated including IEC materials development, nutrition messaging through SMS, mentorship programmes, etc.

One specific sustainability issue concerns the availability of iodised salt, after UNICEF ceased importing iodine in 2015 hoping that the private sector would take over these imports.

UNICEF has been involved in the salt iodization sector since 1995, and prepared a transition process with government counterparts but did not succeed with small salt producers located in remote areas, in particular, where they can no longer access iodine. With the full support of the Ministry of Industry and Commerce and other partners, UNICEF's transition process included a three-year strategy to phase out its purchase of potassium iodate while the private sector assumed this role. After development and approval of this strategy (including how to organize importing the product), recommendations were agreed to by Mozambique's salt production stakeholders during a national workshop.

According to the Ministry of Industry and Commerce and confirmed by GAIN, the percentage of non-iodized salt on the market has significantly increased. UNICEF estimates that 80% of salt production is successfully controlled by the government while the remaining 20% is produced by the small producers which have difficulties accessing iodine. According to the Ministry of Industry, project constraints for this activity are: (i) small producers were not provided the equipment made available to medium and large producers; (ii) insufficient attention was paid to awareness-raising; and (iii) insufficient transportation at the provincial level(s) complicated logistics. UNICEF replied that these constraints are related to the complicated access and logistics, which justify working with the private sector to set up and register all producers in associations.

As part of a partnership with GAIN, UNICEF established associations and developed a mechanism for sustainable import of KIO₃, which now needs endorsement from associations and the government.

In 2015, the Ministry of Industry and Commerce established a Management Fortification Unit funded by the World Food Program, Irish Aid, and the EU. UNICEF also allocated funding for this new unit to implement programs for food fortification, i.e., a social mobilisation campaign for fortified foods. In principle, the activities of the long-established Salt Iodisation Program and the other food fortification activities should be merged into a single programme and institutionalised within the Ministry, as previously recommended by UNICEF to the Ministry of Industry and Commerce. The Salt Iodisation Program is still managed by the National Directorate of Industry, but UNICEF and partners' on going advocacy has led to the development of joint legislation and strategy for all products to be fortified, as well as discussions at the level of the Minister of Industry and Commerce around full integration and institutionalisation of a unified food fortification unit that includes salt.

Finding on Equity, reaching disadvantaged children and Gender equality

Finding #13: The nutrition interventions in Mozambique are based on the selection of targeted equity gaps, and although implementation remains challenging continuous analysis of these gaps are conducted according to project planning.

Gender and Equity were well integrated into the project's design, but according to UNICEF equity analyses were not adapted into activities during the implementation.

The project focused on strategies that improved equity, including strengthening outreach services and the targeting of areas where unmet needs were the highest. Innovative strategies were intended to inform activities, specifically in the area of social marketing, for testing, application and replication, as appropriate.

Sex-disaggregated data is available. And as reported in the mid-review, a gender marker has been incorporated into UNICEF programme management and monitoring system to ensure that gender

approaches were evaluated. No specific marker was integrated with respect to the needs of children affected by disability.

Finding on Effectiveness

Finding #14: The project sustained the Government's entire nutrition program across the four regions of the interventions since UNICEF solely supports nutrition in these areas. The project made critical achievements in nutrition both upstream and downstream (listed below). Among these achievements was the inclusion of key indicator(s) in the country's 5-year plan and the UN Agenda for Nutrition in Mozambique; the most notable resulting from the grant modalities, which provided enough flexibility to scale up nutrition screenings through child protection services, especially in 2016, when the worst drought in 30 years affected most of the 4 targeted provinces.

By 2017, an estimated 1.5 million people were still suffering from the droughts that affected the Southern and Central regions and from the aftermath of the 2015 floods in the central provinces. Project funds were redirected to strengthen the emergency response, particularly concerning the fight against SAM and the active identification of children suffering from SAM by means of mobile outreach teams ("mobile brigades"). The project screened 7 million children since 2014, and 100,000 were treated as presented below in the Table outlining key achievements.

Considering the nutrition context in Mozambique, ambitious upstream results were achieved, such as the inclusion of stunting as a key indicator in Mozambique's national 5-year plan and the promotion of the nutrition agenda across the country.

Also, UNICEF, FAO, IFAD, UNFPA, WFP, WHO and REACH developed a common UN Agenda for the reduction of chronic undernutrition in Mozambique (2015-2019). These agencies recognized nutrition as the key entry point for combatting malnutrition and adopted a common language by detailing the classification of specific- or sensitive-nutrition interventions and strategies.

UNICEF, positioned as the leading development partner for nutrition in Mozambique, supported SETSAN (the Food security and Nutrition secretariat at the Ministry of Agriculture) together with WFP. SETSAN serves as the government focal point in the Scaling Up Nutrition (SUN) platform, and is strengthening its position by shifting from the Agricultural Services Department to the Prime Minister's office and consequently becoming the Secretariat of the high level Inter-Ministry Committee for Food Security and Nutrition (CI-SAN) and also forming the new Institute for the Promotion of Food Security and Nutrition (IPSAN). IPSAN is expected to play a coordination role by serving as lead across key operational areas (education, promotion and training) and increasing the visibility of undernutrition as a multi-sectoral issue. At the time of this report, the proposal to create a national council under the Prime Minister or President's office had not yet been approved and an investment case is currently being built.

The project was designed to build on the achievements of WASH interventions in the selected regions, but was not able to integrate joint multi-sectoral sensitive agriculture activities in Mozambique. WASH is crucial for the prevention of stunting and the ICYN counselling materials emphasized these aspects. UNICEF supported training of agricultural extension workers using the ICYN counselling materials, however, links with other sectors – including agriculture – must be enhanced.

UNICEF worked with the Ministry of Health and Provincial Health Directorates and with the Ministry of Education at the central and provincial levels. UN agencies, particularly UNICEF, WFP, and FAO, collaborated on (a) analytic work and training, (b) joint policy support (Technical Assistance), and (c)

building upon the SUN-platform. Otherwise, there are no joint projects nor has UNICEF provided funding for FAO nutrition projects despite the synergy (noting that UNICEF and FAO currently collaborate on the implementation of FAO's social behavioural change and nutrition education programs (SBCC)).

Considering the rate of stunting in Mozambique and the benefits of a multi-sectoral approach, the shift towards more integrated multi-sectoral activities among actors in the field is greatly needed. This project provides a solid opportunity to implement nutrition sensitive activities in close collaboration with other UN agencies in Mozambique, specifically FAO, UNFPA, WFP and WHO, as described in the Mozambique proposal submitted to the Government of the Netherlands in 2013. The timing is appropriate. Indeed, although modest reductions in chronic undernutrition began in 2013, recent statistics indicate that the reduction slowed considerably; and further, if additional programming efforts are not initiated, the government's Five Year Plan PQG targets will not be reached.

The last households survey (DHS) ²⁹conducted in 2011, showed a stunting rate varying from 41% to 52% in the four regions of intervention. Mozambique's next DHS will be conducted in 2019, and will inform PMF indicators, although there is currently no evidence of reduced stunting rates. The Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey conducted in Zambézia will provide some indication on the nutritional status.

One objective of the project is to strengthen the routine nutrition indicators and ensure that key indicators³⁰ are part of the NHIS, but the availability of reliable data for policymaking, program design, implementation (including during emergencies), monitoring and evaluation continues to be a major bottleneck. Many stakeholders explained that coverage of community outreach programmes was incomplete due to lack of funding and other constraints. Since 2015, the GoN project provided essential equipment (to enable access to the NHIS database) and deployed a monitoring and evaluation consultant based with the Nutrition Department, Ministry of Health until May 2017. Nutrition surveillance as part of the health surveillance system is rather weak (with only a few indicators). UNICEF's support to strengthen surveillance (with the Dutch grant among others), HMIS, and other routine systems is considered imperative to the reduction of stunting, as recommended at the Inception workshop in 2014.

According to the interviews with the government, future priorities for nutrition programming should be: (i) strengthening, surveillance and M&E; (ii) regular nutrition surveys in addition to DHS (expected in 2019); (iii) cascade training; and (iv) improved supply chain management, including transportation and management of stocks.

Other areas of intervention should: pursue the adoption of the community-based nutrition approach; prioritize pilots with the possibility for a scale-up to maximize impact; reinforce multi-sectoralism with FAO, WHO or other partners (according to UNICEF's needs and timing); and work on implementation capacity for service delivery level and advocacy (such as financial and planning courses, for instance).

Below lists the main achievements for nutrition in Mozambique:

²⁹ DHS 2011, SETSAN baseline 2014

³⁰ On exclusive breastfeeding, VASD, MNPs, IFA for adolescents, etc.

Table 7: UNICEF's Main Achievements in Nutrition in Mozambique³¹

Adolescent girls	<ul style="list-style-type: none"> 3,582,827 adolescent girls were reached in 2016 with supplementation and family planning services stimulating an uptake and ownership of the ongoing intervention; in 2015 and 2016, about 300,000 girls received IFA and deworming and counseling through schools and youth-friendly routine health services in Zambezia and Sofala; 30,000 packs of IFA supplements distributed in 2015 and 2016; Trained teachers and health workers in >20 districts in the four target provinces; Supported one round of National Health Week. A joint programme with UNFPA and WHO, where adolescent nutrition is being incorporated, including IEC materials development, nutrition messaging through SMS, mentorship programmes, etc. Establishment of a new School of Health and Nutrition Department under the Ministry of Education
Breastfeeding	<ul style="list-style-type: none"> 100% of the HEW trained health professionals, health workers, non-clinical staff, teachers and students on providing support for the early initiation of breastfeeding. 1.2 million listeners (about 30% of the potential radio audience) across the country reached by the radio drama "Ouro Negro". Hospitals supported to improve early and exclusive breastfeeding among patients/mothers.
Adequate quality of diet	<ul style="list-style-type: none"> About 4.5 million children reached each year, in 2015 and 2016, with Vitamin A, and deworming, Severe Acute Malnutrition (SAM) screenings and immunizations with free birth registration; health care workers trained on the multiple micronutrient powder MNP programme, and procured sachets of MNPs. Complementary feeding through home fortification with micronutrient powders (MNPs) in the four provinces³²
Fortified foods Iodised salt	<ul style="list-style-type: none"> Improved the capacity of salt production among the 10 largest producers in the country (85% of the country's total production) and 15 medium-sized producers. Strengthened law enforcement with trainings for inspectors from the national and provincial levels. Advocated for the integrated management of the salt iodisation and the food fortification programmes. Joint legislation on food fortification; a food fortification strategy; and a social mobilization campaign for promoting the use of fortified foods, which all include iodised salt. M&E and law enforcement and industry capacities strengthened through partnership with GAIN.
Acute Malnutrition	<ul style="list-style-type: none"> Between 2.5 and 4.5 million children identified and screened each year in the 5 high burden provinces most affected by emergencies; About 100,000 children treated for SAM between 2014-2016; Provided therapeutic milk supplies. Trained health workers (including scale up and refresher training) in the four provinces on application, monitoring & evaluation of the nutrition therapeutic protocol; and developed capacity of mobile outreach teams to detect, refer and treat children with SAM. Supported the government's nutrition emergency response in collaboration with partners.
(Upstream) Advocacy, policy and strategy related, M&E	<ul style="list-style-type: none"> Contributed to the inclusion of key indicator(s) in the current national 5-year plan (UNICEF worked with partners and the Technical Secretariat for Food Security and Nutrition (SETSAN)). UN Agenda for Nutrition in Mozambique (FAO, IFAD, WFP, UNFPA, WHO, REACH, UNICEF). Launched a national strategy on SBCC for nutrition, and partnership with ANSA on operationalizing the strategy at the provincial and district levels. Monitoring & Evaluation Specialist paid by the grant (Nutrition Department in the Ministry of Health for a period of nine months with 60% of time in direct support of provincial and district level activities to

³¹ The table showed the main achievements and not all the results as listed in the UNICEF Annual Reports to the donors.

³² MNP distribution is supported in all provinces, but data on beneficiaries is available only in Zambézia and is missing from the other three provinces

	<p>strengthen capacity for data capturing, analysis, reporting and use.</p> <ul style="list-style-type: none"> Supply chain assessment Strengthened institutional capacity for multisector coordination at national, provincial and district level, incl. decentralisation of the PAMRDC and capacity development of GT PAMRDC (multisectoral working group for planning, implementing and monitoring of the PAMRDC activities, all sectors included) at provincial level as well as support the establishment of GT PAMRDC at district level Assessed routine nutrition information system; created training package for ToT on collecting, reporting and analysing routine nutrition data at different levels. Capacity development provided at national, provincial and district levels, which improved reporting and collection of information
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Finding on Efficiency

Finding #15: In Mozambique, project resources and inputs were not converted into outputs according to schedule and within the given budget. The project was one of the most costly (along with Burundi), consuming 32% of direct and indirect costs to maintain UNICEF's Nutrition programme in 2014 and 2015, up until other donors supported the program and nutrition became an UNICEF core strategic priority in Mozambique, in 2016.

In 2014 and 2015, the project's funds maintained the UNICEF's nutrition programme and personnel resulting in high overhead costs – 32% of direct and indirect costs to manage the project as presented in the Table below.

In 2016 and 2017, an influx of other funds began to diminish the overhead on the Dutch grant. The same costs average 22% in the four countries (See Table Details of Expenditures in Annex A). According to the CO, the ratio between “overhead” and programme costs has been further reduced in and around July 2017.

Table 8: Donor Statement by Nature of Expense in Mozambique

% of Disbursements on Total	Disbursements 2014-2016 (in \$USD)	
32%	1,346,702	Staff, Travel, General Operating and other Direct Costs and Indirect Costs
23%	964,194	Supplies and Commodities
35%	1,469,622	Transfers and Grants to Counterparts
9%	364,779	Contractual Services
100%	4,145,297	Total
<i>Source: Details of Expenditures Mozambique Donor Statement 2014-2015-2016</i>		

According to annual report, disbursement rates were 29%, 74% and 112% in 2014, 2015, and 2016, respectively, i.e., a total of 68% of cumulative expenditures. About 37% of total programmable funds in the amount of USD 7.2 million dollars were to be disbursed as of January 2017 through the end of the project in August 2017. UNICEF's CO expected to disburse all the funds before the end of the project.

As discussed, the project began with a lengthy process of at least 12 months to plan and build the Theory of Change with corresponding frameworks. Otherway, underspending was due to the high turnover in UNICEF's CO. During 2014-2015, the UNICEF Nutrition team in Mozambique was renewed including key positions such as the Chief of the Nutrition team and the chief of the health and nutrition section. During that period, the UNICEF Nutrition section operated mainly with funds from the Dutch.

Since 2016, nutrition in Mozambique became a UNICEF priority and the section received USD 1 million in core funding. A regional office was opened in Zambézia, where UNICEF supported the regional government with the Dutch grant. Other donors provided funds to the sector, such as the European Commission with a € 25 million grant.

As discussed (See Relevance), the Dutch grant enabled UNICEF to pursue activities and encouraged donor funding from other sources.

4.4 Rwanda

Summary finding Rwanda: The Rwanda component was positive and well managed. The GoN fund represented a major part of the nutrition budget at country level from the beginning of the project through 2016. In the same period, the Netherlands Embassy in Kigali financed a complementary Nutrition project in the country, also managed by UNICEF.

The Project enhanced district and community ownership and contributed to the reduction of stunting in the targeted districts. The Netherlands Embassy project (approx USD 27M), particularly the second phase (2017 – 2020), completes the project on WASH, Early Childhood Development and Social protection components and makes it possible to target more districts.

Finding on Relevance

Finding #16: Representing a major main nutrition budget in Rwanda for the year 2016, the GoN project was developed in line with national policies and strategies, but not sufficiently inclusive of primary stakeholders needs. The development of the project's Theory of Change was heavy but considered important to facilitate project overview and follow-up by managers. Its implementation boosted the mobilisation of resources for extending the project across additional districts of the country.

The project was fully aligned with national nutrition policies and priorities, including the National Food and Nutrition Policy, the National Food and Nutrition Strategic Plan 2013-2018, and the National multisectoral Strategic Plan to Eliminate Malnutrition (NSEM) developed in 2010 to guide the implementation of various interventions. A key objective of the national strategic plan was to decentralize the implementation responsibilities to the district level through formulation of 'District Plans for Elimination of Malnutrition' (DPEMs) by each individual district. This was considered fully in project development wherein the objective was to reduce stunting rates in children under-5 from 44% in the year 2010, to 28% in 2017.

The selected strategy was appropriate to Rwanda's context because it considered both nutrition-specific- and nutrition-sensitive interventions. Updating the national policy and strategies in reference to the SUN initiatives was also appropriate to support the integration of the nutrition component into the district plans; to implement home fortification through multi-micronutrient powders; to manage children suffering from acute malnutrition; and to enhance behavioural change among the population. The implementation of these companion interventions targeted improvement of the nutritional status of the most vulnerable in Rwanda with the specific goal of reducing the prevalence of stunting from 44%% in 2010, to 28% in 2017, which was not achieved (see effectiveness).

Planning took place at the national level with the involvement of UNICEF, the MoH (Director of Rwanda Biomedical Centre), and key stakeholders from targeted districts. However, actors from the community – managers, community leaders and beneficiaries – reported during field interviews that

they were not fully involved during the planning phase thus indicating a planning process with more input from the top levels than the base. Some representatives from the targeted districts were invited to the planning meetings, but insufficiently represented the needs of communities. Using animal distribution as an example, several interviewees indicated their preference for pigs, chickens or cows for the project's small livestock distribution activity rather than the goats and sheep that were actually provided. The involvement of certain partners such like FAO, which has expertise in this type of activity, would have likely resulted in a more collaborative relationship with and knowledge of the community context.

The development of the project's Theory of Change was very important for facilitating the project overview and follow-up by managers. The project's ToC and the related Performance Monitoring Framework (PMF) facilitated follow-up and reporting by project managers for outputs and outcomes. The PMF was the main dashboard and communication tool for managers, partners, the RO and HQ. The ToC facilitated follow-up for activity progress, particularly for comparing actual achievements to targets, and understanding contributing factors to program achievements.

However, managers reported that the ToC in its current design is a bit heavy given the multi-sectoral nature of the project and also due to the number of indicators. WASH, social protection and food security components were not sufficiently considered in the theory and PMF. Data on achievements were not reported on according to socio-economic factors, gender or geographic location of beneficiaries. Therefore, it is difficult to appraise the overall multi-sectoral nature and the gender equality characteristics from the ToC and PMF tools. During the planning phase, targets and indicators were established on a consensual basis without any evidence to support the selected indicators. In interviews, managers suggested that it would be more interesting to run a baseline survey for the purposes of identifying evidence-based indicators prior to project implementation. Such a baseline survey would also include the analysis of factors that contributed to the reduction of stunting prevalence in Rwanda from 51% to 44% from 2005-2015, to inform project design and particularly to identify specific activities and sensitisation messaging at the district level.

An added value of this nutrition project in Rwanda is that the nutrition-sensitive components (such as home gardens, or BCC), complement, the existing nutrition-specific interventions already implemented across the country. Prior to this project, there was a critical problem of RUTF shortages (Ready-to-Use Therapeutic Foods). Funding from the GoN helped address this issue and to anticipate future shortages. Multisectoral nutrition activities were mainstreamed in the District Plan for Elimination of Malnutrition (DPEM). Another innovation for Rwanda was the training of the districts (government staff and implementing NGOs) on the result-based management approach.

Lessons learned from the implementation of the GoN project served as the baseline for developing a parallel country project by EKN (Embassy of the Kingdom of the Netherlands), which targeted 14 districts with funding in the amount of USD 17 million from the Dutch Embassy. For example, WASH, Early Childhood Development and Social protection components, which were weak under the GoN project were strengthened by this new project, which is now funded at the amount of USD 27 million for its second phase.

In 2016, the overall UNICEF budget was USD 28.8 million and the nutrition budget was USD 7.7 million representing 27% of the overall budget. The Dutch funds (two projects) represented the main nutrition budget at country level for the year 2016. The EKN supported nutrition project mobilised additional funds as mentioned above (now USD 27 million). UNICEF CO also increased its financial participation so far. Whereas only two staff was involved at the start of the project, there are

currently more than five nutrition professional staff and one assistant involved in managing this project, and spending time on other component of the UNICEF nutrition program as well. Further, UNICEF CO has increased its core budget to about USD 10 million and over the next three years the CO plans to double this investment. The CO is using all opportunities to mobilise the funds, and is currently reflecting on how to hand over the process to the Government of Rwanda.

Finding on Sustainability

Finding #17: The GoN project strengthened ownership at both the national and district levels for taking over the intervention after the project phased out. The project has been scaled up to additional districts across the country. Although insufficient to sustain the overall project at national level, the government dedicated some funds to nutrition.

The project was designed to strengthen the capacity of the social cluster ministries to coordinate the implementation and monitoring of multi-sectoral and multi-stakeholder interventions at the national and district levels. It also reinforced the nutrition component of the national community strategy, which consisted primarily of health activities. IPs supported the implementation of the project in 6 of the 8 districts while 2 districts received direct support from UNICEF. Trainings and follow up activities (see Effectiveness) developed the capacity of district multi-sectoral committees to mainstream nutrition programming into district implementation plans.

The committee is composed of 15 members across different sectors, among which health, agriculture, education, gender and family, social protection and districts statisticians; and meets quarterly to discuss project achievements, challenges and solutions. At the sector and village levels (or cells), committee members also meet monthly for the same purposes. All committee members who were interviewed were confident in their technical skills to assume responsibility for the interventions following the project's final phase. CHWs, village agents, and community-based facilitators have been also trained on the necessary skills (see Effectiveness). Village saving groups initiated by the project currently operate autonomously, as members of these groups can borrow different amounts of money to fulfil their basic household needs. According to interviewees, the community structure was strengthened to address nutrition issues, and the coordination mechanism worked well at the district and sector levels.

Although Rwanda is still among the poorest countries globally, the government has increased its investment in the social sector. In the field of nutrition, the government has recently invested USD 6 million for Fortified Blend Food (s) (maize, soya), which are produced locally. However, although government investment has increased, global funds and other donors have reduced their financial support of health, education and other sectors in Rwanda – a change that managers perceive as unfair given historic support of these programs. This funding reduction may hamper the country's progress achieved thus far. All 8 of the targeted district committees have the technical skill necessary for nutrition programming, but none possess the financial autonomy to assume full ownership of the project after the final phase. If the Dutch funding stops, the intensity and quality of activities at the district level will likely decrease.

Although there is high-level commitment from the national authorities to address stunting, policy makers at the national level do not yet possess an in-depth understanding of either the complexity or the causes of stunting. The government's funding of nutrition programming remains low while adequately addressing stunting in children is complex and costly particularly with respect to food security and the WASH sector given Rwanda's hilly terrain.

Finding on Equity, reaching disadvantaged children and Gender equality

Finding #18: UNICEF supported an important analysis and knowledge generator on gender, nutrition and market – the content of which informed the design and development of the project’s sensitisation strategy, mainstreaming equity and gender.

The project was developed to ensure that appropriate actions were operationalized at the district level and throughout smaller communities. The 8-targeted districts (Gakenke, Burera, Rubavu, Rusizi, Kirehe, Bugesera, Musanze and Gasabo) suffered from higher stunting rates. Although certain districts like Rubavu were considered food self-sufficient, or Musanze, which is considered the country’s “breadbasket”, intrinsic factors resulted in their ranking as among the most vulnerable to stunting. The community completed the selection of beneficiary households for small livestock activity based on a standardized national classification of poverty. Two important selection criteria for considering support to the family were (i) vulnerability (category 1 or 2 of social levels) and the (ii) first 1000 days of life (for families with pregnant or lactating mothers) with priority awarded to families with malnourished children. But according to managers who were interviewed, not all households identified as vulnerable benefited from the project, particularly with respect to the small livestock activities (involving the distribution of goats and sheep), because limited funds resulted in low coverage for these services.

As currently designed, the PMF reporting data did not facilitate the analysis of achievements according to socio-economic characteristics, location or gender. Based on interviews with managers, community members and beneficiaries, children were admitted equally to the different interventions of the project regardless of their gender, ability/disability, or status.

Men play an important role in Rwandan families, particularly as related to their role in fulfilling household needs. The government has pushed for gender empowerment in the country by strengthening women’s education, income generation and management capabilities. UNICEF supported an important analysis/knowledge generator on gender, nutrition and market that informed design and development of sensitisation sessions. Prior to the implementation of project activities at the village level, men believed that while it was shameful to have a malnourished child in the family that women alone were responsible for addressing child malnutrition. During project sensitisation sessions, men began to understand the importance of their participation, and they have been more supportive of their wives in the establishment and maintenance of a home garden, the tending to of goats or sheep gifted to the family, and the care for a malnourished child in the household. Men have become more proactive in addressing the issue of malnutrition in their households. Local leaders have even selected “ambassadors” or “good model men” who can share their experiences with other families and serve as positive influencers in their community.

Finding on Effectiveness

Finding #19: Capacities were strengthened at national, district and village levels. Beneficiaries were successfully identified and admitted to the different interventions. The community was empowered through the creation of group savings, small livestock distribution, and the establishment of home gardens. Although too early to attribute the achievement of outcomes such as stunting or wasting prevalence to the project alone, it is reasonable to conclude that the project has likely contributed to the improvement of these outcomes across the country.

At the national level, there is multi-stakeholder commitment to reduce the prevalence of stunting with engagement from high-ranking leaders, including the President of the Republic of Rwanda. UNICEF advocated for the establishment of a Secretariat that would support the work of the national

multisectoral and multi-stakeholder nutrition coordination committee (NF&NSC). The national food and nutrition coordination secretariat was recently established (December 2015), and constitutes the government's SUN coordination platform hosted by the Ministry of Local Government. It is composed of seven newly appointed staff and, at least theoretically, functions as an independent body. However, in interviews managers communicated their belief that the national coordination platform lacks both the experience and the strength to operate independently while noting that current funding is almost exclusively through UN agencies with UNICEF covering a significant portion of the UN contribution. Moreover, the involvement and coordination across different ministries remains challenging due to competing priorities. The national platform, therefore, requires technical and financial support (including government financial input) in order to run the activities properly. Government authorities at the national level also claimed they lack control over NGOs compared to UNICEF. They would like to initiate an exchange and learning platform for regular meetings to assess the impact of NGO support to the districts. Such a platform would be composed of government agents, academia, UNICEF and other UN agencies, the primary donor and other key partners.

UNICEF facilitates the ongoing development of nutrition policy and strategic plan used for national and district level. At the district level, UNICEF advocated for the establishment of multi-sectoral nutrition coordination committees. All the targeted districts established coordination committees that meet regularly, and all or 100% of the sectors in the 8 districts held at least 1 coordination meeting every quarter. These committees were strengthened in areas related to nutrition planning, implementation and monitoring, and the Terms of Reference describing their roles and responsibilities were developed and are awaiting validation by the district Joint Action Development (JADF). UNICEF's support to the districts (specifically, supporting district multi-sectoral committees; mainstreaming nutrition activities into the district implementation plan; training on result-based management, implementation of district nutrition database, which is supported by the computerised information system DevInfo technology; providing funds and technical assistance) strengthened the ability of these districts to implement and monitor project activities.

The Government of Rwanda facilitated the smooth deployment of project activities across the 8 GoN support's districts (of a total of 30 in the country), which are accountable to the Presidency Office through the performance contract signed with the President of the Republic to reinforce the delivery of actual results. However, there was only one staff in the nutrition division at MoH's central level responsible for all nutrition interventions implemented across the country. Similarly, at district levels, there were an insufficient number of nutritionists dedicated to overseeing the implementation of nutrition activities across the communities and the country's 500 health centres. Mayoral turnover also affected the project implementation in the districts, as the new Mayor often preferred to work differently from his/her predecessor. This transition period ultimately slowed the delivery of project activities.

Links with the UNICEF RO created an accountability mechanism for the UNICEF CO. Through monthly conference calls, the RO facilitated an exchange platform for different UNICEF COs. This boosted the CO in achieving project objectives on schedule. UNICEF CO managers explained the need for more in-depth and regular technical support from the RO in addition to identifying other types of support beyond the monthly calls from which they would benefit.

In the 8 targeted districts, all (100%) District Nutrition Plans (DPEMs) were revised based on bottleneck analysis conducted once a year and other challenges identified during the implementation of activities. Each district completed at least one joint supervision every year as scheduled, and each health centre conducted quarterly supervision visits to CHWs for additional support.

Sheep transform lives of vulnerable household

"On 20 May 2015, we received this sheep...A few months later, it produced one lamb that I sold immediately as life was difficult; the sheep produced for the second time 2 lambs in September 2016. There was a food crisis and I sold one for 10,000 Rwandan francs (Rwf). We bought maize flour and beans which helped us to survive. Later in January 2017, I sold the second one for 15,000 Rwf as I wanted to buy uniforms and school materials for my children. The same month, the sheep produced again 2 other lambs...The sheep also provided us with manure that we used to raise crops and sustain home garden. Now I can buy food during the period of hunger, I can meet the school needs of my children and we have been able to take care of our youngest son who was malnourished and is now healthy. By November 2017, I will be having 2 additional sheep...hence I would like to give back to the sector authority one sheep as a sign of acknowledgement as we say in Kinyarwanda "Ntawima Uwamugabiye-rero ngomba kwitura" or "no one refused to give to the one who once gave him or her". I would appreciate that the sheep that I will give back will be given to another family that still live in difficult conditions as we were...this will be my value as Rwandan (kwiyesha agaciro) ...the sheep brought hope to us".

Head of a beneficiary household, Nyarurembo village, Nyacyonga Cell, Busasamana sector of Rubavu district (Story obtained from the NGO Access to Health Rwanda)

The number of children attending the Growth Monitoring and Promotion (GMP) sessions increased dramatically because of cooking demonstrations performed during these sessions in the health centres. A proportion of 72.7% of children under-5 regularly attended GMP sessions in the 8 districts – a dramatic improvement. The target of > 90% under-5 children are expected to be achieved by the end of the project in August 2017.

A proportion of 73% of children under-5 (versus a target of 90%) in the 8 districts were screened for malnutrition and provided counselling, while 66% (versus a target of 95%) of those with severe acute malnutrition and complications received therapeutic treatment in health facilities.

These figures demonstrate the limited

treatment coverage for the identification and management of malnourished children due to insufficient implementation and follow-up of screening activities.

There was tremendous progress in BCC, particularly for good hygiene and feeding practices. Families shifted from traditional beliefs to appropriate practices for malnutrition prevention. Vulnerable households easily adopted the practice of home gardens, and animal husbandry. Over 40,000 people were reached by the *first 1000 days* community outreach and social mobilization activities conducted at community level. Community participation included mothers, fathers, caregivers, CHWs, and community leaders. DHS 2015 results showed that the proportion of early initiation of breastfeeding for newborn children was 80.5% (target at 85%). Moreover, 18.1% of children aged 6 to 23 months (target at 27%) in the 8 districts received appropriate and timely complementary feeding as measured by minimum acceptable diet. This showed an improvement from the situation in 2010. Discussions with caregivers of under-five children pointed out that during lean seasons (July through September), it is difficult to apply nutrition advice because of low food availability. Child food consumption is always low during these periods of the year, which may have affected child-feeding practices. Community members, particularly women, were empowered through the creation of community group savings. For example, 148 Savings and Internal Lending Community Schemes (SILC) groups were established. These groups included households with under-2 malnourished children and pregnant/lactating women. A proportion of 50% of sectors (with a target of 100%) had at least three SILCs, and 50% of sectors (achieving the target of 50%) had at least 3 established farmer field learning schools (FFLS). All of the 462 established FFLS in 2016 received seeds for groups/households to create home gardens and these FFLS were also trained on bio-fortified crop production. A number of 80,000 households (versus a target of 70,000) vulnerable to food insecurity were supported with agriculture inputs for home gardens. The FFLS also received small livestock (goats, sheep, pigs) for distribution to households with under-2 stunted children, which benefited 6,318 households (versus a target of 5,000) in 2016. According to interviewees, household incomes were improved by generating income through activities such as group savings and the sale of animals obtained through livestock (see the text boxes) where communities “owned” the project at village levels. The inclusion of nutrition topics in parents’ forums in the villages (cells) contributed to identify and to address challenges faced by the households for applying nutrition advices received. These forums gathered every month, and all population categories were represented. Main challenges raised by interviewees included the deterioration of the soil due to very high population density along with limited access to water during dry seasons (which has negative effects on home garden activities).

Farmer Field Learning Schools (FFLS) provides a good hub for improving vegetable farming knowledge of the community

“I received 17 different types of vegetables and all other materials from the project, and I was trained on nurseries... now I’m able to develop seed-bank by myself...Vegetables will never lack in my house. I’m now more than willing to keep having a model kitchen garden. FFLS helped me not only to save money that I used to spend buying vegetables but rather to have in abundance and even sell vegetables. For instance, so far, I have gain 24 000 Rwandan francs in only carrot and bitterroots; thus, calculate yourself what I will gain in all 17 different vegetables planted...I have shared knowledge to people living in this village through monthly community activity sessions/Umuganda I provided seeds and coached 7 families to have their own kitchen gardens in which 6 of them have small children...I’m glad of being pleased by local leaders as a person with best practices to follow in the whole Gihonga Cell as far as promoting kitchen garden concept”

Head of a family selected to be supported with different vegetable seeds for farm field learning school in July 2015. Marumba village, Gihonga Cell, Busasamana Sector, Rubavu district

“I really thank the project for the support it provided to me. I knew the importance of vegetables but obtaining seeds was a challenge to me. Now you can see varieties of vegetables making my kitchen garden like canopy...this helps me a lot to prepare balanced meal, quickly and with low cost, especially for my 7-months healthy child”

A lady coached by the Head of family selected for farm field learning school. Marumba village, Gihonga Cell, Busasamana Sector, Rubavu district

(Stories obtained from the NGO Access to Health Rwanda)

In terms of long-term outcomes, a slight improvement of the nutritional status of children was observed at the national level with 38% stunting prevalence. Slight stunting reduction was also observed in the 8 districts with the exception of Bugesera and Gasabo Districts (Table 9 below). However, as already highlighted in the method and limitation sections, the DHS 2014/2015 was not intended to estimate the impact of this project as it has been conducted during the first year of project implementation.

In terms of implementation modality, two districts (Burera, Kirehe) received direct support from UNICEF compared to the other six districts supported through NGOs. Stunting reduction also occurred in these two districts, which demonstrates the ability of district teams to manage effectively the project.

Table 9: Stunting prevalence in the 8 targeted districts

	Targets (August 2017)	Achievements (as of Dec 2016)*
Rubavu	48%	46.3%
Musanze	40%	37.8%
Gakenke	56%	46%
Burera	46%	42.9%
Bugesera	33%	39.4%
Gasabo	21%	22.3%
Kirehe	45%	29.4%
Rusizi	36%	34.7%

*As per 2015 DHS data

Table 10: UNICEF additional key achievements in Rwanda distributed according to project's expected outcomes

Immediate Outcome 1: Government capacity enhanced to use evidence to develop, review and update policies, strategies, standards and protocols for nutrition-specific and nutrition-sensitive programming
<ul style="list-style-type: none"> ■ The Food and Nutrition Policy and Strategic Plan was revised to align with current evidence on feasible nutrition-specific and nutrition-sensitive approaches. ■ Key staff members from Social Cluster ministries and GoR counterparts were trained on nutrition-sensitive multisectoral coordination. ■ Multisectoral and multistakeholder Food & Nutrition Task Working Group (NF&N TWG) met every quarter. ■ Conducted only one of the 3 joint monitoring field visits planned by central due to limited human resources at the central level. ■ Achieved high-level advocacy for policy/strategy dialogue and promotion of key family practices in the context of the 1000-day window of opportunity.
Immediate Outcome 2: Project is managed with effectiveness, efficiency and equity
<ul style="list-style-type: none"> ■ 7 out of 8 districts have a functional DevInfo database with a front-end monitoring board covering multisectoral interventions. ■ Developed the capacity of districts to monitor coordinated multisectoral interventions using DevInfo and RapidSMS. ■ 68 service providers were trained in 2016 in the 8 districts (target being 100). ■ All the 8 districts have the capacity to use DevInfo databases to monitor DPEM implementation. ■ UNICEF organized 12 sessions of knowledge management sessions in the 8 districts (versus 4 planned). ■ UNICEF supported all 8 districts in revisions/updates of their DPEM to be align with the 2013-2018 National Food and Nutrition Strategic Plan and Policy.

Immediate Outcome 3: Target populations and households with malnourished children and pregnant/lactating women and those at-risk access quality community-based multisectoral nutrition services

- All (100%) health centers (target of 75%) in the 8 districts received height boards.
- All (100%) health center providers (target of 50%) were trained on length/height measurements.
- 80% of children 6 to 23 months (target was 100%) in the 8 districts received at least 10 sachets of micronutrient powders for monthly home fortification.
- 91% of children 6 to 23 months (versus target of 80%) in 1 target district consumed at least 30 sachets of micronutrient powders every 3 months.
- A reliable stock of micronutrient powders, therapeutic milk and ReSomal was observed in all health facilities providing therapeutic SAM treatment services.

Immediate Outcome 4: Target populations and households with malnourished children and pregnant/lactating women and those at-risk access information on optimal nutrition-related practices and behaviors

- 2246 service providers (versus target of 8000) were trained on MIYCN.
- Over 200 frontline community staff, social cluster ministries and other nutrition stakeholders were reached through regular meetings.
- Conducted media orientation and training workshops for 20 community journalists.
- 8,460 radio spots on proper nutrition and feeding practices were aired on community radio station in the 8 districts.
- 282 Radio live talk shows and radio program broadcasted on community radio station in the 8 districts

Overall and despite certain limitations, most of the outcomes and outputs were achieved as compared to project targets and 2010 indicators. For the outcomes not achieved, managers stressed that they were perhaps too ambitious while in outlining project targets, given that most indicators did not result from evidence-based assessments. Additional challenges experienced during project implementation include:

- The timing of the project was short. A project designed to fight stunting must last more than four years because smooth planning and activity implementation would normally take three years for full deployment at the country level.
- Except for BCC activities, none of the 8 districts had 100% coverage for each project's intervention due to limited funding.
- Although at national level a strong learning platform, which consisted of central government, district government and CSO partners, exists and is functioning (for example, every quarter a national coordination meeting has been regularly conducted to assess progress, share lesson learned, challenges and discuss strategies to overcome these challenges), the project's knowledge management was weak, particularly in terms of teaching and research forums. Main reasons explained were lack of human resource dedicated to this task. Project design also had very limited budget dedicated to this component. Without human resources dedicated to these research tasks, CO managers were too busy managing other aspects of the project to focus on these activities.

Finding on Efficiency

Finding #20: The project was efficient and well managed. The grant spent 15% on UNICEF's direct and indirect costs (table 11 below) and is the likely result of UNICEF Rwanda's reliance on national rather than international staff in addition to partnership agreements with NGOs

that also employed local rather than international staff, as declared by NGO managers interviewed.

As reported in the annual reports, disbursement rates were 89%, 93% and 77% in Years 1, 2 and 3 respectively, with a total of 86% for cumulative expenditures from Year 1 to Year 3. The lowest fund disbursement occurred during the third year of project implementation. This is likely explained by delayed evaluation of the *1000 days* programme and other delays for the installation of visualization screens and publication of DPEM data collected through DevInfo and Rapid SMS activities. Further, the national nutrition summit and the MCH campaigns were both cancelled thus lowering actual disbursements.

Another explanation might be the fact that UNICEF country office invested more of its own budget (regular resources) to support staffing and operational costs occurred in managing this project. At UNICEF's country office, each of the six-nutrition staff is spending part of his time in overseeing the project. Staff reported that this team was sufficient to oversee most project tasks, except for knowledge management, learning and research activities.

Table 11: Donor Statement by Nature of Expense in Rwanda

Details of Expenditures Rwanda		
% of Disbursements on Total	Disbursements 2014-2016	
15%	711,482	UNICEF Staff, Travel, other Directs Costs (2%) and Indirect Support Costs (8%)
28%	1,299,469	Supplies and Commodities
51%	2,364,003	Transfers and Grants to Counterparts
6%	273,000	Contractual Services
100%	4,647,954	Total
<i>Source: Details of Expenditures Rwanda Donor Statement 2014-2015-2016</i>		

The Dutch Embassy was very engaged during the project's inception phase. Along with UNICEF's RO, the Embassy pushed for the inclusion of nutrition-sensitive interventions. This explains why the number of targeted districts decreased from 15 (as indicated in the initial 2013 proposal) to 8 districts, in order to implement the multi-sectoral approach, which is more expensive. The Embassy also participated in the development of the Theory of Change, the selection of the targeted districts and activity planning, along with advocacy for more government financial and human resource participation to the project.

UNICEF Country Management Directorate stated its preference for transferring funds through the Dutch Embassy rather than the RO. They would also like to have a better overall control on project country report prior transfer to RO and HQ.

4.5 Global and Regional component

Summary G&R component: The Global and Regional component was relevant for bringing cohesion and quality programming to the new multi-sectoral approach in nutrition – that is integrated at various stages in the four countries and very challenging to implement.

Results concern mainly the possibility for inter-country learning as UNICEF does not have the opportunity to pursue this in its regular work because it is too costly. Global and regional networking

and partnership building, capacity development and its potential for critical research in the field of nutrition- sensitive activities didn't bring a significant added value to the project.

Finding on Relevance

Finding #21: Considering the novelty and complexity of the multi-sectoral approach, guidance and support provided by the HQ and ESARO was clearly relevant mainly as a result of technical support; and, specifically, the regular supervisory calls with the country teams and the introduction of the Theory of Change, including the strategic and structured reflection that takes place when introducing and reviewing the ToC.

According to the inception report, the role of UNICEF's Headquarters and ESARO was to coordinate and harmonise project activities to ensure maximum synergy between country and regional activities. This HQ/RO subcomponent was seen as a key instrument to advance the achievement of the project's strategic goals: to contribute to an equitable and sustainable reduction of undernutrition in four countries using the SUN and REACH frameworks.

The HQ and ESARO, which worked together in compact, led the planning process in 2013 and 2014. It required a significant amount of time to plan and align the project with the four African UNICEF COs, to consult with multiple stakeholders and the Dutch Embassies, to assure them of the programme's relevance, and to organize partner coordination across these COs. The lengthy planning process³³ (which was compounded by the delay between proposal development and receipt of funds), including the Inception Workshop in 2014, provided UNICEF and relevant stakeholders the opportunity to develop the project's logic and ensure internal consistency across components as well as to discuss key issues relating to project management. Consequently, the multi-sectoral focus, objectives and assumptions (logic), target beneficiaries (less accessible and more vulnerable children and gender equality) that were embodied in the project's ToC were cohesive and the ToC framework served as guidance for all CO teams throughout the project.

On the other hand, the process was generally viewed as too ambitious to develop frameworks related to the ToC with all components aligned across the various objectives, including the African country goals and SUN frameworks. As indicated in the Annual Report, alignment was very difficult and given the varied country projects may not be as appropriate in multi-country and multi-sectoral grants supporting multiple interventions. Indeed, UNICEF teams often used the Performance Management Framework (PMF) to manage and report activities according to the internal financial system, which is input-based and not results-based.

Although not stipulated by the donor, UNICEF developed a PIP in the inception phase to help with planning and managing activities and budget. However, this was not well utilised and often only used at the time of compiling annual reports. UNICEF struggled with these additional project templates and not all activities and/or budget have been captured and reported on in the PIP. The Mid-Term Review was effective in its attempt to rectify the objectives and indicators of the PMFs for

³³ The UNICEF proposals per component were presented to the donor early on year 2013, and the project officially started in September 2013, but the agreement was not signed until 29 November 2013. The funds were available to COs from December 2013 (when things typically wrap up) and the inception workshop happened in February 2014, one year after the elaboration of the proposal. Memo noting changes was sent to MoFA May 2014.

the COs, but in the future project monitoring tools should be linked with UNICEF's reporting dashboard to avoid these issues (especially since these were internal tools and not mandatory for the donor). In addition, fewer indicators should be selected to report on across all four countries.

Various partners were involved in the project design and implementation and applied UNICEF's standard participatory approaches. The inception workshop gathered the UNICEF CO teams to agree on G&R component activities. For instance, teams (a) committed to supervisory calls every two months (the first agreement suggested quarterly calls); (b) identified key principles of knowledge management (KM); and (c) suggested a strategy on implementation research. The workshop emphasized that KM should be country-focused and directly address each country's project needs. Topics suggested for knowledge generation and sharing included multi-sectoral approaches, scaling up programmes, social Protection, CMAM, complementary feeding, breastfeeding, micronutrient powders, and many others. The UNICEF CO Teams also agreed to conduct one implementation research question per country: in Rwanda, it concerned social protection; in Ethiopia, joint programming with other agencies, the multisectoral approach and practical application; and, in Burundi, a policy brief and reporting.

Despite these efforts for activity planning, implementation wasn't entirely successful (See Effectiveness). According to the HQ and ESARO teams, they were available but the timing to conduct such activities didn't always meet the country's agenda. Overall, the G&R component was considered the most relevant among the four UNICEF COs due to the calls with the country teams and the introduction of the ToC, including the strategic and structured thinking that takes place when introducing and reviewing the TOC – despite initial challenges. These networking and knowledge exchanges were greatly appreciated especially considering that this is not standard practice for UNICEF's work in other areas or regions. Everyone signalled the need to convene and, according to some, structuring an aide-mémoire would add more value to the project. Still, others argued that quarterly calls as originally planned would be sufficient considering the allotted time.

Multi-country studies were generally considered important by the four COs, but according to the COs some activities seem too complicated, particularly for the government counterparts, like ProPAN (financed by other than the Dutch grant), and a multisectoral project management review with Cornell University³⁴.

Capacity building and support were not particularly highlighted by the COs and Global and regional networking and partnership building were not mentioned.

Finding on Effectiveness

Finding #22:The Dutch grant significantly improved the communication and knowledge exchange between UNICEF nutritionists for the four COs and other multi-sectoral experts, and produced some strategic results to create an enabling environment for the reduction of stunting or other related monitoring activities.

Formally, the Global and Regional component identified five main outputs as follows: (1) Capacity building, (2) Monitoring and Evaluation, (3) Knowledge management, (4) Project support, and (5) Networks and partnerships. These outputs correspond to five short-term results, three medium-term

³⁴ Co-financed (about 10%) by the Government of the Netherlands for part of its implementation in Ethiopia, the initiative aims to support countries to advance development of their Multisectoral Nutrition (MSN) systems, through fostering collaborative knowledge sharing about the various aspects in the process of establishing a MSN system in each project country (2015, Annual Report).

results and one main impact which is: *enabling favorable environment to support the four countries to achieve their goals in nutrition.*

UNICEF reported annually to the donor on activities related to the three medium-term results, as presented below:

- To enable the environment for nutrition with strong in-country leadership, multi-stakeholder platforms, and joint accountability mechanisms in place that is aligned with the strategic principles of SUN.
- To provide strong regional and global technical support to enable aligned actions with monitoring and evaluation of performance to support scale up.
- To provide a strong regional and global shared knowledge base for nutrition, to support national-level advocacy and resource mobilisation, policy development and programming.

The greatest results from the component concerned the support provided to UNICEF COs and the assurance of broader coordination across these teams. The supervisory two-months calls have been adopted to UNICEF's other multi-country projects, including guidance sharing on best practices and other documents as facilitated by the project's Dropbox for the step-by-step "how to guide" and "KM Updates". UNICEF COs reported that the approach for phone exchanges between the HQ, ESARO and the four COs every two months, however, should be systematized more to maximize learning best practices; for instance, with the redaction of an aide-memoire to summarize the discussion and to highlight lessons learned.

Over the last five years, there has been a lot of progress globally and across Africa around the issue of nutrition. For instance, creating policy for food security and standard practices for a multi-sectoral approach ensures the integration of stunting indicators in the government's nutrition strategy. UNICEF implements some strategic activities of significance for the purposes of influencing the regional and international nutrition sector. The G&R component supported a workshop on public financing, provided technical assistance to the Africa Union Regional Nutrition Strategy and mainly contributed through staff time to provide technical support in areas such as SUN, TST for the SDG indicators for Goal 2, UNITLIFE, the new SUN Strategy, and the GNR.

The G&R component produced studies and developed the knowledge base for nutrition with partners like Erasmus University, but it stimulated little interest in general from UNICEF's country offices. The limited capacity—staff and time—was often cited as the reason for these issues.

As discussed, new methodologies were developed or revised although they were received by the COs with mixed attitudes. The key achievements were as follows:

- A review of the evidence on agriculture-nutrition link was conducted, but not completed; It was agreed that implementation of this linkage would be done at the country level.
- Technical support was provided to the Ethiopia project for the implementation of a joint research proposal between the Government and UNICEF on the added value of different intervention packages on nutrition. Like other research projects, the success was limited by operational challenges.
- New methodologies developed or reviewed: PROPAN methodology for Complementary

Feeding programming was reviewed³⁵, and a model for monitoring stunting is being developed (currently on-going in Rwanda), and a methodology and learning workshop called “Pause, Learn, and Share” piloted in November 2015, in Burundi, but postponed due to the security situation. The initiative was successfully carried out in Rwanda in February/March 2016. The findings were also shared at a Storytelling and Collaboration Summer Event @UNICEF held by UNICEF’s Learning and Knowledge Exchange team in 2016.

- Research proposals developed: assessing political commitment for nutrition and nutrition scaling up and health systems strengthening, but there was limited interest to pursue this research during the first year of project implementation.
- Research project with Erasmus University, Rotterdam: case studies for Rwanda and Ethiopia using secondary data from the Demographic Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) household surveys to understand the proximal determinants of stunting reduction and using a new methodology.

The results for capacity building were also limited despite a considerable budget of USD 421,000, and included:

- A Regional Training for Master Trainers on Community IYCF for Eastern and Southern Africa was organized in 2017 and a Support roll-out of Nutrition blended training in Ethiopia and Development of National Action Plans on Complementary Feeding in Ethiopia as a compact CO/ESARO/HQ, in 2017.
- A model of multisectoral project management capacity for nutrition was developed in collaboration with Cornell University and financed by the European Union and the Dutch grant (10% of the project); it was implemented in 2015, by Ethiopia for the District Multisectoral Nutrition (MSN) systems³⁶.

According to ESARO, the Dutch grant also partially supported the Africa Nutrition Leadership Programme and its roll out in Rwanda in collaboration with North West University, South Africa (This UNICEF support is not presented in the Annual report). This ANLP programme has been acknowledged as one of a good training to meet the demands for leadership in Africa to solve its nutritional challenges

Overall general support, country office visits and exchange opportunities were the most appreciated for the project although a more structured way of learning is necessary such as a formal process to exchange lessons learned as mentioned above.

- Team calls every two to three months to advise and provide guidance on best practices;

Necessary research as indicated by the four UNICEF Country Offices

- Studies on effectiveness of cascade training needed; New models of training needed, for instance at distance, individual training (using ICT), certificate training, etc.
- The value added of the private sector versus public sector in the delivery of MNP-supplies: is the private sector more effective / expensive than the administration? Without considerable subsidies the private sector remains uninterested in serving the remote areas where the vulnerable live.
- Voucher systems and CCTs (Conditional Cash Transfers) could be an option to address this.

(UNICEF Country Offices of Burundi, Ethiopia, Mozambique and Rwanda, 2017)

³⁵ The GoN supported the ongoing study that aims to simplify the ProPAN tool based on lessons learned (It is the role of RO to ensure lessons learned are shared across countries)

³⁶ This project funded 10% of the cost was mainly for dissemination of the result in Ethiopia (the concept developed should be adapted to country context)

document sharing has been facilitated by the project's Dropbox, e.g., the step-by-step "how to guide" and "KM Updates".

- Inception workshop in Nairobi, Kenya in February 2014, and related inception planning.
- Workshop on Public Financing (partly funded by the Dutch grant): UNICEF ESARO & Western and Central Africa Regional Office (WCARO), in partnership with SUN Secretariat, supported a regional workshop on Public Financing and Managing Results for Better Nutrition in SUN African Countries (as part of UNICEF efforts to mobilize resources and strengthen collaboration across sectors).
- Mid-project review: the main forum for the mid-project review was a workshop held May 30 – June 30 2016 in Kigali, Rwanda; the "Pause, Learn, and Share" methodology and findings were then shared.
- Ethiopia's CO planned a Complementary Feeding Workshop, which was postponed and then planned on 19-21 July 2017.

Finding on Efficiency

Finding #23: The disbursement rates for the HQ and ESARO were very low: 56% and 24% respectively between 2014 and 2016, indicating that the component budget wasn't disbursed as planned.

Cumulative expenditures from 2014 to 2016 amounted to USD \$1,088 million out of a total budget of USD \$2,552 million, i.e. USD \$750,000 spent by HQ and USD \$350,000 spent by ESARO (See Table Details of Expenditures in Annexe A).

The disbursement rates showed that the HQ and ESARO did not disburse project funds as planned. According to ESARO, most activities planned were implemented but ESARO has surplus funding (as staff cost was co-funded through other grants), thus more capacity development activities were conducted. In addition, regional activities were co-funded by other grants such as EU and Canada as the allocation was relatively small and may not be adequate to cover all capacity development activities.

Note that HQ and ESARO did not produce annual plans and financial reports organized according to the PMF and PIP (per result / output / activity). Rather, they provided donor statements classified according to the nature or type of expense, as showed below, making it very difficult to analyse the accuracy of the planning and the financial achievements by results.

Table 12: Details of Expenditures of Headquarters and ESARO between 2014 and 2016

Details of Expenditures	HQ	ESARO	ALL HQ & ESARO
Staff and other personnel Costs	436,676	185,257	621,933
Contractual Services	117,904	1,533	119,437
Travel	106,813	21,335	128,148
Transfers and Grants to Counterparts	0	84,251	84,251
General Operating and Other Direct Costs	35,975	17,621	53,596
Total Programmable Costs	697,368	309,997	1,007,768
Total Planned Budget Y1 to Y4*	1,241,250	1,310,850	2,552,100
% Utilisation between 2014-2016	56%	24%	39%

Source: Details of Expenditures Ethiopia Donor Statement 2014-2015-2016

The G&R component was awarded a budget of USD 2.5 million shared between HQ and ESARO. The HQ was provided a larger share of the budget on knowledge management activities (USD 550,000 on a 675,000 budget component), whereas ESARO co-led capacity development, networks and partnership activities (USD 675,000 on 900,000 budget for the two respective components). Together, they managed the M&E and project support as depicted in the table below. According to UNICEF, all activities remain on track and were going to be implemented in 2017, but some were delayed or replaced due to lack of time and interest from the four COs.

Table 13: UNICEF G&R component budget by outputs (USD)

Output	HQ Planned Budget	ESARO Planned Budget	Total Planned Budget	% of the Budget on the Total
Output 1: Capacity Development	120,000	420,900	540,900	21%
Output 2: Monitoring & Evaluation	237,000	270,850	507,850	20%
Output 3: Knowledge management	550,000	125,500	675,500	26%
Output 4: Project support	228,404	240,000	468,404	18%
Output 5: Networks and partnerships	105,846	253,600	359,446	14%
TOTAL	1,241,250	1,310,850	2,552,100	100%

Source: UNICEF PIP Global and Regional component

The HQ and ESARO teams expect to disburse all project funds component by August 2017. As of May 2017, USD 500,000 remained (USD 200,000 and USD 325,00 by HQ and ESARO, respectively). The HQ and RO focused particularly on implementing knowledge management activities.

Overall, the direct and indirect costs allocated to UNICEF to deliver the G&R component were 81% of total disbursements. The G&R component mainly paid for Staff, Travel, General Operating and other Direct Costs and Indirect Costs as shown in the table below. According to ESARO, the Regional Office only used about 25% for salary as the staff cost was co-funded by other grants.

Table 14: Details of UNICEF G&R component Expenditures 2014-2015-2016

% of Disbursements on Total	Disbursements 2014-2016	
57%	621,933	Staff and other personnel Costs
12%	128,148	Travel
5%	53,596	General Operating and other Direct Costs and Indirect Costs
7%	80,621	Indirect Costs
0,4%	403	Supplies and Commodities
8%	84,251	Transfers and Grants to Counterparts
11%	119,437	Contractual Services
100%	1,088,390	Total

Source: Details of Global and Regional component Expenditures Donor Statement 2014-2015-2016

5 Conclusions

5.1 Relevance

Conclusion #1: The Nutrition Project suited the national priorities and policies of the Governments of the four African countries to reduce stunting, particularly with the new and challenging agenda for a more integrated and multi-sectoral approach in nutrition. The project inspired the nutrition work in the four countries and built bridges between key players, i.e., among UNICEF and the other UN agencies and between MoH, MOA and involved ministries. The project strengthened UNICEF's positioning with government counterparts at central and district levels.

The project strategies, planned results and activities for reducing stunting in young children were relevant and justified in relation to country needs. They correspond with local, national and global priorities, but sometimes the planning for the country components insufficiently accounted for needs at the community level. While an extensive group of different stakeholders was invited to the planning process, this did not always include community actors and others such as the FAO (in Rwanda and Mozambique) whose expertise is in agriculture, animal husbandry, and SBCC.

The project's approach and objectives were logic and relevant to reduce malnutrition among women and children in Eastern and Southern Africa in the sense that they are recognized approaches in nutrition, but had not yet been introduced in a practical way as is done by the project in the four targeted countries, such as the multi-sectoral approach, SBCC, IFA supplementation for adolescents, MNP, and more. The multi-sectoral approach was, indeed, discussed throughout several years in Africa with the introduction of SUN, but there was not much implemented in the field. The nutrition-sensitive interventions that reached households in Ethiopia, Rwanda and Burundi were relevant, innovative and created a strong impact — at home, school, and in the community.

In fact, none of these interventions are entirely new in the field of nutrition, but the project packaged them together, whereas in the past these actions were generally implemented on a piecemeal basis. UNICEF is even going further by currently developing Comprehensive Integrated nutrition Service (CIS) and linking WASH, health, education, social protection, and food security.

A life-course approach³⁷ implemented with this integrated model is now viewed as the most promising methodology to reduce stunting.

In this respect, UNICEF truly leads the way for nutrition in the four countries of the project and is positionned as the top organisation given its expertise and influence in the sector. As stated in the proposal submitted to the Ministry of Foreign Affairs of the Government of the Netherlands, the project addressed malnutrition's multi-factorial aetiology using principles aligned with the SUN movement while supporting national government in partnership with other networks.

The project also used new models for behaviour change communication activities, public-private partnerships, monitoring, and new technological approaches (home fortification of complementary foods through market based approaches). However, UNICEF did not succeed with all; for example, private sector interventions were inconclusive, and the adolescent supplementation program was not aligned properly with the decisions of partner governments. In addition and despite great efforts,

³⁷ The Lancet (2008) presented a set of interventions and underlined the importance to focus on the "window of opportunity" from less than 9 to 24 months (i.e. from pregnancy to two years old) for high impact in reducing death, disease and avoiding irreversible harm,

more must be done to strengthen the routine surveillance system. Availability of reliable data for policymaking, program design, implementation (including in times of emergency), monitoring and evaluation is still a major bottleneck in the countries.

UNICEF, as a learning-based organisation, developed a process "*Pause, Learn and Share*"³⁸ to capture knowledge and information from nutrition programming by drawing on lessons in order to prevent people from reinventing the wheel, making the same mistakes, etc.

The “umbrella component” was relevant for developing the implementation plan for these novel programme approaches to scale up and fit into UNICEF’s larger nutrition platform. Not all the activities produced the expected results, but the G&R component provides the space to develop and install strong methodology across the COs and the possibility for inter-country learning and a community of practitioners.

In addition to facilitating exchanges between the COs, the G&R component implemented some strategic actions with the purpose of influencing regional and international nutrition platforms, producing analytical studies and developing a nutrition knowledge base, which is commonly shared with partners. However, studies and new methodologies were received by the COs and partners with mixed feelings or without any response because of limited capacity—staff and time.

As discussed throughout the report, the planning process was long and arduous — including the challenging exercise to develop a Theory of Change for this complex project, intervening at various levels — and created delays in the implementation, but all the UNICEF Country Offices have now integrated the new way of planning and managing by results. They also reiterated the need for guidance in the implementation process, which must meet so many criteria and aims for very challenging objectives.

The developed Theory of Change proved to be relevant for informing program design and to capture the project’s logic. It was useful for guiding the four COs with their respective activities, inputs, outputs and outcomes although it could be simplified. The PMF with indicators was used to report on results, however, there were so many indicators that the COs did not utilize the frameworks other than indicating whether they viewed progress towards the outcome. Reporting on key performance indicators would have been sufficient as initially agreed upon by the participants at the inception workshop.

The GoN grant was viewed in all four COs as mainstream UNICEF work, meaning that the project was well integrated in each UNICEF CO’s nutrition portfolio and not a parallel project managed by HQ and ESARO. The project provided the main nutrition budget at country level for the partner government in the regions of interventions. The project also represents one of the primary funding sources for nutrition activities in the UNICEF’s CO. Thus, it supported the whole spectrum of government nutrition activities in the regions of UNICEF’s interventions.

We also conclude that the grant fostered other donor’s funding as in 2016, while sustaining UNICEF nutrition activities and expertise so far.

The flexibility of the grant allowed UNICEF to adapt, re-prioritize and re-allocate, responding to emergencies for instance, and it helped UNICEF participate in generating and maintaining the

³⁸ In collaboration with the Knowledge Exchange Unit at UNICEF’s HQ, the “Pause, Learn, and Share” methodology was developed in the project to capture knowledge and information from nutrition programming by drawing on lessons.

momentum for nutrition programming. This momentum resulted in additional grants for nutrition from major donors such as the World Bank, the European Union and the Canadian Government.

5.2 Sustainability

Conclusion #2: Some common measures (capacity-building; securing Government ownership; counterpart funding) were planned and implemented by UNICEF in order to secure the sustainability of the results, but nutrition-specific and -sensitive interventions are costly — although nutrition-specific interventions are among the most cost-beneficial investments according to World Bank studies — and risks related to durability of the results remain, since Government budgets do not usually fund nutrition programs on a large scale except in emergency contexts.

The project's approach includes a series of measures to ensure sustainable results including system and capacity strengthening, building national, provincial and community ownership, but costing or a cost-effectiveness study should be commissioned before introducing new interventions.

UNICEF's approach to scaling up nutrition³⁹ presents principles related to sustainability such as government support, consultative process with national stakeholders, and budgeted multi-sectoral nutrition plans. According to UNICEF, budgets are an essential part of the approach to plan and implement interventions at a realistic scale and ideally with a continuous funding source available, including increasing government contributions to ensure sustainability.

Yet, a full sustainability exercise was not conducted in the four countries where the Evaluation Team examined the project's financial sustainability. For instance, the COs did not forecast the unit costs of the nutrition-sensitive agriculture (NSA) interventions at preparation stage or at the inception phase. As discussed in the previous section, FAO made the calculation at the request of the Team and the unit costs of a package of nutrition-sensitive interventions were estimated at approximately USD 130.00, taking into consideration inputs provided and related capacity building interventions for targeted households. As a benchmark, the World Bank estimates the unit costs of Community Based Management of Severe Acute Malnutrition activities at \$162 in Democratic Republic of Congo (USD dollar per child per year). Interventions such as micronutrient provision, complementary foods, treatments for worms and diarrheal diseases, and behavior change programmes cost \$100 per child according to new research by John Hoddinott et al. of the International Food Policy Research Institute, which could result in a reduction of chronic under-nutrition by 36 percent in developing countries.)

Addressing stunting in a multi-sectoral way is costly, particularly when WASH interventions and nutrition-sensitive agriculture interventions are included. In collaboration with FAO and other partners, UNICEF should have invested in a unit-cost and a cost-effectiveness study on these new packages of nutrition-sensitive interventions to assess their applicability.

As a consequence, these interventions must be introduced with careful attention to the government's capacity to take over and its dependence on donor funding with specific attention for provincial and local governments.

Sustainability is challenging even with a well-crafted transition strategy, such as UNICEF's experience while disengaging from certain activities, which may lead to a setback in terms of

³⁹ United Nations Children's Fund. UNICEF's approach to scaling up nutrition for mothers and their children. Discussion paper. Programme Division, UNICEF, New York, June 2015.

results. For instance, a shift towards the private sector to produce iodised salt in Mozambique reduced the availability of the product on the market due to decreased imports of iodine. In Ethiopia, the termination of project support for women's associations to produce complementary food before the profitability of the intervention, jeopardizes the sustainability of women's associations that were created to produce the complementary food.

It remains uncertain whether results and impacts including institutional changes may be sustained over time especially if there is no additional public funding. Nutrition programs aren't funded by partner governments in any of the project's targeted African countries. UNICEF must address the existing risks related to the sustained achievements in reducing stunting in various contexts especially with the private sector interventions or other costly interventions such as WASH and nutrition-sensitive activities.

The nutrition project is built on existing support for WASH with the Dutch grant, which created open defecation free areas. In that regard, efforts are also needed to monitor the situation and ensure that open defecation free villages or communities are sustained with national budget allocations.

5.3 Effectiveness

Conclusion #3: The GoN project sustained the activities of the national nutrition program in the four countries in the specific regions of interventions reaching about 16 million people, including 1.6 million children under-two from disadvantaged communities and isolated areas. The affordable project – costing between USD \$1.21-2.85 per beneficiary⁴⁰ by country – succeeded in delivering strong upstream results and evidence-based interventions from different sectors and supporting healthy nutrition behaviours by communities.

Stunting rates in three of four of the project's countries have been reduced since 2013 from 44.2% to 38.4% in Rwanda, 44.3% to 37.9% in Ethiopia and 58% to 56.0% in Burundi. New national data for Mozambique was not available yet, but the project did certainly have a positive impact on child nutrition in its country regions of interventions. The project's duration was too short, however, to measure sustainable impact given its late start in 2014 and sometimes even in 2015 and 2016 for more complex interventions like sensitive-agriculture interventions.

The implementation of the GoN project clearly contributed to improve the nutrition well-being of women and children in the four supported countries – creating a better enabling environment for nutrition, promoting innovations and supporting results, enhancing UNICEF's networking capacity to address malnutrition multi-sectorally and reaching communities with interventions from different sectors. Few shortcomings were observed, such as: delays in starting some interventions, especially multisectoral activities; and the need for more support in monitoring nutrition or sometimes insufficient follow up and the absence of joint supervisions at community levels.

UNICEF proved to be well positioned to deliver upstream and downstream results in the selected areas because its recognized expertise and efficiency in the field, its regional proximity and its budgets given by the GoN. In the four countries, UNICEF is a leader in the nutrition field, and is innovative and works closely with government counterparts at central, provincial and district levels.

⁴⁰ The output budget per capita is calculated by dividing the total programmable funds by the number of beneficiaries per country, i.e. US\$1.21 in Burundi, US\$2.85 in Ethiopia, US\$2.75 in Mozambique and US\$2.15 in Rwanda.

Overall, UNICEF influenced the nutrition agenda in the four countries and sustained nutrition service delivery in the selected districts of the project for an estimated 16 million of beneficiaries, i.e., 5 million in Burundi, 5 million in Ethiopia, 2.6 million in Mozambique and 3 million in Rwanda, with costs per capita of USD \$1.21 in Burundi, USD \$2.85 in Ethiopia, USD \$2.75 in Mozambique and USD \$2.15 in Rwanda.

These input costs cannot be easily compared with existing benchmarks because it focuses on nutrition and includes more than a traditional nutritional package. Indeed, the project focused on households, pregnant women and children, including an estimation of whether 1.6 million of children under-2 in the four countries was affordable. For instance, the estimation of investment per child by the World Bank reached an amount USD \$10 US per child to achieve the SDG in nutrition⁴¹. Another interesting comparison would be the usual rule of thumb of an output budget per capita in health care of USD \$3 per person per year recommended in low-income countries⁴².

Upstream and downstream results – In terms of immediate and intermediate outcomes, the project supported the realization of the country's commitment to scaling up nutrition in the four countries. Project activities strengthened the nutrition agenda and ensured that it remained high on the country's development plans. It built the technical capacity to promote nutrition policies and programmes and to work together across multiple sectors to address nutrition, and scaled up implementation of effective nutrition-specific and nutrition-sensitive interventions.

For instance, the project contributed to the development of strategies and policy documents. In Burundi, it enhanced nutrition coordination at the national level and contributed to develop the national ICYN and multi-sectoral communication strategy, along with guidelines for micronutrient supplementation and home fortification. In Ethiopia, it contributed among other things to the first Food and Nutrition Policy that will be presented to Parliament and may lead to increased government resources and nutrition financing for the country. In Mozambique, the project succeeded to include stunting as a key indicator in Mozambique's national 5-year plan and also produced a common UN Agenda for the reduction of chronic undernutrition. Here, UNICEF also supported the Food security and Nutrition Secretariat at the Ministry of Agriculture, which is the government focal point in the Scaling Up Nutrition platform, now hosted in the Prime Minister's office. In Rwanda, the Food and Nutrition Policy and Strategic Plan was revised to align with current evidence on feasible nutrition-specific and nutrition-sensitive approaches.

The interventions built and strengthened technical capacities in the four countries. In Burundi, cascade trainings took place across national and provincial levels. In Ethiopia, capacity building trainings especially for women's groups was provided.

District level experts and sub-district management members were sensitized on agriculture sensitive agriculture and training of trainers sessions included cooking demonstrations for agricultural extension officers and health extension officers. In Mozambique, teachers were trained on the distribution of IFA supplements in addition to trainings for health worker on various matters, such as

⁴¹ Shekar, Meera; Kakietek, Jakub; Dayton Eberwein, Julia; Walters, Dylan. 2017. An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting. Directions in Development--Human Development;. Washington, DC: World Bank. © World Bank.

⁴² Fritsche GB, Soeters R, Meessen, WB, 2014. The estimation includes Performance Base Financing subsidies paid to health structures; cost of the external verification; technical assistance; general management costs of the project coordination unit, counter-verification.

multiple micronutrient powder MNP programme, monitoring and evaluation of the nutrition therapeutic protocol (to build capacity of mobile outreach teams to detect, refer and treat children with SAM). In Rwanda, key staff members from social cluster ministries and GoR counterparts were trained on nutrition-sensitive multi-sectoral coordination. UNICEF also supported the establishment of district multisectoral nutrition coordination committees for mainstreaming nutrition activities into the district implementation plans. At the national level, UNICEF advocated for the establishment of the national multi-sectoral and multi-stakeholder nutrition coordination committee, which is currently functional.

Communities from the four countries were reached by the interventions from different sectors and adopted healthy nutrition behaviours. Families shifted from traditional beliefs to appropriate practices for prevention of malnutrition. In Burundi, Rwanda and Ethiopia, vulnerable households easily adopted the practice of home gardens, livestock or animal husbandry. There was better access and consumption of vegetables, and better diet diversity in the households. However, they sometimes experienced challenges in food access during lean and dry seasons. The establishment of saving groups and distribution of animals through small livestock activities increased household incomes and empowered women and communities. Local authorities were very active in enhancing community participation and adherence. The number of children attending the Growth Monitoring and Promotion sessions dramatically increased because of cooking demonstrations performed during these sessions in the health centres. Malnourished children were identified in the community and treated appropriately although the coverage still needs improvement. In Mozambique, a new Social Behaviour Change Communication (SBCC) package and radio drama called “Ouro Negro” were introduced with success and includes community events and interpersonal communication; collectively, these communications reached 1.2 million listeners around the country.

The project created synergies at the community levels between health and agriculture extensions workers and raised nutrition awareness among the population. After a rough start, the nutrition-sensitive interventions were implemented rather smoothly, thus proving that a joint UN approach is feasible. However, the differences in procedures and implementation modalities between UNICEF and other UN agencies must be taken into account because they created implementation delays. But, despite a steep learning curve for UNICEF and its partners like the FAO, it does not seem to generate additional work following the initial investment. The same holds true for government counterparts: the project implies complementary work between MoH and MoA and does not increase transaction costs at the execution level. Ministries even experimented with a small economy of scale in paying less for trainings by having both Health and Agricultural extension workers in one session. The adjunction of nutrition-sensitive activities to the usual implemented nutrition-specific interventions did not generate extra work to UNICEF and government counterparts. This has rather strengthened collaboration and boosted complementarity between the Ministries, especially the Ministry of Health and the Ministry of Agriculture, and between UN partners despite competing calendars.

UNICEF introduced innovative approaches in its nutrition programmes during the project. Among others, a rapid SMS in Burundi and Dev Info in Rwanda facilitated project monitoring at district and national levels. However, there was irregular follow up and joint supervisions due to competing priorities among partners and due to insufficient human and financial resources. There was no standardized monitoring form used by all partners, and national learning forums, platforms or research were not sufficient. Despite efforts to improve equity-focused monitoring of results in the four countries, more must also be done to strengthen the routine surveillance system. As discussed,

availability of reliable data for policymaking, program design, implementation (including in times of emergency), monitoring and evaluation continues to be a major bottleneck. According to interviews with the government counterparts, future priorities for nutrition programming should be focused in strengthening surveillance and M&E. UNICEF's support to strengthen surveillance and other routine systems is considered imperative to the reduction of stunting as recommended at the Inception Workshop in 2014.

Working multi-sectorally in the nutrition sector proved to be innovative in Ethiopia, Rwanda and Burundi. In Mozambique, the multi-sectoral approach has been well integrated in policy and strategy documents of the various stakeholders, but no priority was given to joint interventions.

Links with UNICEF RO created a mechanism of accountability from the UNICEF country offices, especially with regards to stunting reduction in their respective countries and the region. Through visits to COs, meetings, workshops, project reviews and monthly conference calls, the RO facilitated an exchange platform, which boosted COs in achieving project objectives in time. However, a more structured mechanism of learning beyond conference calls is needed, such as a formal process to exchange lessons learned. In terms of learning forums and research, none of the research initiatives planned at national and regional levels was achieved due to limited capacity, interest and time.

Since 2013, national stunting rates in two of four of the project's countries were reduced (Ethiopia and Rwanda). In Rwanda the stunting rate decreased from 44.3% in 2013 to 37.9% in 2017. In Ethiopia the stunting rate came down from 44.2% in 2013 to 38.4% in 2017. There is no new national data in either Burundi or in Mozambique. However, information from interviews indicates a positive trend in these countries as well. The project influenced stunting in Ethiopia and Rwanda, but there is not yet sufficient data to show a sustainable impact in Mozambique and Burundi. Burundi is still the highest affected East African country in stunting (ranked 10th among 10 countries) with Mozambique (ranked 7th) when Ethiopia and Rwanda progressed significantly, passing from the 5th to 4th rank and 6th to 3rd, respectively, between 2013 and 2016 (See table 14 below).

Table 15: Child malnutrition estimate, highly affected East African countries, UNICEF ESAR countries

Country & areas	Survey year	Year *	Survey sample size (N)	Severe wasting	Wasting	Over weight	Under weight	Stunting 2017	Stunting 2013	Change between 2007 /2013	Rank by countries most affected 2017	Rank by countries most affected 2013
Burundi*	2010-11	2010	3644	1,4	6,1	2,9	29,1	56	57,5	—	10	10
Eritrea	2010	2010	6476	4,2	15,3	1,9	38,8	50,3	43,7	-6,6	9	4
Madagascar	2008-09	2009	5845					49,2	49,2	—	8	9
Mozambique*	2011	2011	10791	2,3	6,1	7,9	15,6	43,1	43,1	—	7	3
Malawi	2013-14	2014		1,1	3,8	5,1	16,7	42,4	47,8	5,4	6	8
Zambia	2013-14	2013	12757	2,5	6,3	6,2	14,8	40	45,8	5,8	5	7
Ethiopia	2016	2016	10552	2,9	9,9	2,8	23,6	38,4	44,2	5,8	4	5
Rwanda	2014-15	2015	3813	0,6	2,2	7,7	9,3	37,9	44,3	6,4	3	6
Tanzania	2015-16	2015	9886	1,2	4,5	3,6	13,7	34,4	42,5	8,1	2	2
Somalia	2009	2009	3245	5,2	15	3	23	25,3	42,1	16,8	1	1

Source: UNICEF Data: Monitoring the Situation of Children and Women retrieved in the WEB:

*Burundi and Mozambique didn't undertake new surveys since 2013

5.4 Equity and Gender

Conclusion #4: Gender and Equity were mainstreamed into project design and implementation in the four countries. Targeted beneficiaries were admitted regardless of sex, or disability status. Countries conducted different bottleneck analysis to improve the project's Equity. However, the monitoring tools were not fully adequate for proper appraisal of location, socio-economic or disability status of beneficiaries.

UNICEF principles of Equity and Gender suggest careful consideration throughout project design, implementation, and monitoring and evaluation, of vulnerable sex population groups and other groups neglected, silenced, stigmatized or devalued^{43,44}. In the four countries, the project was directed to serve regions, provinces and districts showing the highest prevalence of stunting. Within these provinces and districts, the most vulnerable groups were targeted, including children under-5 with malnutrition, adolescents, pregnant and lactating women, as well as men in the community.

In Burundi, 9 provinces with a high prevalence of stunting were targeted. UNICEF provided technical support to the government and partners for considering gender issues during the implementation of interventions in Ethiopia. In Mozambique, the project focused on areas with the highest unmet needs, and targeted strategies that improve equity, such as strengthening outreach services. In Rwanda, the project was developed to ensure that appropriate actions are operationalized at district level and through the communities, who contributed to the identification of vulnerable households. Access to the different project interventions was free of charge for the beneficiaries in the four countries, and they were admitted regardless of their sex or disability. Hence, the project focused on the most vulnerable. However, PD Heart kitchen demonstrations in Burundi, Growth Monitoring and Promotion sessions in Ethiopia, livestock interventions, and, in some instances in Rwanda, community-based screening of malnourished children did not cover all the targeted beneficiaries, due to insufficient funds for household distribution of animals and for setting up cooking demonstration initiatives in all health centres, along with insufficient follow-ups of CHWs in charge of household screenings. In Burundi and Rwanda, households that created home gardens also experienced challenges relating to vegetable production during lean and dry seasons because of difficult access to water.

In all four countries, men were receptive to sensitisation campaigns. They participated in BCC sessions and cooking demonstrations, and supported their wives in establishing and maintaining home gardens, caring for malnourished children, and looking after animals received from small livestock activities. In Rwanda, some men served as “ambassadors” by sharing their experiences and influence with other households – enhancing compliance with project objectives and local ownership.

Despite the project's sensitivity to gender issues in the design and implementation, data related to project outputs and outcomes through the PMFs were not disaggregated according to sex, socio-economic and disability status.

5.5 Efficiency

Conclusion #5: The project succeeded in achieving the outputs and results generally on time and on budget, but some project components were less efficient than others, mainly due to

⁴³ UNICEF. Gender Analysis and Programming for Young Child Survival and Development. Operational Guidance. May 2011, p15, 25.

⁴⁴ UNICEF. Promoting Gender Equality: An Equity-Focused Approach to Programming. Operational Guidance Overview. June 2011, p 24-25, 27.

the long project planning process, the slow start of operations and some specific country contexts.

The “umbrella” component added value by providing a cohesive methodology and support to Country Offices in the context of the challenge and novelty of the multi-sectoral approach, but the component will need to be better planned and have additional staff capacity (capacity development, knowledge management, networks and partnerships) to improve disbursement rates and efficiency and add strategic value in the future.

UNICEF is a reliable and trustworthy partner with strong project management and fiduciary capacity. The project was well managed by highly dedicated and competent staff. UNICEF works with a well-elaborated operations manual, clear management rules and regulations, and robust financial controlling mechanisms both internally and within its contractual relationships with partners.

However, financial reporting activities are input-based and linked to results, but were not always done accurately in the PIP or certain components – especially in the Ethiopian component, which received the largest budget of USD \$15.3 million. As discussed, the PIP was developed to help with planning and managing activities and budget although not stipulated by the donor. The global and regional components did not present disbursements details according to activity and thus it was not possible to assess the implementation rate of these activities. In the future, UNICEF should develop project frameworks, which are linked to UNICEF’s internal financial system to avoid the duplication of the work for the country teams, in particular.

Program governance structures and management process were conducive to efficient and effective administration of activities. The Dutch grant was mainstreamed into the regular UNICEF nutrition work and no parallel project units were set up. The CO Nutrition Sections were thus responsible for the appropriate management of the project, and the final accountability rested with the UNICEF Representatives to Burundi, Ethiopia, Mozambique and Rwanda and Management in ESARO and HQ. The flexibility of the grant modality was a critical element across all four countries because it allowed the possibility for COs to reallocate the funds based on identified needs and other emergencies. UNICEF did not report any other issues of significance related to the modalities.

As of January 2017, the disbursement rate for the overall project was 78% following three years of operations. Disparities are observed between the project component’s disbursement rates: Burundi and Ethiopia spent 91% and 86% of their respective project contributions, while Rwanda and Mozambique disbursed 77% and 63% respectively (See Table 15 below).

As discussed in Chapter 3, the Mozambique CO had barely started the project in 2014 because of October’s general elections. In Ethiopia, FAO implemented the nutrition-sensitive interventions from 2015.

High staff turnover in UNICEF nutrition team is also a factor that slowed down project implementation. In Mozambique’s CO, five staff members changed positions, at HQ, two senior levels left (since 2014); whereas in Ethiopia, six staff members changed positions including the Director of Nutrition. In Rwanda, four new staff members were hired since 2014.

The Global and Regional component presents the lowest disbursements rate, i.e., 45% of the project G&R contribution of USD \$2.7 million, as of January 2017 (56% of the planned budget by HQ and 24% by ESARO between 2014 and 2016).

The HQ and ESARO jointly planned with the Country Offices in order to match the country needs, but the implementation of some activities appeared to be very challenging. For instance, the development of a knowledge base for nutrition and analytic studies proved to be difficult to

operationalize due to limited interest from the Country Offices. The HQ and ESARO teams were available but were required to adapt their agenda according to the country's agendas. The G&R component must find a niche to be more strategic for the COs in the future and to initiate attention.

The delivery costs of the project were uneven between the project components, but the overhead costs of some components were more expensive than others: in general, direct and indirect costs paid from the grant to UNICEF for overall project management were approximately 25%⁴⁵. This percentage shows that amount for the fund manager and what remains is for government counterparts (and other implementing agencies and consultants). The direct and indirect costs vary between 15% in Burundi, with the lowest costs, 19% in Ethiopia. The highest costs were 32% in Mozambique and 35% in Burundi.

As discussed in Chapter 3, the Dutch grant in Mozambique solely supported and paid for Nutrition Section operations for two years. The high expenditure for staff in Burundi was explained by the fact that most of the project's management staff was international personnel in Burundi and a lot of funds were spent supporting them during the country's political troubles.

A total of USD 2.8 million was budgeted for the G&R component through January 2017 and from which USD 885,000 dollars were used to pay UNICEF salaries and other direct and indirect costs (See table 17 on page 77). The very nature of the project is about expertise from UNICEF or others, but considering the low disbursements (mainly due to availability of other funding/project as co-financing at the same period) — and key achievements — the G&R component was relatively expensive and it should be more effectively spent in the future.

One of the project objectives aimed to develop strong cooperation and knowledge sharing among all stakeholders. In that sense, the “umbrella component” delivered the results by providing technical support to the country components especially with respect to methodology, as previously discussed, and by organizing information exchanges and joint workshops between the countries. These activities were highly appreciated by all four country teams and created a community for practitioners.

In contrast with the well-succeeded country support, the G&R component reported fewer strategic achievements at the regional and international nutrition scenes than expected, such as ESARO's technical assistance to develop the African regional nutrition strategy 2016-2025 and a workshop on public financing. The component's influence has been limited regarding international discussions on nutrition and private sector participation or on multi-sectoral approaches through critical analysis studies exploring these issues.

⁴⁵ The overhead costs are the UNICEF expenses to deliver the project. It includes the following categories: staff salaries and other personnel costs, travel, general operating and other direct costs and indirect costs of 8%.

Table 16: Details of Expenditures by Activity, Five Components (four countries and G&R components), 2014 -2015- 2016

	Burundi		Ethiopia		Mozambique		Rwanda		Global and Regional		All project	
Description	\$ USD	%	\$ USD	%	\$ USD	%	\$ USD	%	\$ USD	%	\$ USD	%
Staff and Other Personnel Costs	1 108 174	22%	1 064 469	9%	897 150	23%	187 664	4%	621 933	62%	3 879 390	15%
Travel	117 736	2%	129 073	1%	85 375	2%	64 713	2%	128 148	12,7%	525 045	2,1%
Supplies and Commodities	1 381 571	28%	664 689	6%	964 194	25%	1 299 469	30%	403	0%	4 310 326	17%
Equipment Vehicles and Furniture	89 193	1,8%	15 669	0,1%	0	0%	0	0%	0	0,0%	104 863	0,4%
Contractual Services	621 301	13%	110 451	1%	364 779	10%	273 000	6%	119 437	11,9%	1 488 967	5,9%
Transfers and Grants to Counterparts	1 458 648	30%	9 166 296	81%	1 469 622	38%	2 364 003	55%	84 251	8%	14 542 820	57%
General Operating and other Directs Costs	157 085	3%	198 845	2%	57 117	1%	114 812	3%	53 596	5,3%	581 455	2,3%
Total programmable Costs	4 933 707	100%	11 349 492	100%	3 838 237	100%	4 303 661	100%	1 007 768	100%	25 432 865	100%
Indirect support cost 8%	394 697	8%	907 959	8%	307 059	8%	344 293	8%		0%	1 954 008	8%
Total (2014-2016) as Dec 2016	5 328 403		12 257 451		4 145 296		4 647 954		1 088 390	100%	27 467 494	100%
Total (2014-2016) as 10 January 2017	5 979 901	91%	13 168 390	86%	4 859 412	63%	5 023 929	77%	1 233 097	45%	30 264 728	78%
Total project contribution (2014-2017)	6 555 001		15 307 607		7 724 771		6 555 000		2 756 267		38 888 645	
% Remaining Funds (2017)	575 100	9%	2 139 217	14%	2 865 359	37%	1 531 071	23%	1 523 170	55%	8 623 917	22%
Source: From Donor Statements by Nature of Expense (UNCERTIFIED) from 01 Sept. 2013 to 31 Dec. 2016 in US Dollars and from 01 Sept. 2013 to 10 January 2017 in US Dollars												

Table 17: Details of Actual Expenditures 2014-2015-2016 by Category, in Burundi, Ethiopia, Mozambique and Rwanda and for the G&R component (in US \$)

	Burundi		Ethiopia		Mozambique		Rwanda		G&R	
	%	Disbursements	%	Disbursements	%	Disbursements	%	Disbursements	%	Disbursements
UNICEF Direct and Indirect Costs	35%	1 777 691	19%	2 316 015	32%	1 346 702	15%	711 482	81%	884 298
Supplies and Commodities	26%	1 381 571	5%	664 689	23%	964 194	28%	1 129 469	0%	403
Equipment Vehicles and Furniture	2%	89 193	0,1%	15 669	0%	0	0%	0	0%	0
Transfers and Grants to Counterparts	27%	1 458 648	75%	9 166 296	35%	1 469 622	51%	2 364 003	8%	84 251
Contractual Services	12%	621 301	1%	110 451	9%	364 779	6%	273 000	11%	119 437
Total	100%	5 328 403	100%	12 273 120	100%	4 145 297	100%	4 647 954	100%	1 088 390

Source: Details of Expenditures Ethiopia Donor Statement 2014-2015-2016

Note: UNICEF Direct and Indirect Costs are: staff salaries and other personnel costs, travel costs, general operating and other direct costs and indirect costs of 8%.

Based on the preceding analysis, we don't have much evidence to state that a multi-country project with an umbrella component is more effective than a program providing direct support to the four UNICEF country offices, supported by the regular support activities ESARO and HQ should provide anyway.

At the start of the project, the Dutch Government positioned itself as both donor and partner by emphasizing the important role its Embassies should play at the country level. This worked well in the inception phase where the Embassies pushed for the inclusion of nutrition-sensitive interventions in the project, and in Ethiopia and Rwanda, where the Embassies financed a specific Nutrition program (Ethiopia) and a food-security program with a strong nutrition component (Rwanda). But, Embassy participation is less notable in Burundi and Mozambique (and in Ethiopia since the closure of the nutrition project). In the delegation model for Dutch aid, Embassies are financially responsible and accountable for country programs, and those Embassies are generally more engaged with Nutrition programs when financially accountable for such a program.

6 Lessons learned

The following lessons and best practices are observations based on documentation, field missions and shared by other stakeholders:

Relevance & Adequacy of project design

- An inception workshop is an important event to review project logic and ensure internal consistency within each project, as well as to discuss key issues relating to project management.
- Too many indicators and different frameworks among the components do not serve UNICEF and the project well — better instead to have shared indicators across countries and a dashboard with a small(er) number of key indicators.
- The elaboration of a theory of change (ToC) can be time-consuming but it is a sharper way for work planning and management, enhances focus and understanding of the project, and provides the flexibility to adjust the work plan according to results during the project.
- The regional presence and use of the government systems and procedures, including procurement, enabled a privileged collaboration with government counterparts.

Equity and Gender

- Monitoring tools did not consider Equity and gender principles that were fully taken into account during project design and implementation, which has occulted an appropriate understanding of these projects' specificities. This should be addressed accordingly in future projects.
- Although the most affected areas, and the most affected population in the selected areas were targeted, all expected beneficiaries (children admitted to PD Hearth sessions with kitchen demonstrations in Burundi, Growth Monitoring and Promotion sessions in Ethiopia, households targeted for small livestock activities and community-based screening of malnourished children in Rwanda) were not covered due to limited funds. Budget planning should carefully consider the proportion of targeted population to be covered so as to avoid mitigated outcomes.
- Involving men into different project interventions such as home gardens, small livestock distribution and management of acute malnutrition is crucial for strengthening household resilience. As already demonstrated for women beneficiaries, men remain important channels of action for achieving good nutritional and social status of the household and the community.

Sustainability

- Project sustainability is challenging, even with an established exit strategy, such as UNICEF's, and results may be compromised when UNICEF stops financing. These interventions must be introduced — or not — with careful attention to the government's dependence on donor funding especially for local governments.

Multi-sectoral linkages (WASH, food security, social protection)

- Multisectoral activities are based on situational analysis. Some districts may prioritize WASH while others may focus on food security or social protection. Hence when implementing a

new multi-sectoral approach, it is better to launch multi-sectoral activities in sequence, starting with the highest priority; for example, first, the UNICEF Nutrition Section works with WASH and then with another partner to build upon learning opportunities like the model the Nutrition Team used with FAO and based on its experience with WASH.

- Different sectors should acknowledge that they do not operate identically, especially nutrition and agriculture sectors, which operated in a seasonal life-cycle of agriculture versus life-cycle approach in nutrition.
- Nutrition-sensitive agriculture programs can contribute to more and better food and dietary outcomes. Understanding the multi-sectoral nature of malnutrition is critical to setting realistic objectives in agricultural projects. Assessing success of nutrition-sensitive agriculture projects can be achieved by aligning the right nutrition indicators.
- Joint implementation of the multi-sectoral approach involved a steep learning curve for the partners. But after an initial investment, it doesn't necessarily require higher transaction costs. The same is true for government counterparts: complementary work between MoH and MoA may produce small economies of scale with dual training for both Health and Agriculture extensions workers.
- The unit costs of nutrition-sensitive agriculture interventions in Ethiopia was estimated at USD \$130 when considering inputs provided and related capacity building interventions for targeted households.

Effectiveness

- Mainstreaming the multi-sectoral nutrition activities in the national policies and plans along with supporting districts in planning and managing the implementation of nutrition multi-sectoral plans and activities are requisite for creating an enabling environment for nutrition at the national level and promoting government, household and community ownership.
- Concomitant implementation of all interventions package in the same area and beneficiaries can yield better outcomes. In countries such as Burundi (in Ngozi province) and Rwanda where all project packages were implemented concomitantly from the beginning - as compared to countries that experienced delays - there has been some improvements in the nutritional status of women and children.
- Stunting reduction occurred in districts receiving direct support from UNICEF as compared to those receiving NGO support and demonstrates the ability of district teams to successfully self-manage the project in contexts such as Rwanda. It would be interesting to assess the cost-effectiveness of these two supporting modalities (direct versus indirect).
- Lean seasons and dry seasons can jeopardise the project outcomes because of difficult access to food during these seasons. Alternatives should be considered for the targeted vulnerable populations during these periods.
- Projects must ensure adequate staffing to enable delivery of learning fora and research platforms in the four countries and with the international community on the experience of these important concrete applications of SUN initiatives and principles. These assignments are labor intensive and require dedicated staff time and expertise.

Efficiency

- UN agencies' procedures are not harmonized and that must be taken into account when joint planning – especially with agencies that are not as decentralized as UNICEF.

- Projects must ensure that project frameworks are linked to UNICEF's internal financial system to avoid the duplication of the work for the country teams, in particular.

7 Recommendations

The following recommendations address the objective to account for the GoN's investments and are based on evaluation findings and conclusions, generally rather than specifically – as the project team may identify a unique recommendation for each conclusion each – which are inspired by our expert opinions for key recommendations in a possible new phase.

Recommendation #1: Continue the programme but review the financing modality for the next phase.

Out of three possible modalities for a next phase of this program, we recommend a nutrition thematic core funding arrangement between MoFA and UNICEF HQ with a kind of a notional financial earmarking for the four countries involved in the first phase to maintain their achievements (option 1). Eventually, this notional earmarking could be gradually phased out towards a third phase.

Option 1: Thematic core funding results in much lower transaction costs and a better alignment with the strategic priorities and the internal planning, allocation, and reporting mechanisms of UNICEF. Results-based reporting on nutrition objectives to the Dutch Government will also be easier. However, the thematic core-funding to UNICEF bears the risk of diluting Dutch funds across too many countries and causing setbacks in the four targeted countries. This is an important reason why UNICEF should guarantee sufficient funding to the four countries in the next phase.

It is important to note that in case of thematic core funding, a specific Global and Regional component is not necessary anymore because UNICEF's strategic plan, rather than parallel project objectives, will drive the activities of HQ and ESARO.

Option 2: Delegating the funds to the Dutch Embassies in the four countries is a second possible modality, and may even be complementary to our preferred thematic core funding option. The Dutch Embassies will then lead the formulation of the second phase of a needs-based country-driven project in their respective country in close collaboration with the country authorities and the UNICEF CO. In this case we work with four different projects and contracts (between EKN and UNICEF CO or tripartite between EKN, Government, and UNICEF CO).

Option 3: Continuing the current project modality is another option (our team's least preferred option), but in this case we recommend formulating only 2 components instead of the current 5 components: (1) one country component and (2) one compact / umbrella component (regional and global activities) with a results framework for both components, including a limited set of key performance indicators. The country component will be executed in four countries with one single results framework (hence the same for each country with more or less the same actions; targets may differ though).

In general we recommend that the project components share the same indicators across countries and use a dashboard with fewer key indicators.

Recommendation #2: In option 1 and 3, HQ and ESARO continue to play an important role both at the strategic and policy-influencing levels and in their support of COs. Therefore, in these options the capacity of HQ and ESARO to support the COs and to undertake strategic regional and global activities should be strengthened, and planned and staffed in a way that under-spending is avoided (option 3).

We recommend that the Country Offices work in “compact” with the HQ and ESARO and when applicable harmonize the activities of the project component such as knowledge generation and management with their Country Program Document (CPD).

The G&R capacity should be reinforced with respect to the strategic and policy-influencing interventions; specifically, it should outline fewer objectives and enhance work with regional and global institutions and networks. Lobbying, evidence-gathering from critical studies, fostering common visions (on multi-sectoriality and public-private partnerships for instance), operational guidance, and capacity development are examples of activities that should be continued and more focused. Support to the four country teams and the exchange of lessons learned should continue.

The knowledge management component was discussed at the inception workshop, and the COs agreed on the component’s activities. For many reasons – time, interest, adequacy of the research – the objectives received mixed responses. The HQ, ESARO and the CO must better understand their need and availability to respond to field demands and to contribute to the project’s main goal. The exchange meetings and joint workshops could be used to formulate the themes of analytic work and the goals and actions of policy-influencing. Joint steering groups could be set up for each piece of work. Incentives in the form of career perspectives and study or financial bonuses could help to engage CO staff. Discussions with managers highlighted that a budget and staff (with research capabilities) could be specifically dedicated to the knowledge management and research tasks. Country managers are very busy overseeing the implementation of other components of the project and in addition to the GoN project they are also managing other grants.

HQ, ESARO and the CO should work in “compact” in the project especially to provide strong regional and global shared knowledge base for nutrition to support national-level advocacy, resource mobilisation, policy development and programming.

For instance, the UNICEF Country Program Documents (CPD) include knowledge generation and management and advocacy for sustainable financing. The HQ, ESARO. and the CO should harmonize their activities accordingly.

Recommendation #3: Improving inter-sectoral collaboration for Nutrition and Food Security.

We recommend that UNICEF COs pursue their nutrition activities in close collaboration with key partners, like FAO and WHO among others, and according to their respective specializations, aiming for joint planning and collaborative implementation of nutrition sensitive interventions.

We recommend that UNICEF COs involve other specialized partners into the project to encourage joint planning and implementation of nutrition sensitive interventions, such as nutrition-sensitive agriculture (NSA) interventions with FAO. UNICEF could use for instance its nutrition funds to finance pilot activities of other agencies (WFP, FAO, UNFPA) with the hope that it will lead to nutrition earmarks within the budgets of these agencies.

We recommend that UNICEF COs and its partners plan joint studies related to these interventions especially to collect evidence on the impact of the activities on the population and regarding the cost-effectiveness of the operation.

We recommend that UNICEF and its partners, including government counterparts, develop a cost strategy concerning these interventions and their scaling up. Multisectoral nutrition plans should be budgeted so that they can be implemented at a realistic scale ideally with a continuous funding source available and including government contribution to ensure sustainability. This is currently developed under the SUN framework at the country level. According to UNICEF, ESARO started

providing support in that matter (regional capacity development on cost and tracking) in collaboration with SUN secretariat nearly two years ago.

Recommendation #4: Enhance Nutrition planning and monitoring especially for new interventions such as the nutrition-sensitive agriculture interventions and make it more inclusive.

We recommend that UNICEF and its partner governments (MoH, MoA and other government counterparts) include communities when planning and monitoring new interventions especially nutrition-sensitive agriculture and WASH interventions.

The project should support participation at the community level in the planning process of any new nutrition-sensitive interventions. In this regard, UNICEF should actively advocate for this broad consultation based on its experience and sensitize the partner government. UNICEF should also reaffirm its commitments to be demand-driven and to involve the government in the budgeting exercise from the start (to buy-in commitment).

Recommendation #5: Reinforce the sustainability of the Project.

We recommend that UNICEF and its Country Offices reaffirm and operationalize their commitments regarding ownership and sustainability principles.

Nutrition programs are costly and in spite of the high economic return on investments (according to recent World Bank studies) the sustainability of these programs is challenging even with an established strategy such as the one UNICEF applies at the moment of disengagement.

Transferring ownership – for instance, for planning and financial allocation decisions – to partner governments at central, regional, and local levels may help sensitize them in order to provide for considerable nutrition budget lines in their respective budgets.

Decisions to introduce new interventions should be taken with caution and accompanied by cost-effectiveness and sustainability analysis.

Recommendation #6: Strengthening of existing national health information system(s).

We recommend that UNICEF build national institutional capacity to improve community-based, effective monitoring of nutrition results.

We recommend that the Country Offices strengthen existing national health information system(s) and foster the integration of a series of Nutrition indicators.

UNICEF should strengthen its support to the existing Health Monitoring Information System (HMIS) while fostering a larger place for nutrition indicators so that governments are capable of informing action plans and managing nutrition issues on a countrywide basis.

One project objective was to ensure sound evidence based planning and monitoring at the country level. As presented in SUN reports⁴⁶, nutrition systems exist in some form in Sub-Saharan African countries, however, there is no standardized approach for information systems. All countries develop their own unique approaches and in many countries nutrition data originated from several different systems managed by different stakeholders for specific reasons. Only a few actors strengthened their capacity to use information from diverse sectors for the purposes of informed decision-making.

⁴⁶ SUN, Information Systems in Nutrition, April 2014.

UNICEF should commit over the long-term to support country health information systems and should collaborate with WHO to strengthen surveillance activities and scale up interventions taking place across the country.

Annex A Details of Expenditures

Details of Expenditure – Burundi, as of January 2017

N°	Planned Activities	Budget Y1 to Y3			% Disbursement since 2014 by Result/Output on Total Project Contribution	Y4 2017		Track status
		Budget Y1 to Y3	Actual	% Utilisation		Remaining budget	% of the Remaining budget on Total	
	Immediate Outcome 1: By the end of 2017, pregnant women have access to improved antenatal care by provision of iron and folic acid supplementation in one province							Off track ●
	Sub-Total Immediate Outcome 1	169 135	2 663	1,6%	3%	20 221	11%	
	Immediate Outcome 2: By the end of 2017, children aged 0-23 months benefit from improved feeding practices in 9 targeted provinces							On track ●
	Sub-Total Immediate Outcome 2	2 669 635	2 908 228	109%	41%	317 089	11%	
	Immediate Outcome 3: By the end of 2017, children aged 6-23 months benefit from home fortification in at least 1 province							On track ●
	Sub-Total Immediate Outcome 3	775 850	606 226	78%	12%	100 808	11%	
	Immediate Outcome 4: By the end of 2017, severe acute malnourished children will be appropriately treated in health centres and hospitals in 9 targeted provinces							On track ●
	Sub-Total Immediate Outcome 4	1 790 300	1 873 671	105%	29%	235 910	12%	
	TOTAL PROJECT	5 404 920	5 390 787	100%	82%	674 028	11%	

Source: PIP, Annual Report and Donor Statement 2014-2015-2016, Burundi

Details of Expenditure – Ethiopia, as of January 2017

N°	Planned Activities	Budget					Comments
		Total Planned Y1 to Y3	Total Disbursed Y1 to Y3	% Utilisati on Y1 to Y3	Total Disbursed Y1 to Y3 on Total Project Contribution	Overall PIP Planned Y1 to Y4	
Expected Result 1. Adolescent girls are effectively reached with deworming medication twice a year and receive reproductive health and nutrition counseling in the 55 woredas in Amhara and SNNPR		658 395	387 667	59%	3%	N/A?	Limited focus
Output 1: Deworming tablets are available to adolescent girls through schools (supply)		504 223	274 995	55%			On track
Output 1.2: Quality nutrition, reproductive health and hygiene education is available to adolescent girls (demand)		154 172	112 672	73%			In Y3 Intermediate result removed (limited focus of interventions) Only imm output and outcome include
Expected Result 2: Pregnant and lactating women are effectively reached with nutrition services and receive reproductive health and nutrition counseling in the 55 woredas in Amhara and SNNPR; CHANGED FOR Nutrition specific services are available for Pregnant and Lactating Women (PLW) and caregivers of children under 2, including IYCF, Vitamin A supplementation and deworming, and linkages to nutrition sensitive services are strengthened in the 55 Woredas in Amhara and SNNPR.							
Output 2: Quality breastfeeding counselling and support is available to mothers of children 0-23 months during monthly GMP sessions in the Health post, outreach sites and Household visits		1 701 000	1 054 436	62%	7%		On track
Expected Result 3. Households are effectively reached with dietary diversity promotion and kitchen garden							
Output 3: Households have access to increased diverse foods through own kitchen gardens and livestock in targeted districts		1 441 338	753 409	52%	5%		Delayed
Expected Result 4. Households are effectively reached with iodized salt							
Output 4: Adequately iodized salt is available in all shops and markets		85 000	26 500	31%	0,17%		In Y3 Alternative sources of funding were used and no activities on iodized salt were covered by this project.
Expected Result 5: children are effectively reached with infant and young child feeding activities							
Output 5: Quality infant and young child complementary food locally processed and MNP are available to mothers of children aged 6-23 months		835 000	235 000	28%	2%		Mostly delayed
Expected Result 6: Households reached with community Led sanitation (CLTSH) intervention							
Output 6: intergration of WSAH activities and CBN		0	0	0%	0%		Not implemented
Expected Result 7: Improved Nutrition coordination through NNCB and NNTC (federal®ional levels) CHANGE FOR Improved national and subnational coordination and systems strengthening for nutrition							
Output 7: Advocacy and policy development CHANGE FOR: Improved Nutrition coordination through NNCB and NNTC at federal and regional levels		466 333	319 470	69%	2%		On track
ADDITION: Output 7.2 Woredas are able to monitor and support all nutrition activities.		-	-	0%			
Technical support		478 002	416 048	87%	3%		
Total UNICEF		5 665 068	3 192 530	56%	21%		
	Through FAO		1 500 000				
Total ALL		5 665 068	4 692 530	83%	31%		

Source: PIP, Annual Report and Donor Statement 2014-2015-2016, Ethiopia

Details of Expenditure – Mozambique, as of January 2017

N°	Planned Activities	Y1 to Y3			Total Planned by Results Y1 to Y4		Remaining Budget (Planned Y4)	Estimation of Total Utilisation (% All Y1 to Y4)	Comments
		Planned Y1 to Y3	Actual Y1 to Y3	% Utilisation Y1 to Y3	Total Planned Y1 to Y4	% Utilisation Y1 to Y3 on Total Planned Y1 to Y4	Remaining Budget Y4 Planned	Actual disbursements Y1 to Y3 + Remaining Budget on total Planned Y1 to Y4	
Output 1: Adolescent girls take IFA weekly									
Sub-total _output 1		1 250 870	<u>86 973</u>	7%	<u>1 490 000</u>	<u>6%</u>	85 000	12%	On track ●
Output 2: Children from 0-5 months are exclusively breastfed									
Sub-total output 2		637 500	<u>254 602</u>	40%	<u>360 000</u>	<u>71%</u>	173 683	119%	On track ●
Output 3: Children from 6-23 months have an adequate quality of the diet, including micronutrient supplements and deworming									
Sub-total output 3		1 912 665	<u>1 219 843</u>	64%	<u>1 300 000</u>	<u>94%</u>	483 000	131%	On track ●
Output 4: Families consume fortified foods including iodised salt									
Sub-total _output 4		307 200	<u>415 080</u>	135%	<u>370 000</u>	<u>112%</u>	451 050	234%	On track ●
Output 5: Children from 0-5 years with acute malnutrition recover									
Sub-total output 5		799 000	<u>1 114 710</u>	140%	<u>410 000</u>	<u>272%</u>	480 000	389%	On track ●
Output 6. National and provincial multi-sectoral nutrition systems strengthened									
Sub-total output 6		794 595	<u>594 543</u>	75%	<u>375 000</u>	<u>159%</u>	360 000	255%	On track ●
Other									
-Project and programme planning		28 875	5 065	18%	<u>50 000</u>	<u>10%</u>	16 375	43%	
-M&E		43 100	-	0%	<u>85 000</u>	<u>0%</u>	32 750	39%	
-Travel, technical support		746 500	<u>971 924</u>	130%	<u>620 000</u>	<u>157%</u>	196 500	188%	Technical assistance
-Support for emerging gaps		372 872	<u>32 106</u>	9%	<u>409 973</u>	<u>8%</u>	99 021	32%	
Total other costs		1 191 347	<u>1 009 095</u>	85%	<u>1 164 973</u>	<u>87%</u>	344 646	116%	
Total output costs 1-6		5 701 830	<u>3 685 751</u>	65%	<u>4 305 000</u>	<u>86%</u>	2 032 733	133%	
Total of expected expenditure		<u>6 893 177</u>	<u>4 694 846</u>	68%	<u>5 469 973</u>	<u>86%</u>	<u>2 377 379</u>	129%	

Source: PIP, Annual Report and Donor Statement 2014-2015-2016, Mozambique.

Table: Details of Expenditure – Rwanda, as of January 2017

N°	Planned Activities	2014			2015			2016			Y1 to Y3			% Disbursement since 2014 by Result/Output on Total Project Contribution
		Budget (USD)	Actual/ Utilised	% Utilisation	Budget (USD)	Actual/ Utilised	% Utilisation	Budget (USD)	Actual/ Utilised	% Utilisation	Budget (USD)	Actual/ Utilised	% Utilisation	
	Output 1.1 (ER1): Multisectoral coordination mechanisms are functional to sustain the fight against stunting including the establishment of a National and District Steering Committees under the leadership of the Social Cluster Ministries or the District Mayor's Office	162 400	158 465	98%	118 000	129 836	110%	120 000	102 226	85%	400 400	390 527	98%	6%
	Output 1.2 (ER1) : High-level advocacy for policy/strategy dialogue and promotion of key family practices in the context of the 1000-day window of opportunity	65 500	56 676	87%	120 000	133 409	111%	200 000	49 567	25%	385 500	239 652	62%	4%
	Sub-total - Output 1	227 900	215 141	94%	238 000	263 245	111%	320 000	151 793	47%	785 900	630 178	80%	10%
	Output 2.1 (ER2): Improved functionality of the M+E system to track the implementation of evidence based multisectoral DPEM interventions and their contribution to the reduction of child stunting	161 550	160 100	99%	230 000	229 110	100%	230 000	67 534	29%	621 550	456 744	73%	8%
	Output 2.2 (ER6): Interactive Learning mechanisms for improved programming is established.	10 500	-	0%	20 000	9 315	47%	10 000	10 104	101%	40 500	19 419	48%	0%
	Sub-total - Output 2	172 050	160 100	93%	250 000	238 425	95%	250 000	77 638	31%	672 050	476 163	71%	8%
	Output 3.1 (ER3): Home fortification intervention is being implemented to improve complementary feeding and address anemia among 6 to 23 month old children as an integral part of the District Plan for the Elimination of Malnutrition	283 120	89 969	32%	397 000	522 002	131%	300 000	247 900	83%	980 120	859 871	88%	14%
	Output 3.2 (ER3): The decentralized system has the capacity to prevent, identify, and manage undernutrition among children under-five and pregnant and lactating women	411 000	649 356	158%	243 000	91 268	38%	100 000	89 642	90%	754 000	830 266	110%	14%
	Sub-total output 3	694 120	739 325	107%	640 000	613 270	96%	400 000	337 542	84%	1 734 120	1 690 137	97%	28%
	Output 4.1 (ER4): 560,000 households (100% of all households in 8 target districts) obtain the knowledge (or raise awareness) on improved practices of nutrition-related behaviors for malnourished children and pregnant and lactating women.	195 078	242 869	124%	183 000	105 639	58%	100 000	115 433	115%	478 078	463 941	97%	8%
	Output 4.2 (ER5): 224,000 vulnerable households (40% of all households in 8 target districts) with children under two and pregnant and lactating women are supported to improve dietary diversity and resilience.	237 227	116 174	49%	250 000	381 151	152%	383 000	414 778	108%	870 227	912 103	105%	15%
	Sub-total - Output 4	432 305	359 043	83%	433 000	486 790	112%	483 000	530 211	110%	1 348 305	1 376 044	102%	23%
	Program support (UNICEF)	196 500	63 578	32%	196 500	38 740	20%	196 500	176 657	90%	589 500	278 976	47%	5%
	Total	1 722 875	1 537 187	89%	1 757 500	1 640 470	93%	1 649 500	1 273 841	77%	5 129 875	4 451 498	87%	73%

Source: PIP, Annual Report and Donor Statement 2014-2015-2016, Rwanda

Table: Details of Expenditure – G&R Component, as of January 2017

Details of Expenditures	HQ				ESARO				All Global & Regional			
	2014	2015	2016	Total	2014	2015	2016	Total	2014	2015	2016	Total
Staff and other personnel Costs	145 012	104 742	186 922	436 676	0	0	185 257	185 257	145 012	104 742	372 179	621 933
Supplies and Commodities	0	0	0	0	0	0	403	0	0	0	403	403
Contractual Services	0	0	117 904	117 904	811	0	723	1 533	811	0	118 627	119 437
Travel	19 512	56 546	30 755	106 813	6 968	8 745	5 623	21 335	26 480	65 291	36 378	128 148
Transfers and Grants to Counterparts	0	0	0	0	91 700	0	-7 449	84 251	91 700	0	-7 449	84 251
General Operating and Other Direct Costs	11 506	9 625	14 844	35 975	7 458	0	10 163	17 621	18 964	9 625	25 007	53 596
Total Programmable Costs	176 030	170 913	350 425	697 368	106 937	8 745	194 719	309 997	282 966	179 658	545 144	1 007 768
Total PIP Planned Budget Y1 to Y4*				1 241 250				1 310 850				2 552 100
% Utilisation				56%				24%				39%
Remaining Programmable Balance				543 882				1 000 853				1 544 332

Source: PIP, Annual Report and Donor Statement 2014-2015-2016, G&R Component

Annex B Evaluation Framework

IMPROVING CHILD NUTRITION IN FOUR COUNTRIES IN SUB-SAHARAN AFRICA EVALUATION FRAMEWORK				
Evaluation Criteria & Issues and Questions	Evaluation Indicators	Data Sources (See questionnaire for details)	Data Collection & Analysis Techniques	Evaluation Team Responsibility
Evaluation Issue of Relevance				
To what extent project strategies, planned results and activities for reducing stunting in young children are responsive to the needs (local, national and global priorities)?	<ul style="list-style-type: none"> -Extent to which appropriate partners were involved in the program design, using participatory approaches that were inclusive of primary stakeholders' needs - Extent to which the selected initiatives were coherent with national and sub-national priorities (country-specific) 	<ul style="list-style-type: none"> - Inception workshop documentation, other UNICEF documents and from MoH and others ministries (Nutrition Strategy etc.) - Interviews with UNICEF/UN agencies/Government at national and district levels/implementing agencies, NGOs / Donor /Experts 	<ul style="list-style-type: none"> Content analysis Literature review Telephone interviews Site visits F2F interviews 	Lead: M. Guay
To what extent the Theory of Change (ToC) is clear and relevant for informing program design and for progress reporting?	<ul style="list-style-type: none"> - Extent to which the approaches and strategies, objectives and assumptions (logic) are still valid to reduce undernutrition of women and children in the Eastern and Southern Africa - Extent to which the ToC and other frameworks (PIP, PMF) are of some use and if not, what would be the alternatives 			
To what extent the project and its " umbrella component " have been relevant in the wider UNICEF nutrition environment, including its linkages to other relevant actors and contexts?	<ul style="list-style-type: none"> - Extent to which the project and selected initiatives were consistent with UNICEF's mission in Nutrition and other Agendas (SUN) (global/regional and within the country) -Extent to which the project interventions and strategies 			Lead: M. Guay with



<ul style="list-style-type: none"> Precisely, what has proven to be the project's niche, strength, and uniqueness as related to the wider area of and actors within nutrition? How this 'project' compares to mainstream UNICEF nutrition work? Is there an effect in terms of resource mobilization (leveraging)? 	<p>reinforced/complemented the work in nutrition in the four countries</p> <ul style="list-style-type: none"> - Views on whether the project compares favourably to mainstream UNICEF nutrition work, i.e., in term of outcome relevance, innovative strategies, interventions, leveraging, etc. 			F. Toornstra
What are the important lessons to take forward in designing a possible future cooperation?	- Views on lessons learned			
Sustainability				
<p>Are the results and impacts, including institutional changes, durable over time? Will the impacts continue if there is no more public funding in the four countries?</p> <ul style="list-style-type: none"> How adequate is the Project's approach and contribution with respect to direct support, upstream work and creation of enabling environments (including systems, capacity strengthening, building national ownership and national budget allocations) that is necessary for sustainability and scale up? Are there any risks related to the sustainability of gains achieved in reducing stunting in various contexts that UNICEF must address? 	<ul style="list-style-type: none"> - Existence of specific measures (technical, financial, institutional) planned and implemented, monitored and reported on by UNICEF and its counterparts - Extent to which the outcome-level results achieved are sustainable and/or present good potential for sustainability. - Existence of an exit strategy - Resource mobilization 	<ul style="list-style-type: none"> -Inception workshop/planning documentation -Interviews with UNICEF, National governments, Other UN agencies/Donors 	<ul style="list-style-type: none"> Content analysis Literature review Telephone interviews Site visits F2F interviews 	Lead: M Guay
Evaluation Issue of Effectiveness (Quality of performance and extent of results at the Country Level)				
To what extent has UNICEF contributed to an equitable and sustainable reduction of	- Extent to which the UNICEF indicators according to the results framework in the four African countries have	<ul style="list-style-type: none"> -PMF, PIP, ToC -Documentation 	<ul style="list-style-type: none"> Literature review Site visits: F2F 	Lead: Eric Kouam

<p>undernutrition in four African countries? More specifically, what evidence is there of <u>impact</u> of the project in: Improving nutritional wellbeing of women and children under 5 in Burundi, Ethiopia, Mozambique and Rwanda?</p> <ul style="list-style-type: none"> - In Burundi: Improved nutritional wellbeing of women and children under 5 in 9 provinces; - In Ethiopia: Improved nutritional wellbeing of adolescents, women and children under 5; - In Mozambique: Improved nutritional wellbeing of women and children under 5; - In Rwanda: Improved health and nutritional status for all children, adolescents, youth and women including those infected or affected by HIV. 	<p>reached their targets (See country case study and PMF for the description of the indicators)</p>	<p>and other data sources to inform PMFs</p> <ul style="list-style-type: none"> -Interviews with UNICEF/UN agencies/Gov't/Donors/implementing agencies 	<p>interviews, health worker focus group when possible</p> <p>Content analysis</p> <p>Telephone interviews</p>	
<p>To what extent have the interventions produced the expected results (immediate and intermediate outcomes)? More specifically, what evidence is there of the intervention in the expected <u>results</u> for the following objectives:</p> <ul style="list-style-type: none"> ■ Build national ownership and technical capacity to promote nutrition policies and programmes, and create a more enabling environment for nutrition ■ Reach communities with evidence-based interventions from different sectors and support the adoption of healthy nutrition behaviours by communities ■ Improve community-based monitoring of results 	<ul style="list-style-type: none"> - Extent to which UNICEF has contributed to sustain and expand the environment for nutrition at national and regional and global levels (Global & Regional/ and country levels) - Extent to which mothers and children of each country are effectively and fairly covered by quality nutrition interventions (Supply and Equity at country level) - Extent to which, mothers and children of each country received knowledge of nutrition services and practice good nutrition behaviours (Demand and Equity at country 	<ul style="list-style-type: none"> - Annual Reports Y1, Y2, Y3 (March 2017) - Mid-term review -PMF, PIP, ToC -Documentation and other data sources to inform PMFs -Interviews with UNICEF/UN agencies/Gov't/Don 	<p>Literature review</p> <p>Site visits: F2F interviews</p> <p>Content analysis</p> <p>Telephone interviews</p> <p>Focus group with health workers when possible</p>	<p>Lead: Éric Kouam</p>

<p>to improve programme performance with a strong equity focus</p> <ul style="list-style-type: none"> Promote innovations, knowledge sharing and collaborative learning; and Enhance the networks and partnerships working to address malnutrition multisectorally 	<p>level)</p> <p>- Extent to which the UNICEF indicators according to the results framework have reached their targets (See country PMF for the list of the indicators). Review of the number of beneficiaries reached, effect(s) of that reach and sustainability of these effects and differentiating the results along the following lines: <u>One off reach with limited effect</u>, e.g. a food supplement, diversification or a treatment given during the year concerned; <u>Structural reach/effect</u>, e.g., regular checks, advice and supplement/diversification/treatment during the year concerned; <u>Transformative reach/effect for</u> children taken out of undernourishment during the year concerned, e.g., through combined improvements in food availability, access, utilization and/or stability.</p>	<p>ors/implementing agencies/</p>		
<p>To what extent have the interventions been implemented? More specifically, what evidence is there of planning around expected output?</p>	<p>- Extent to which project outputs were implemented in each component (in the four African countries and at Global/regional level)</p> <p>-# of activities planned that were implemented or delayed per year and final number during the life of the project</p>			
<p>Could more results be obtained to reduce stunting by using different strategies/instruments (nutrition specific interventions as well as broad-based upstream policy work, multi-sectoral work, partnerships)?</p>	<p>- Views on whether more results can be achieved differently or obtained by using different instruments, alternative strategies, approaches and applying lessons learned especially across disadvantaged, marginalized and less reached areas/districts?</p>			

➤ What type of approaches and interventions have yielded results in reducing stunting in disadvantaged, marginalized and less reached areas/districts?				
Evaluation Issue of Efficiency and Managerial process				
<p>Have the objectives been achieved at the lowest cost? Is there a greater effect at the same cost?</p> <p>➤ How economically are resources/inputs (funds, expertise, time) converted to outputs?</p> <p>➤ Have outputs been achieved on time and on budget?</p> <p>➤ What proof is available of the project's added value as relate to the wider area of, and actors in, nutrition?</p>	<ul style="list-style-type: none"> - Program's Planned Budgets and Disbursed Budgets / consolidated (evaluated) by country and by objectives (if RBM applies) - Rate of disbursement / real and planned (gap); - Human resources / # consolidated by country and type of competencies. - Activities planning versus realized (Gantt chart or equivalency) - Proportion of project costs attributable to administrative overhead - Overall cost of in-country sub-project management and operations 	<ul style="list-style-type: none"> -Administrative Agreements, Procedures Manual -Meeting minutes -Financial and human resource management plans and file review -Annual financial statements, financial reports -Reports from government and implementing partners -Interviews with UNICEF, GoN, government and implementing agencies 	<p>Content analysis</p> <p>Literature review</p> <p>Telephone interviews</p> <p>Site visits: F2F interviews</p>	<p>Lead: M. Guay</p>
<p>Are program governance structures and management process conducive to efficient and effective administration of activities?</p>	<ul style="list-style-type: none"> - Extent to which appropriate oversight has been exercised on initiatives and decision-making authority has been appropriately exercised and/or delegated to implementing partners. - Extent to which program management procedures were clear, streamlined and flexible enough to meet the needs of the Nutrition project and the needs of its developing country partners - Extent to which country partners have the appropriate 		<p>SWOT analysis</p> <p>Content analysis</p> <p>Literature review</p> <p>Telephone interviews</p> <p>Site visits: F2F interviews</p>	<p>Lead: Franke Toornstra</p>

	framework and tools, especially regarding the ToC and other tools (PIP and PMF) that have been developed to inform the design, report, decisions and actions with regards to program implementation.			
Was it relatively effective to have a multi-country project compared to providing direct support to the four UNICEF country offices? (How effective was the umbrella component of the project?)	- Comparison in terms of performance and efficiency between the GoN project and other regular activities of the COs			
Cross-cutting themes of Equity, reaching disadvantaged children and Gender equality				
<p>Which approaches and interventions contribute to promoting equity in access, equity in gender equality? Has the project used equity principles throughout the project?</p> <ul style="list-style-type: none"> ➤ Has attention been given to the needs of children affected by disability? ➤ To what extent is gender a significant factor? 	<ul style="list-style-type: none"> - Extent to which the project outcomes promoted equity in access (in reducing stunting in disadvantaged, marginalized and less reached areas/districts?) - Extent to which the project outcomes benefited girls and women in an equitable manner - Extent to which the project used equity principles throughout the project 	<p>UNICEF Documentation</p> <p>Interviews with Experts and</p> <p>Funding and national and in-country staff/ government staff</p>	<p>Content analysis Literature review</p> <p>Telephone interviews</p> <p>Site visits: F2F interviews, Focus groups</p>	<p>Lead: Éric Kouam</p>
Are there concrete lessons that can be replicated for addressing stunting in an equitable manner targeting the most disadvantaged or vulnerable children?				

Annex C Document request inventory control list

This list showed the documents received for the Evaluability assessment and other documents still expected to be received for the evaluation.

Document Description	Source / Type	Date Received and/or Available for Review Format	
Terms of Reference End-Project Review for improving Child Nutrition Evaluation	UNICEF	Dec 16	Electronic
2013 Burundi Proposal Final April	1 Proposal	March 14	Electronic
2013 Ethiopia Proposal Final April		March 14	Electronic
2013 Rwanda Proposal Final April		March 14	Electronic
2013 Mozambique Proposal Final April		March 14	Electronic
2013 Overarching Proposal Final April		March 14	Electronic
130617 Dutch Proposal Response to Reviewers [17 June]		March 14	Electronic
Dutch proposal 130726budget by expected results-d2		March 14	Electronic
2012 UNICEF Briefing note transparency and accountability _measures FINAL 27Dec2011		March 14	Electronic
Decision 2012-13 OI Annual report 2011 ENGLISH		March 14	Electronic
UNICEF Anti Fraud Policy		March 14	Electronic
20140225 Rwanda GoN Nutrition Inception Workshop FINAL Country Presentations template Ethiopia FINAL Country Presentations template Burundi 1 Mozambique presentation Inception Workshop Dutch Nutrition Grant 24 Feb	2 Country Presentations	March 14	Electronic
130430 Memo to MoFA FINAL	3 Inception Reports and Workshops	March 14	Electronic
140324 Gantt reporting Global Regional Annex 2a Inception Report Annex 1,3,4 Inception Report Annex2 Inception Report FINAL	Reports	March 14	Electronic
Dutch Inception Workshop Participants List 19 Feb2014 FINAL Admin Note PARTNERS Dutch Grant Inception Workshop Nairobi 25-26 Feb FINAL Admin Note UNICEF staff Dutch Grant Inception Workshop Nairobi 24-27 Feb Final Draft Inception Workshop 24-27 Feb FINAL Concept Note v17Feb REGISTRATION FORM Dutch Grant Inception Workshop Nairobi Feb 2014 Revised Final Draft Inception Workshop 25-26 Feb rev	Workshop/notes	March 14	Electronic

Document Description	Source / Type	Date Received and/or Available for Review	
		Format	
20140225 Rwanda GoN Nutrition Inception Workshop FINAL Country Presentations template Ethiopia FINAL Country Presentations template –Burundi 1 Mozambique presentation Inception Workshop Dutch Nutrition Grant 24 Feb	Day 1 Country presentations	March 14	Electronic
23 02 2014 GAIN Programs in East Africa v5 Bottleneck analysis Dutch grant M&E v2 Theory of change Day1Agenda for the Workshop	Day 1	March 14	Electronic
Additional issues (Deviations from original proposal) Nutrition M&E Programme monitoring framework Day2 Agenda Child Nutrition Kenya-Nairobi Feb (NEPAD planning & Coord Agency)		March 14	Electronic
CSOSUN Pres - UNICEF's Dutch Grant Inception NAIROBI 2014 (Zambia civil society SUN) SP and Nutrition-NW Feb 2014 WASH and Nutrition	Day 2 Nutrition sensitive	March 14	Electronic
140103 PARMO meeting minutes FINAL Innovation and Implementation Research Knowledge Management	Day 3	March 14	Electronic
PMF and PIP Brief Agriculture Brief Education Nutrition Brief Health Nutrition Brief Nutrition Overview Brief Social Transfer	Multisectoral briefs	March 14	Electronic
Burundi NCP 190213 (Comprehensive Africa Agriculture Development Programme (CAADP) East and Central Africa Regional CAADP Nutrition Program) Ethiopia NCP 190213 Mozambique NCP Rwanda NCP 210213 Nutrition 2 Black (Lancet series)	Other materials	March 14	Electronic

Document Description	Source / Type	Date Received and/or Available for Review Format	
Inception Workshop Report FINAL BURUNDI ext. template (Original draft country summary) ETHIOPIA ext. template MOZAMBIQUE ext. template RWANDA ext. template		March 14	Electronic
Burundi Changes to Program (CHANGES FROM THE ORIGINAL SUBMITTED PROPOSAL) Global regional Changes to Proposal Mozambique Changes to Program Rwanda Changes to Program		March 14	Electronic
Burundi PIP All Years / Burundi PIP Year 1 Country Implementation Plans D2- Burundi (EXCEL) Final Dutch ToC RWP & Budget 24March2014 Burundi PMF Burundi TOC PPT ToC revised for Burundi final	Revised country ToC and PMFs and PIPs	March 14	Electronic
Ethiopia Country Implementation Plans 2014 Ethiopia PIP Year 1 Ethiopia PMF Ethiopia TOC Revised PMF ETHIOPIA April 14-2014 Theory of change Ethiopia 15April		March 14	Electronic
20140415 Rwanda Implementation Plan (YR 1) Revised TOC - Rwanda 2014 YB Rwanda TOC Rwanda Performance Monitoring Framework yb Rwanda PIP Yr 1 Rwanda PMF		March 14	Electronic
140128 PMF D2 in A4format-Mozambique 10 04 14 Moz PIP Mozambique PIP All Mozambique PIP Mozambique PMF Mozambique TOC TOC by area Mozambique 10.04.2014		March 14	Electronic
Global regional log frame FINAL Global regional PIP Global regional Theory of Change_FINAL		March 14	Electronic
Reporting timeline	A10_Reporting timeline	March 14	Electronic

Document Description	Source / Type	Date Received and/or Available for Review	
		Format	
140103 PARMO meeting minutes FINAL	A11_Minutes of side meeting on donor reporting	March 14	Electronic
25687 - UNICEF - 2015 - goedkeuringsbrief I2014 SC130696 Consolidated Annual Report Year 1 Final Burundi PIP Year 1 Burundi PMF Year 1 150424 Ethiopia PIP Ethiopia PIP 150224 Annex Global regional log frame FINAL 150224 Annex Global regional PIP Moz PIP FY1 Moz-PIP FY2 GoN SC130696 Report 2016 SC130696 Final for sharing	4Annual reports Y1 with annex	March 14	Electronic
2016 SC130696 Final for sharing Annex A Dutch PMF-Year 2 Burundi 2016 02 15-mc Annex B Annex C PIP Year -Burundi with last year planned amount 2016 01 23 mc 150424 Ethiopia PIP 2016 Annex Global regional PIP 2016 Global regional log frame Annex A PMF stage and status, Mozambique 8Feb2016 Annex B – Moz PIP year 2 Financial reporting Mozambique 8Feb2016 Annex C – Moz PIP year 3 8Feb2016 20160222 Annex A Rw GoN PMF (Yr 2).revised 20160222 Annex B Rw GoN PIP (YR 2).revised 5. Annex 4 Donor statements 2014 and 2015	Y2 with annex	March 14	Electronic
Financial Report Template	Y3 with annex (EMPTY?)	March 14	Electronic
Improving Child Nutrition in 4 Countries MidProject Review Executive Summary Mid-Project review Workshop Report fin MPR Report Burundi MPR Report Ethiopia MPR Report Four Countries Full Version MPR Report HQRO MPR Report Mozambique MPR Report Rwanda MPR_Slides_v4 JR	5 Mid-term project review	March 14	Electronic

Document Description	Source / Type	Date Received and/or Available for Review	
		Format	
Explanation of Logic Model - TOC	6M&E	March 14	Electronic
PIP, PMF, TOC, Final Dutch ToC RWP & Budget 24March2014	REVISED M&E - May 2014	March 14	Electronic
Annex 1a Global log frame Annex 1b Burkina Faso Country Summary Sheet	7Resources EU grant - MYCNSIA	March 14	Electronic
2013-21 UNICEF Strategic Plan ODS English	Retrieved from the UNICEF WEBSITE	March 18	Electronic
2013 ABL4 Integrated budget ODS English	Retrieved from the UNICEF WEBSITE	March 18	Electronic
2014 Annual Results Report Nutrition	Retrieved from the UNICEF WEBSITE	March 18	Electronic
2014-8-Final results framework of strategic plan ODS EN	Retrieved from the UNICEF WEBSITE	March 18	Electronic
2014 CRP 14 Theory of Change 7May14 EN	Retrieved from the UNICEF WEBSITE	March 18	Electronic
Assessment of Food Security and Nutrition Situation Ethiopia	Retrieved from the UNICEF WEBSITE	March 18	Electronic
Burundi 2015 COAR	Retrieved from the UNICEF WEBSITE	March 18	Electronic
Ethiopia 2015 COAR	Retrieved from the UNICEF WEBSITE	March 18	Electronic
Mozambique 2015 COAR	Retrieved from the UNICEF WEBSITE	March 18	Electronic
Rwanda 2015 COAR	Retrieved from the UNICEF WEBSITE	March 18	Electronic
SUN Strategy and Roadmap 2016-2020	Retrieved from the UNICEF WEBSITE	March 18	Electronic

Document Description	Source / Type	Date Received and/or Available for Review Format	
Updated PMFs of Burundi, Ethiopia, Mozambique and Rwanda	Requested to UNICEF on March 21		
Contract document with the Government of The Netherlands	UNICEF	March 24	Electronic
Manual of procedures for large grant	Maybe access by the intranet/Summary on the Dropbox	March 24	Electronic
UNICEF Performance Monitoring Framework for the CO of Burundi, Ethiopia, Mozambique and Rwanda (that are linked to CO Strategy, CO Annual Work plan)	Requested to UNICEF on March 21	March 24	Electronic
Documentation concerning the new monitoring systems (MoRES)	Requested to UNICEF on March 21	March 24	Electronic
The Lancet, "Maternal and Child Undernutrition," Special Series, January, 2008.			

Annex D Bibliography

- Azzari, C., Carletto, G, Davis B and Nucifora A, Child Undernutrition in Mozambique, UNICEF Mozambique 2010
- Central Statistical Agency [Ethiopia] and ICF International. 2012. Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International.
- Fritsche GB, Soeters R, Meessen, Performance- based financing toolkit, World Bank publications. 2014.
- Mozambique Demographic and Health Survey (DHS) 2011, INE 2011.
- Multiple Indicator Cluster Survey 2008, Ministry of Health of Mozambique 2009
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Annex E Terms of reference

TERMS OF REFERENCE FOR INSTITUTIONAL CONTRACT

Project: Improving Child Nutrition in Four Countries in Sub-Saharan Africa

Title: End-Project Review for Improving Child Nutrition in Four Countries in Sub-Saharan Africa: Project.

Location: Remote Based with travels to Nairobi (ESARO), Burundi, Ethiopia, Mozambique and Rwanda

Start Date: (tentative) 15/02/2017 **End Date:** 15/08/2017

Background and Justification

Undernutrition, which is responsible for 35% of under-5 child deaths and 11% of the total global disease burden. Overall, the countries of East Africa have some of the highest rates of stunting and underweight prevalence in the world. Stunting is a measure of chronic undernutrition during early childhood. In the Eastern and Southern Africa Region, the prevalence of stunting is estimated at 36% among children under-5; this translates to about 26 million children under 5 in the 21 countries in the region who are stunted. The prevalence of underweight is 16% and wasting is 6%. Although improvements have been made over the past 2 decades, sub-Saharan Africa has reported insufficient progress in the nutrition status of under-fives.

UNICEF in partnership with the Government of the Netherlands have been supporting a multisectoral project "Improving Child Nutrition in Four Countries in Sub-Saharan Africa" in 4 highly affected countries of East Africa (2013-2017): Burundi, with 58% of stunting, Rwanda with 38%, Ethiopia with 40% (with very large disparities), and Mozambique with 43% . In total, there are more than 9 million children under-5 stunted in the four countries targeted by this project, which represent around one third of the 26 million stunted children in the Eastern and Southern African Region. The four countries also continue to suffer from high child mortality. Concerned by disparities, UNICEF designed this project with a focus on equity, ensuring that the access to services for the most disadvantaged is improved. Nutrition interventions focus on the 1,000 days window of opportunity to have greater impact.

The project aims to contribute to an equitable and sustainable reduction of undernutrition in four countries in the Eastern and Southern Africa Region (ESAR): Burundi, Ethiopia, Mozambique and Rwanda. Working in partnership, this project sets out to: 1) build national leadership, ownership and capacity to promote nutrition policies and programmes, creating a more enabling environment for nutrition; 2) reach communities with evidence-based interventions from different sectors and support the adoption of healthy nutrition behaviors by communities; 3) improve equity-focused monitoring of results to improve programme performance; 4) promote innovations, knowledge sharing and collaborative learning; and 5) enhance the networks and partnerships working to address malnutrition multisectorally. Through investing in national systems and processes, and in alignment with the principles of the Scaling Up Nutrition movement, this project aims to sustainably contribute to improved nutritional well-being of women and children under 5 in the populations targeted taking into account multi-sectoral approaches as well as UNICEF's focus on equity, children's rights and gender equality at all levels.

In each of the four project countries innovative programming is taking place. UNICEF recognizes the need to gain a deeper understanding of these experiences and continuously review performance to make sure that project objectives are achieved, project assumptions remain relevant and that course corrections are made in a timely manner. Moreover, UNICEF is committed to strengthening knowledge management, ensuring that early lessons learned from these multisectoral nutrition projects are captured and shared, in order to improve the efficiency of learning and implementation.

Following the Inception Workshop held in Nairobi, Kenya in February 2014, project implementation started in earnest in 2014. As part of the project design, an independent mid-project review was conducted in 2016. The mid-project review workshop was held on 31 May – 4 June 2016 in Kigali, Rwanda. It provided an opportunity to reconvene for a moment of reflection and analysis to further refine project implementation, to allow for any course corrections and to share learnings and opportunity for our partners, including the Ministry of Foreign Affairs (MoFA) of the Government of The Netherlands and national government partners, to convene and discuss the challenges faced, the results achieved so far and raise any issues or concerns.

The project implementation will end in August 2017 and it is expected that as part of the end project review, there will be a meeting with various stakeholders including to review project results and achievements.

This consultancy seeks to provide technical support and expertise to this end-project review process—before, during and after the end-project review workshop. This consultancy will be supported by UNICEF Country Offices in Burundi, Ethiopia, Mozambique and Rwanda, as well as Nutrition Specialists based in ESARO and Headquarters, New York.

Objectives and Scope of Work

Objectives:

The main objective of this consultancy is to provide an independent, critical and detailed end-project review of the multi-sectoral, multi-country project, IMPROVING CHILD NUTRITION IN FOUR COUNTRIES IN SUB-SAHARAN AFRICA. The end project review seeks to:

- determine to what extent and how the Project has achieved its goal and
- enable evidence-based decision-making: to inform program and policy decisions in the targeted countries and regionally.

In particular, the end project review will capture details regarding the extent to which the project was able to contribute the impact, achieve outcomes and outputs as outlined in Project Performance Monitoring Framework (PMF).

From this independent assessment, it is hoped that there will a prioritized list of specific recommendations for refinement of UNICEF supported programme at this critical stage of reflection and to inform donor and/or national programming, policy, strategic plans. The intended audience of this work is primarily UNICEF (Country Offices, Regional Office and HQ), and the Government of the Netherlands, and well as other key partners of the multi-country project.

Key Tasks/Activities

The end project review will need to be carried out in three phases encompassing approximately 188 days over a 7- month time period.

- Phase 1 (estimated 27 person-days) - will involve document review, development of the end project review methodology and plans, and technical guidance to the project team. This will commence immediately after the contract with the end project review team is finalized and will continue on an

ongoing basis throughout the project implementation period. The intent of Phase 1 activities is to ensure that the monitoring and end project review activities undertaken during the project period are appropriate and data is available to the end project review team as needed to conduct the review.

- Phase 2 (estimated 74 person-days) - will commence at the end of the project implementation period and will involve execution of the end project review, particularly the in-depth data review based on the Performance Measurement Framework (PMF) and country visits to collect primary data (such as key stakeholders interviews).
- Phase 3 (estimated 27 person-days) - is the product delivery phase and will involve drafting, review and finalization of project deliverables such as the end project review report including case studies and power point presentations. During Phase 3, a report of preliminary findings should be developed and shared with UNICEF and government partners, which will provide the implementers an opportunity to provide additional information and feedback to the end project review team. Subsequent to that, the final end project review report will be completed.

End project review questions

The indicative evaluation questions presented below are formulated using the key end project review criteria of relevance/appropriateness, effectiveness, efficiency, sustainability, coverage and scalability. Key cross-cutting issues include equity and gender equality as well as leveraging and partnership roles. It is expected that the end project review questions will be further sharpened during the inception phase.

Relevance/Appropriateness/coherence of project strategies and plans:

- How appropriate, adequate, and coherent are the relevant project strategies, planned results and activities for reducing stunting in young children?
- How clear and useful is the Project theory of change (ToC) for informing programme/project design and for progress reporting?
- How relevant and appropriate are the country project strategies and interventions (including clarity of the theory of change/Performance Monitoring Framework (PMF) and their use; multisectoral focus, targeting less reached and disadvantaged children; addressing gender equality including intra-household dynamics, supporting enabling environment) to address stunting?
- Positioning of this project in the wider UNICEF-nutrition environment, including its linkages to other relevant actors and contexts, i.e.:
 - What has proven to be the project's niche, strength, uniqueness and added value as relate to the wider area of, and actors in, nutrition?
 - How this 'project' compares to mainstream UNICEF nutrition work. Was it relatively effective to have a multi-country project vs supported directly the four UNICEF country offices? How relevant/effective was the umbrella component of the project?
 - What are the important lessons to take forward in designing a possible future cooperation?

Effectiveness of UNICEF country programmes in addressing stunting/malnutrition:

- How effective is the project 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 project effectiveness? In countries with limited evidence of project effectiveness, what needs to be done differently? What lessons can be drawn for strengthening the future programme strategies and plans for reducing stunting to contribute to the WHA/SDG target on stunting?
- Review the UNICEF reported indicators according to the results framework i.e. numbers reached, effects of that reach and sustainability of these effects and differentiating the results along the following lines:

- One off reach with limited effect, e.g a food supplement, diversification or a treatment given during the year concerned.
- Structural reach/effect, e.g. regular check, advice and supplement/diversification/treatment during the year concerned.
- Transformative reach/effect, children taken out of undernourishment during the year concerned, e.g. through combined improvements in food availability, access, utilization and/or stability.

Equity and reaching disadvantaged children:

- How effective is the project's approach to achieving equitable results in reducing stunting among vulnerable groups? What type of approaches and interventions have yielded results in reducing stunting in disadvantaged, marginalized and less reached areas/districts? 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?

Sustainability and scale up:

- To what extent have sustainability considerations (technical, financial, institutional) been integrated in project design and implementation phases by UNICEF and its counterparts? How adequate is the Project'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?

Knowledge / data generation and use:

- How adequately has the Project contributed to relevant knowledge, to data collection and analysis and to monitoring and end project review of outcomes and impact in relation to stunting, including a focus on equity?
- Are there areas that require strengthening including data quality, 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?

Work relationships

The consultant team will work under direct supervision of Regional UNICEF Nutrition Specialist in coordination with Nutrition Specialist based in NYHQ and the Project Teams in 4 project countries.

UNICEF ESARO, HQ and COs will provide all available reports and documents to the consultant team; will provide orientation on expected deliverables and guidance to develop a format for reports, review report and provide feedback to the consultant.

End project review Methodology

The end project review 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 end project review. A detailed end project review framework and questions/analytical methods will be developed during the inception phase. The limitations of the methodology, availability of baseline data and assessment of reliability of the disaggregated data will also be reviewed and addressed in the inception report.

Data sources

The end project review 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 end project review team during the inception phase. In addition, the team will review any relevant survey data on stunting and related variables including disaggregated data that are 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 end project review plan.

Interviews

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/regional or national levels.

Triangulation of data/findings from various sources. No major country-level household survey is envisaged as part of this end project review. As noted above, the end project review will use a mix of quantitative and qualitative data and information which will be determined during the inception phase based on available PMF at country level. It will make selective use of triangulation to validate data and findings from various sources as this is a common approach in mixed-methods end project reviews. Strong quantitative and qualitative data analysis skills are required for this end project review.

UNEG Norms and Standards: this end project review will follow UNEG Norms and Standard
<http://www.unevaluation.org/document/detail/1914>

Ethical Consideration. UNICEF uses UNEG ethical guidance to end project review as guiding principle to ensure quality of end project review process
<http://www.uneval.org/search/index.jsp?q=ETHICAL+GUIDELINES>

Expected Deliverables and Reporting Requirements**Expected Deliverables****Phase 1**

1. A detailed overall end project review work plan (with country-specific work plans, as applicable), protocol and timeline including:
 - a. plans for collection of primary and secondary data (existing program documentation, financial and administrative data, health facility or health information system data, survey data, and contextual data, and new data such as via key informant interviews)
 - b. plans for assessment of quality of existing data (particularly household survey data on coverage as outlined in the PMF)
 - c. plans for synthesis of existing data.

2. Maintain ongoing communication with UNICEF ESARO and HQ to provide input on the project monitoring and end project review activities, as well as monthly updates on progress and challenges; written summaries may be needed for meetings with donor or other partners (this activity will be maintained throughout the 3 phases of the end project review).

Phase 2

3. Draft tools for primary data collection activities, including quality assessments.
4. Data collection and analysis, including 4 in-country visits to develop case studies and conduct key informant interviews.
5. Data processing, quality assessment, data analysis, estimating the project's key contributions and other relevant activities.

Phase 3

6. A first draft end project review report describing the end project review methodology and findings that summarize the extent to which the project was able to achieve the intended objectives as outlined in PMF.
7. The end project review report should also include lessons learned and specific recommendations, as well as an assessment of the extent to which resources were appropriately allocated and utilized. This includes specific recommendations pertaining to the implementation of the Agriculture-Nutrition linkage for UNICEF.
8. A revised end project review report based on feedback received from UNICEF and the Government of the Netherlands.
9. Prepare, facilitate and present results at End-Project Review workshop (tentatively to be held in Ethiopia) to summarize the end project review report.

Reporting Requirements

The report will be prepared in English, according to the UNICEF Style and standards for end project review reports. The end project review team will also be expected to articulate a quality review process for the execution of the end project review, and assessment of the final end project review report based on the GEROS framework http://www.unicef.org/evaluation/index_GEROS.html

Timeline

Outputs/ Deliverables	Estimated Person-Days	Due Date	Payment Schedule
Phase 1			
Inception Report - Review of available documentation and development of a detailed end project review work plan, protocol, and timeline	10	15-Feb-17	1 st
Following feedback, modify and finalize the work plan, protocol, and timeline	7		
Communication and technical support to the project monitoring and end project review team (this activity will span across the period of project implementation)	10		
Phase 2			
Development of tools for primary data collection activities	7	15-Mar-17	2nd

Conduct review and analysis of existing documentation and data.	7		
In-country data collection to inform 4 countries and overall cross-country end project review findings.	40	30-May-17	3rd
Finalize analysis of existing and new data	10		
Data processing, quality assessment, data analysis and other activities.	10		
Phase 3			
Prepare initial end project review report including methods, limitations, findings, discussion and implications.	10	30-Jul-17	4th
Prepare, facilitate and present at the End project review meeting (tentatively) in Addis Ababa, Ethiopia (Date and venue, TBC).	7		
Prepare final end project review report based on feedback received on initial report and during the workshop including guidance and recommendations on Nutrition-Agriculture linkage (electronic and hard copy)	10		
TOTAL	128		

Desired competencies, technical background and experience

The end project review group or institution will preferably be a research organization and should adequately demonstrate the availability of high caliber expert/s in the end project review of large-scale nutrition or health programs in developing countries. The group or institution should preferably provide consultant/s with:

A team leader with the following credentials:

- Strong team leadership and management track record and commitment to delivering timely and high-quality end project review report;
- Advanced Degree in public health, social sciences including in research, epidemiology, statistics, health economics or demography
- At least 8 years of progressively responsible professional work experience at national and international levels in conceptualizing, designing and implementing end project reviews/reviews and/or research of large-scale nutrition and/or health-related programs in developing countries
- Demonstrated ability to produce high quality evaluation and/or analytical research reports
- Demonstrated record of facilitating multi-stakeholder workshops/meetings
- Demonstrated record of leading the writing of publications/knowledge products on programming in nutrition, health, or other sectors
- Excellent time and project management skills
- Familiarity with UNICEF programmes (Nutrition, Health, WASH, Social protection, Child protection) and nutrition-sensitive agriculture programmes, and knowledge of the challenges of implementing such programmes in fragile and conflict affected countries, will be a strong asset.

- Familiarity with UNICEF's programming, policy and advocacy work and experience in evaluating multi-sectoral initiatives would be an asset
- Expertise in gender equity and human rights. Experience working in East Africa is considered an asset.
- Good interpersonal and communication skills; ability to interact with various stakeholders and to concisely express ideas and concepts in written and oral form;
- Fluency in English language. Fluency in French and Portuguese is considered a strong asset.

A team member (qualitative research experts with background in public nutrition and strong multi-sectoral orientation)

- 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 /review 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 Portuguese 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.

Conditions

As per UNICEF DFAM policy, payment is made against approved deliverables. No advance payment is allowed unless in exceptional circumstances against bank guarantee, subject to a maximum of 30 per cent of the total contract value in cases where advance purchases, for example for supplies or travel, may be necessary.

The candidate selected will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts.

The firm selected will be governed by and subject to UNICEF's General Terms and Conditions for institutional contracts.

Technical End project review Criteria and Relative Points

Technical Criteria	Description of Technical Sub-criteria	Maximum Points %
Overall Response	Completeness of response	5
	Overall concord between RFP requirements and proposal	5
Maximum Points		10
Institution & Key Personnel	Range and depth of experience with similar projects	10
	Number of customers, size of projects, number of staff per project	10
	Client references	10
	Key personnel to be assigned: relevant qualifications & experience	10
Maximum Points		40
Proposed Methodology and Approach	Proposed Methodology for this project	15
	Proposed Work Plan to accomplish the Project	10
Maximum Points		25
Total Score for Technical Proposal		75
Minimum Acceptable Score for Technical Proposal		50

Weights: 75% Technical vs. 25% Financial Offer

Sourcing

Institutions will be invited for proposal through RFP.

Websites to post TOR, RFP

UNICEF Website and UNGM (United Nations Global Market)