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Evaluation of the UNICEF Project ‘Good Nutrition for a healthy life of Brazilian children’ (2020-2023)

Final Report

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External Evaluation Team

Evaluator

Cristiana Martin

Research Assistants

Carolina Mandú

Laura Kliemann

Martha Hitner

Proofreader

Henrique Hespanhol Tozzi

Quality Control

Fabrizio Rigout

Project Manager

Laís Faleiros

Office Manager

Natália Martins Valdiones

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LIST OF ACRONYMS

AVA	UNICEF's Virtual Learning Environment
CECANE	Centro Colaboradores em Alimentação e Nutrição da Universidade Federal da Bahia
CIEDS	Integrated Center for Sustainable Development Studies and Programs
CINTERCOOP	International Development Cooperation Center
CMDCA	Municipal Council for Children and Adolescents
CO	Country Office
CONSEA	National Council for Food and Nutrition Security
CSO	Civil Society Organization
CRAS	Social Assistance Reference Center
CT	Tutelary Council
EA	Evaluability Assessment
ENANI	National Survey of Children's Food and Nutrition
EQ	Evaluation Question
ERIC	Ethical Research Involving Children
ET	Evaluation Team
FIAN	Organization for the Human Right to Adequate Food and Nutrition
IBOPE	Brazilian Institute of Public Opinion and Statistics
IR	Inception Report
IDEC	Brazilian Consumer Defense Institute
IPEC	Research Intelligence and Strategic Consulting
KII	Key Informant Interview
LF	Logical Framework
LGPD	General Data Protection Law
LNOB	Leave no one behind

MoH	Ministry of Health
NCDs	Non-communicable diseases
NUCAS	Núcleo de Cidadania para Adolescentes
PAA	Food Acquisition Program
PAHO	Pan American Health Organization
PBF	Bolsa Família Cash Transfer Program
PCF	Happy Children Program
PCU	Urban Centers Platform
PNAE	National School Feeding Policy
PROTEJA	Strategy for prevention and attention to childhood obesity
SBCC	Social and Behavioral Change Communications
SDG	Sustainable Development Goals
TL	Team Leader
ToC	Theory of Change
ToR	Terms of Reference
UFBA	Universidade Federal da Bahia
UNICEF	United Nations Children's Fund
UPP	Ultra-processed food products
USP	University of São Paulo

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Executive Summary

This is the Final Evaluation Report of UNICEF Brazil's **Good Nutrition for a Healthy Life of Brazilian Children** project, which focused on promoting healthy school environments, building the capacity of health, education and social protection professionals, and disseminating information about the importance of exclusive breastfeeding for children up to 6 months old and continued until 2 years old, as well as healthy nutrition for children and adolescents. The project was developed across the municipalities participating in the [Agenda Cidade UNICEF](#) and [Seal UNICEF](#) strategies from January 2020 to March 2023, and Plan Eval evaluated it between January and July 2023.

The project addressed the growing rates of malnutrition associated with the high consumption of ultra-processed food among children and adolescents, concurrent with the lack of access to healthy food. The project covered food and nutrition habits during pregnancy, early childhood and adolescence, considering the main services reaching these phases of life, as well as their main food environment to promote an integrated approach to healthy habits. Programmatic activities considered the following contexts: households, preschools, schools, maternities, primary health care units and social protection services.

The project focused on building the capacity of professionals from different areas, as well as mothers and caregivers, to promote exclusive breastfeeding up to six months of age and healthy complementary feeding. The project also advocated for promoting healthy school environments by regulating the marketing and sales of ultra-processed food products in school canteens and vicinities and strengthening food and nutrition education in schools. The direct and indirect professional network responsible for child and adolescent care was also targeted, including public policy managers, health professionals, social assistance professionals, and education professionals.

The project's desired outcomes were 1) healthy school environments promoted in the Seal and Agenda Cidade municipalities; 2) puerperal mothers, families, communities, and civil society aware of and promoting the importance of breastfeeding and healthy diets; 3) information regarding healthy child nutrition disseminated through communication campaigns aimed at the general population and policy managers.

This evaluation assesses whether the project has successfully met its objectives and goals, identifying best practices, valuable implementation lessons learned, and areas for improvement, also assessing changes implemented during the COVID-19 pandemic.

Therefore, the findings intend to guide future programming for the UNICEF Brazil Nutrition Team, and support course-correction of existing nutrition projects, besides best leveraging the reach of this project's ongoing activities.

The project has been assessed according to the Organisation for Economic Co-operation and Development (OECD) Relevance, Coherence, Effectiveness, Efficiency, and Sustainability criteria, including the Gender and Human Rights perspective. The evaluation team made a purposeful sampling to reach the project's implementation partners and beneficiaries. Primary data (interviews and focus groups) and secondary data (monitoring reports) were used to assess the project. A total

of 24 interviews were conducted with UNICEF staff, implementing partners and beneficiaries, and 4 focus groups (2 with beneficiary mothers and 2 with health professionals) were conducted. More in-depth questions mitigated most data collection limitations during the semi-structured interviews.

Key Findings

Relevance

- The project covered some of the most vulnerable municipalities in Brazil by targeting actions in the municipalities participating in the UNICEF Seal and the Agenda Cidade UNICEF strategies. Activities covered diverse phases of life, including childhood and adolescence, and critical environments of a child's life, particularly the household and the school.
- The project was relevant to both private and public schools. However, advocacy regarding ultra-processed food products consumption in their canteens was strongly directed at public schools.
- The project was based on a thorough situation analysis and on studies developed to inform the most pressing issues on children and adolescents' nutrition before and during the COVID-19 pandemic.
- UNICEF staff and implementation partners identified the needs of public managers and professionals in the public sector during the preparation phase. They were addressed in webinars and courses with valuable information on facing institutional challenges and promoting exclusive breastfeeding and healthy nutrition change at the systemic level.

Coherence

- The project is aligned with UNICEF's 2020-2030 Global Nutrition Strategy, tackling undernutrition, micronutrient deficiency, and overweight in early childhood and adolescents. The strategy supports systems-level, context-specific programming, which justifies developing a project that meets the real needs of Brazilian children and adolescents and involves multiple stakeholders. The project supported the national government in upholding the right to nutrition for every child by supporting the Ministry of Health in promoting the NutriSUS strategy.
- The project incorporates most of the approaches in the UNICEF 2020-2030 strategy, such as school and community-based programs: advocacy, capacity building, and the promotion of strategic partnerships.
- However, despite involving multiple sectors and stakeholders and being aligned with several UNICEF strategies, the evaluation noted that approaches in the project could have been combined to potentially benefit from existing synergies, considering activities with overlapping beneficiaries. The timing of each activity was the main reason for not combining them.
- As for the Sustainable Development Goals (SDG), the project aligns with SDG 2 Zero Hunger, 3 Good Health and Well-Being and 5 Gender Equality, particularly the 5.4 indicator on recognizing and valuing unpaid domestic care and promoting shared responsibility within the household and the family.

Effectiveness

- The project's key results comprise the advocacy activities and the dissemination of the “10 steps to healthy eating habits from birth to two years old” guides to puerperal mothers. Other activities were harder to assess, considering they lacked target outputs and outcomes.
- A key project result was the submission of law projects to the respective legislative chambers of Bahia State, Recife, and Belém. According to both beneficiaries and the consultants involved in mobilizing local stakeholders, the high technical quality of the submitted law project, based on a partner’s Model (Brazilian Consumer Defense Institute—IDEC), was considered a key enabler of the activity's success.
- The project also engaged municipalities to develop legislation promoting healthy school environments through its webinars. However, adolescents are yet to be mobilized to advocate for healthy school environments with tools created during the project’s implementation, such as the Role-Playing Game (RPG) developed with adolescents for the engagement of their peers, not launched until the end of the project.
- The importance of breastfeeding and healthy complementary feeding was promoted mainly among puerperal mothers, pregnant adolescents, and health, education, and social workers across the Seal municipalities. Over 10,000 mothers received the “10 steps to healthy eating habits from birth to two years old” guides, and professionals in over 40% of Seal municipalities concluded the online course on breastfeeding and healthy eating in early childhood (Activity 2b). Both activities achieved their desired output. Over 9,000 downloads of the Rango de Resposta App were registered on the app stores, but there is no information on users’ demographics nor how they used it.

Efficiency

- The partnerships established were generally considered very successful. Partners have consistently attested to their expertise and were willing to collaborate. Products were delivered; however, delays were frequent, and some activities (Activity 1c, Activity 3d) had not been finalized by the start of the evaluation.
- The implementation partners had positive feedback on the availability of their human and financial resources. However, there were complaints about tight deadlines and time availability for the UNICEF team, as UNICEF suffered staff shortages.
- There were extra financial resources due to currency fluctuations and the cancellation of several in-person activities. Resources were used on the development of new activities. However, using them to leverage the quality of some activities and expand the reach of ongoing activities instead of developing new ones would possibly have saved management efforts from an already reduced UNICEF Brazil Nutrition Staff.

Sustainability

- Some activities developed during the project did not have an established sustainability strategy. Others had characteristics that were able to promote ownership and durability of

their beneficiaries at some level.

- That is the case, for instance, of the mobilization of working groups that became relevant to promote other healthy nutrition policies. It is also the case of the “Comer para ter direitos!” RPG, as it allows the adolescent to build their own journey in the game. The webinars promoted by IDEC and the online breastfeeding course were produced with the intent of building a lasting capacity of professionals to promote healthy eating environments and breastfeeding.

Human Rights, Gender & Leaving No One Behind

- Activities were developed to promote the human right to adequate and healthy food, which includes the right to breastfeed. The project is also aligned with the Convention on the Rights of the Child by mobilizing children's care and support networks to promote breastfeeding and healthy complementary eating.
- The project has been attentive to addressing gender disparities and promoting equality by emphasizing the shared responsibility of a child's nutrition. However, through knowledge acquisition and capacity building, the program has mainly empowered women to make conscious decisions about their child's nutrition.
- Communication materials were attentive to diversity by portraying families of different ethnicities and races. These and other activities, such as the RPG, have addressed cultural and regional differences. While the Rango de Resposta app failed to cover regional specificities, it was designed to perform well on old and simpler mobile devices.
- Most activities were designed for beneficiaries with internet access and mobile devices, except for the delivery of the 10-step guide and the design of leaflets for participants of Bolsa Família (Activity 3e). People with disabilities would not have access to some activities, such as online activities (webinars and report launches).

Conclusions

The **Good Nutrition for a Healthy Life of Brazilian Children** was relevant and coherent. The advocacy efforts were recognized as the main contribution towards submitting the legislative proposal in the municipalities of Recife, Belém, and the state of Bahia. The puerperal mothers who received the 10-step guide revealed that they adopted the instructions and felt empowered with the acquired knowledge. Other activities did not reach the same development level, while some weren't further assessed due to challenges in assessing direct beneficiaries.

Lessons Learned

- A project with diffuse and overlapping strategies is challenging to manage and can face extra challenges in achieving results without support from enough human resources.
- In further mobilizations for the submission of legislative proposals and even during the implementation of approved bills, it will be vital to engage with private schools.
- Communication pieces and campaigns could benefit from specific techniques for effective communication focused on behavior change for health purposes.

- Developing a mobile application requires extensive and specific planning. A dedicated team is needed to manage it, support users, and develop a specific strategies to update it and make it last – a key feature of this user-interactive resource.
- Online activities were very effective during the COVID-19 pandemic, but in-person activities are vital when engaging all the beneficiaries.
- More time should be dedicated to promoting ownership and durability of the intervention and its activities.

Good Practices

- The project was generally able to find very experienced and relevant partners to lead advocacy, capacity-building, and communication strategies. The project also made strategic choices regarding the intermediaries between the implementation partners and the final beneficiaries.
- The project had participatory practices through a thorough consultation before drawing an engagement strategy.
- The activities developed were very coherent with one another, despite not being able to leverage reach from one another. The project covered a broad audience (children, adolescents, puerperal mothers, pregnant adolescents, public policy managers, professionals, and legislative representatives) in diverse settings (home, schools, maternities, and public policy environments).
- Despite several internal and external implementation challenges, the UNICEF team showed strong adaptive, learning, and delivering capacities.

The ET recommends to:

- Verify whether there is any favorable political context and timing for the development of advocacy activities.
- Engage governments, civil society, and communities to ensure the sustainability of activities and for maintaining clear implementation and dissemination strategies.
- Develop and update a Theory of Change for future projects.
- Align activities with UNICEF’s 2020-2030 Global Nutrition Strategy and define priorities by the CPD.
- Develop a consistent and standardized monitoring and reporting system for implementation partners, and maintain engagement with implementing partners and offer them feedback.
- Make content and communication pieces available to potential beneficiaries using different media (digital and non-digital).
- Connect activities that have common beneficiaries, leveraging from the communication channels established with them, to keep the sustainability of communication strategies.
- Project management software is a key asset when managing projects with several implementation partners while also suffering from staff shortages. It is also important for time and financial management.

1. Object of the Evaluation

This chapter presents a background to the final evaluation of the **Good Nutrition for a Healthy Life of Brazilian Children** project. It provides a brief overview of global nutritional trends over recent decades and includes secondary data on the nutritional situation in Brazil and globally. The chapter also recapitulates the project's development.

1.1. Background and context

Recent global alterations in dietary patterns have led to a transition from a high prevalence of undernutrition to an increasing predominance of overweight and obesity. These issues, previously considered problems of high-income countries, are now rising in low- and middle-income settings¹. According to the World Health Organization (WHO), the worldwide prevalence of obesity nearly tripled between 1975 and 2016.² This concern, affecting all age groups and sexes, is particularly worrisome for children. In 2017, WHO described the rapid increase in childhood obesity as “one of the most serious public health challenges of the 21st century.”³ In 2019, 38.2 million children under the age of 5 years were overweight or obese. In low- and middle-income countries, this scenario creates a “double burden” of malnutrition, characterized by the “coexistence of undernutrition and overweight, obesity, or diet-related noncommunicable diseases (NCDs).”⁴

This nutritional transition is also evident in Brazil. According to the latest Brazilian National Survey on Child Nutrition (ENANI), undernutrition in children under 5 in 2019 was 3%; the risk of being overweight was 18.3%, overweight prevalence was 7%, and obesity was 3% for the same age group. This means that both the risk of being overweight and being overweight accounted for 25.7% of Brazilian children in 2019⁵, and 31.3% of children under 5 in Brazil suffered from some form of malnutrition. According to UNICEF⁶, “one in three children between 5 and 9 years old is overweight, 17.1% of adolescents are overweight, and 8.4% are obese.” These figures paint an alarming picture,

¹ Sousa et al. (2020) A pandemia de Covid-19 e suas repercussões na epidemia da obesidade de crianças e adolescentes. DOI <https://doi.org/10.25248/reas.e4743.2020>.

² PAHO (2017). Tenfold increase in childhood and adolescent obesity in four decades: new study by Imperial College London and WHO. Available at: https://www3.paho.org/hq/index.php?option=com_content&view=article&id=13801:obesity-trends-by-imperial-college-london-and-who-2017&Itemid=0&lang=en#gsc.tab=0

³ WHO (2017). Global strategy on diet, physical activity and health; childhood overweight and obesity 2017. Retrieved from <http://www.who.int/dietphysicalactivity/childhood/en/>

⁴ WHO (2017). The double burden of malnutrition. Policy Brief. Available at: <https://www.who.int/publications/i/item/WHO-NMH-NHD-17.3>

⁵ UFRJ (2019). Federal University of Rio de Janeiro. Nutritional status of children and mothers: Prevalence of anthropometric indicators of Brazilian under-five children and their biological mothers. Brazilian National Survey on Child Nutrition (ENANI-2019). Available at: <https://enani.nutricao.ufrj.br/index.php/relatorio-7-estado-nutricional-antropometrico/>

⁶ UNICEF (2019). Má Alimentação prejudica a saúde de milhões de crianças em todo o mundo, alerta UNICEF. October 2019. Available at: <https://www.unicef.org/brazil/comunicados-de-imprensa/ma-alimentacao-prejudica-saude-das-criancas-em-todo-o-mundo-alerta-o-unicef>.

suggesting that if the annual increase in child obesity continues, by 2035, Brazil will have between 25% and 33% obese children⁷. The Global Atlas for Childhood Obesity of 2019 estimated that Brazil would be the 5th country worldwide with the most obese children by 2030.⁸

The primary negative effects of malnutrition and overweight in children include a predisposition to non-communicable diseases such as “non-insulin-dependent diabetes, cardiovascular problems, bronchial asthma, obstructive sleep apnea (OSA), hypertension, hepatic steatosis, gastroesophageal reflux (GER), and psychosocial issues.”⁹ According to UNICEF’s Protecting Children’s Rights to a Healthy Food Environment, “overweight and obesity in childhood can also result in stigmatization, poor socialization, depression, and reduced educational attainment, thus interfering with other economic, social, and cultural rights.”¹⁰

Child malnutrition and obesity have complex causes, including, but not limited to, food insecurity and a lack of access to healthy choices due to economic vulnerability. UNICEF understands that despite all forms of malnutrition and obesity having multifactorial causes, children’s feeding habits and food environment play a significant role in their nutritional status. Studies like those from the London Child Obesity Taskforce indicate that “children who have only experienced unhealthy foods, due to their affordability and accessibility, have entrenched food habits and are reluctant to eat healthy foods even when they are available.”¹¹ Early nutrition, encompassing children under 5, is defined by UNICEF as “the cornerstone of survival, growth, and development,”¹² since this period is crucial for forming essential neural pathways, laying the foundation for a child’s well-being.

Another factor influencing malnutrition and obesity is whether children were exclusively breastfed until six months old and the duration of breastfeeding. Research has found breastfeeding to be protective against obesity¹³, including findings with children under five years in urban populations in Brazil. According to the study, children who were breastfed until 120 days old had a 34% higher

⁷ World Obesity (2023). World Obesity Atlas 2023, p 60. Available at: <https://www.worldobesity.org/resources/resource-library/world-obesity-atlas-2023>

⁸ <https://www.worldobesity.org/membersarea/global-atlas-on-childhood-obesity>

⁹ Balasundaram, P. and Krishna, S. (2021). Obesity Effects on Child Health. [online] PubMed. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK570613/>

¹⁰ United Nations Children’s Fund and United Nations Special Rapporteur on the Right to Food, ‘Protecting Children’s Right to a Healthy Food Environment’, UNICEF and United Nations Human Rights Council, Geneva, November 2019. Available at: <https://www.unicef.org/media/96101/file/Protecting-Childrens-Right-Healthy-Food-Environment.pdf>

¹¹ United Nations Children’s Fund and United Nations Special Rapporteur on the Right to Food, ‘Protecting Children’s Right to a Healthy Food Environment’, UNICEF and United Nations Human Rights Council, Geneva, November 2019. Available at: <https://www.unicef.org/media/96101/file/Protecting-Childrens-Right-Healthy-Food-Environment.pdf>

¹² UNICEF (2020) Nutrition for every child, UNICEF nutrition strategy 2020-2030, p. 42. Available at: <https://www.unicef.org/media/92031/file/UNICEF%20Nutrition%20Strategy%202020-2030.pdf>

¹³ Children exclusively breastfed for longer duration had healthier growth trajectories and lower obesity risk at age 4. Source: Anderson CE, Whaley SE, Crespi CM, et al (2019). Every month matters: longitudinal associations between exclusive breastfeeding duration, child growth and obesity among WIC-participating children J Epidemiol Community Health 2020;74:785-791. DOI: <http://dx.doi.org/10.1136/jech-2019-213574>

prevalence of overweight compared to those who were breastfed for longer¹⁴. However, the decision to breastfeed often involves access to information, socioeconomic factors, and the cultural context in which children are born and raised. For instance, research shows that mothers who breastfeed longer are likely to have higher incomes¹⁵ and education levels and have access to healthy foods and incentivized sports activities.¹⁶

According to ENANI 2019, only 45.8% of children in Brazil were exclusively breastfed in the first six months, while WHO's target for 2030 is 70%.¹⁷ The study also indicated that the average duration of breastfeeding in the country is 15.9 months, well below the recommended 24 months. However, there has been a growth trend in the number of breastfed children in Brazil since 2006.¹⁸ The remaining challenges in reaching these targets include a lack of information and counseling, as well as aggressive marketing promoting breastmilk substitutes.¹⁹

In addition to the influence of exclusive breastfeeding until the sixth month and the appropriate introduction of solid foods thereafter, children's exposure to ultra-processed foods is a key factor contributing to childhood overweight and obesity. Ultra-processed foods are defined as "food ready to eat or heat with little or no preparation. (...) [They] result from the processing of several foodstuffs, including ingredients from groups 2 [processed culinary or food industry ingredients] and unprocessed or minimally processed basic foods."²⁰ According to PAHO and WHO, ultra-processed food and drink products (UPP) "are ready-to-eat or drink formulations based on refined substances with a careful combination of sugar, salt, and fat, plus several additives. They include sugary drinks,

¹⁴ Müller Rde M, Tomasi E, Facchini LA, Piccini RX, da Silveira DS, Siqueira FV, Thumé E, Silva SM, Dilélio AS. Prevalence of overweight and associated factors in under-five-year-old children in urban population in Brazil. *Rev Bras Epidemiol*. 2014 Apr-Jun;17(2):285-96. English, Portuguese. DOI: 10.1590/1809-4503201400020001en

¹⁵ Research conducted in Sao Paulo in 2009 showed that families with a revenue lower or equal to three minimum wages present a risk three times higher of stopping breastfeeding earlier than recommended, when compared to those with higher wages, since very often the mother will have to go back to work earlier too. Source: Barbosa, Marina Borelli et al. (2009). Fatores de risco associados ao desmame precoce e ao período de desmame em lactentes matriculados em creches. *Revista Paulista de Pediatria* [online]. v. 27, n. 3 [Access in 14th June 2023], pp. 272-281. Available at: <https://doi.org/10.1590/S0103-05822009000300007>

¹⁶ McCarthy (2018) The real link between breastfeeding and preventing obesity. In Harvard Health Publishing. Available at: <https://www.health.harvard.edu/blog/the-real-link-between-breastfeeding-and-preventing-obesity-2018101614998#:~:text=Babies%20who%20drink%20breast%20milk,first%20three%20months%20of%20life>

¹⁷ WHO and UNICEF (2021) Global breastfeeding scorecard 2021: protecting breastfeeding through bold national actions during the COVID-19 pandemic and beyond. WHO/HEP/NFS/21.45. Available at: <https://www.who.int/publications/i/item/WHO-HEP-NFS-21.45>

¹⁸ Breastfeeding rates are increasing in Brazil, according to results from the Ministry of Health's National Study on Infant Food and Nutrition (Enani). A comparison with data from 2006 shows a 15-fold increase in the prevalence of exclusive breastfeeding among children under 4 months old, and an 8.6-fold increase among children under 6 months old. / Source: Unasus (2020) Pesquisa inédita revela que índices de amamentação cresceram no Brasil. Available at: <https://www.unasus.gov.br/noticia/pesquisa-inedita-revela-que-indices-de-amamentacao-cresceram-no-brasil>

¹⁹ Between 2008 and 2013 sales of milk-based formula grew by 41% globally and 72% in upper middle-income countries. Source: UNICEF (2020) Nutrition for every child, UNICEF nutrition strategy 2020-2030, p. 10.

²⁰ Monteiro, Carlos Augusto, Renata Bertazzi Levy, Rafael Moreira Claro, Inês Rugani Ribeiro De Castro, e Geoffrey Cannon. "A New Classification of Foods Based on the Extent and Purpose of Their Processing". *Cadernos de Saúde Pública* 26, no 11 (novembro de 2010): 2039–49. Available at: <https://doi.org/10.1590/S0102-311X2010001100005>.

snacks, and ‘fast foods’.”²¹

The consumption of ultra-processed foods is currently very high among children. 80% of children under five and 80.5% of children between 6 and 23 months consume such products.²² This high consumption contributes significantly to various forms of malnutrition and the “double burden of malnutrition,” with young children not receiving the minimally diverse diet needed for healthy growth.²³ The factors driving this increased consumption of ultra-processed foods in Brazil include flavor, price, convenience, and the accessibility of healthy options, compounded by a general lack of information and understanding of how to read nutritional information on packaging.²⁴

1.2. Project Overview

The **Good Nutrition for a Healthy Life of Brazilian Children** Project was designed in 2019 and implemented by UNICEF Brazil and partners over three years, from January 2020 to March 2023, in collaboration with the donor AXA Assurance. AXA has also financed other UNICEF projects in the Philippines and Egypt, all of which were focused on promoting healthy habits through children’s nutrition initiatives to prevent non-communicable diseases in developing countries.

The UNICEF Brazil/AXA project aimed to address significant trends affecting the health of children and adolescents in recent years, specifically the high prevalence of all forms of malnutrition, including undernutrition, overweight, and obesity.²⁵

UNICEF understands that although all forms of malnutrition have multifactorial causes, children’s feeding habits play a crucial role in their nutritional status, starting with whether they were exclusively breastfed until their sixth month and the nutritional quality of their early food introduction. To promote good nutrition habits throughout their lifetime, it is essential to continue learning about nutrition and benefit from supportive environments and assistance that provide necessary and formative information.

To help prevent these forms of childhood malnutrition in Brazil addressing the aforementioned

²¹ PAHO, WHO. Consumption of ultra-processed food and drink products in Latin America: trends, impact on obesity, and policy implications. Fact sheet. 2014. Available at: <https://www.paho.org/hq/dmdocuments/2014/ultra-processed-foods-paho-e-obesity-latin-america-2014.pdf>

²²UFRJ. Federal University of Rio de Janeiro. Nutritional status of children and mothers: Prevalence of anthropometric indicators of Brazilian under-five children and their biological mothers. Brazilian National Survey on Child Nutrition (ENANI-2019). Available at: <https://enani.nutricao.ufrj.br/index.php/relatorio-7-estado-nutricional-antropometrico/>.

²³ Globally, 72% of children aged 6-23 months are not fed this minimum healthy diet, 46% not fed any fruits or vegetables, 60% not fed nutrient-dense foods such as eggs, fish or meat. Source: UNICEF (2020) 2020-2030 nutrition strategy p.11.

²⁴ United Nations Children’s Fund (2021). Alimentação na primeira infância: conhecimentos, atitudes e práticas de beneficiários do Programa Bolsa Família. Available at: <https://www.unicef.org/brazil/comunicados-de-imprensa/estudo-inedito-do-unicef-aponta-alto-consumo-de-alimentos-ultraprocessados-em-lares-atendidos-pelo-bolsa-familia>

²⁵ By the time the Project was conceived and according to the Proposal from UNICEF Brazil to AXA, in 2015 children under five years of age who were enrolled in the public primary health care system showed a prevalence of 16.4% of overweight, with 7.6% being obese.

causes, the **Good Nutrition for a Healthy Life of Brazilian Children** Project initially aimed to work on three main aspects:²⁶

- (i) Advocacy to strengthen the regulation of the food and beverage industries.
- (ii) Capacity building of health, social assistance, and education professionals
- (iii) Promotion of information on healthy lifestyle and breastfeeding practices

The initial objectives were purposefully broad, allowing UNICEF’s implementation team to refine them based on the context of the intervention, the emergency response required during the COVID-19 outbreak, and the available resources.

UNICEF decided to adjust its focus following consultations with specialists from civil society organizations, NGOs, and the Ministry of Health (MoH), also using data from the KAP Study conducted in 2021 as part of the project, and data collected by Brazilian capital cities that were participants in the “Plataforma Centros Urbanos” (PCU) strategy around the time the project was about to launch – at the start of the COVID-19 pandemic. UNICEF chose not to concentrate the efforts of this project on advocacy for changing the labels of ultra-processed food and beverages as initially planned. It has advocated for this cause and has supported the Brazilian Consumer Defense Institute (IDEC) leadership to include “warnings on the package front of ultra-processed food products for when there is an excess of nutrients such as sugar, sodium, and saturated fats”.²⁷ In May 2019, the bill to change the labeling patterns of UPP in Brazil ([Instrução normativa nº 75, de 8 de outubro de 2020](#)) was approved, coming into force in October 2022.

Instead, the UNICEF Brazil/AXA project then focused on advocating for the promotion of healthy school environments, by regulating the availability of ultra-processed foods and promoting education on healthy nutrition, since schools are still considered to be obesogenic environments²⁸, despite the existing National School Feeding Policy (PNAE)²⁹, which promotes the access to healthy and adequate food, including the use of varied, safe foods that respect the culture, tradition and

²⁶ As described in the ToR for this evaluation.

²⁷ UNICEF. UNICEF anuncia apoio ao modelo de rotulagem de triângulos proposto pelo Idec. October 2019. Available at: <https://www.unicef.org/brazil/comunicados-de-imprensa/unicef-anuncia-apoio-ao-modelo-de-rotulagem-de-triangulos-proposto-pelo-idec>

²⁸ UNICEF (2019). Má alimentação prejudica a saúde de milhões de crianças em todo o mundo, alerta o UNICEF. October 2019. Available at: <https://www.unicef.org/brazil/comunicados-de-imprensa/ma-alimentacao-prejudica-saude-das-criancas-em-todo-o-mundo-alerta-o-unicef>

²⁹ The original policy name is “Política Nacional de Alimentação Escolar” (PNAE) and it promotes food and nutrition security. It consists on “the supplementary transfer of federal financial resources to assist students enrolled in all stages and modalities of basic education in municipal, district, state and federal networks and in entities classified as philanthropic or maintained by them, in denominational schools maintained by non-profit entities and in community schools that have agreements with the States, the Federal District and the Municipalities, with the objective of contributing to the growth and biopsychosocial development, learning, school performance and the formation of healthy eating habits of students, through actions food and nutrition education and the provision of meals that cover their nutritional needs during the school period” it also establishes that at least 30% of the resources are used to buy fresh produce from family farming and supporting the sustainable and economic development of the communities. Source: <https://www.gov.br/fnde/pt-br/acao-a-informacao/acoes-e-programas/programas/pnae>

healthy eating habits”.³⁰

This shift in strategy further specified the previous aspects into the following:

- (i) Strengthening the regulation for the food and beverage industries to limit their availability in school environments and their surroundings.
- (ii) Capacity building for health, social assistance, and education professionals on the importance of breastfeeding, exclusive breastfeeding until babies are six months old, and promoting healthy nutrition for children and adolescents.
- (iii) Promoting a healthy lifestyle and breastfeeding practices among adolescents by disseminating informative online campaigns.

The Project’s overall approach focused on the different environments of children and adolescents: households and families, pre-schools, schools, and primary health care units.

Project components

The three aspects mentioned above are directly and respectively related to the expected outcomes of the project, as revised by the evaluation team (ET) and UNICEF’s implementation team during a theory of change (ToC) workshop during the inception phase of the evaluation:

Table 1 – Revised Project Outcomes

Outcomes	Description
1	Healthy school environments (free of ultra-processed foods) promoted at selected Agenda and Seal UNICEF municipalities.
2	Puerperal mothers, families, communities, and civil society aware of the importance of breastfeeding and healthy child nutrition and supplementation
3	Information regarding healthy nutrition for children and adolescents, disseminated through campaigns targeted at the general population and policy managers

The strategy shift also transformed the project's initial six activities into nine activities, as shown in Table 2 – Initial vs. Developed activities below.

Planned Activity 1 became three co-related activities (Activity 1a, Activity 1b, Activity 1c) on advocacy for healthy school environments. Six others (Activities 3c, 3d, 3e, 3f) were incorporated into the original ones, focusing mainly on campaigns about healthy nutrition for children and adolescents. Activity 3c, in particular, was developed as a response to food insecurity and the need for the continuity of nutrition services and education, considering the emergent famine increase in the context of the COVID-19 pandemic and the eminent return of Brazil to the UN's Hunger Map.

According to a commissioned research on the secondary effects of the COVID-19 pandemic on children’s lives developed by the Brazilian Institute of Public Opinion and Statistics (IBOPE) and the

³⁰ PNAE - Programa Nacional de Alimentação Escolar (no date) Fundo Nacional de Desenvolvimento da Educação. Available at: <https://www.gov.br/fnde/pt-br/aceso-a-informacao/acoes-e-programas/programas/pnae> (Accessed: 31 June 2023).

Research Intelligence and Strategic Consulting (Ipec), the results indicated a decrease in income and increased food insecurity, in which the number of people reporting skipping meals due to a lack of money to buy food went from 6% to 13% and 17% in the 1st³¹, 2nd³² and 3rd³³ rounds of the research, respectively. As for other changes in project activities, most transitioned from an in-person to an online format.

³¹ UNICEF Brasil, IBOPE Inteligência. Impactos Primários e Secundários da Covid-19 em Crianças e Adolescentes, 1ª Onda. 2020. Available at: <https://www.unicef.org/brazil/relatorios/impactos-primarios-e-secundarios-da-covid-19-em-criancas-e-adolescentes>

³² UNICEF Brasil, IBOPE Inteligência. Impactos Primários e Secundários da Covid-19 em Crianças e Adolescentes, 2ª Onda. 2021. Available at: <https://www.unicef.org/brazil/relatorios/impactos-primarios-e-secundarios-da-covid-19-em-criancas-e-adolescentes-segunda-rodada>

³³ UNICEF Brasil, Ipec. Impactos Primários e Secundários da Covid-19 em Crianças e Adolescentes, 3ª Onda. 2021. Available at: https://www.unicef.org/brazil/media/15136/file/relatorio_analise_impactos-primarios-e-secundarios-da-covid-19-em-criancas-e-adolescentes_terceira-rodada.pdf

Table 2 – Initial vs. Developed activities

Initial activities		Developed activities	
1	Advocacy for the change of laws and regulations related to ultra-processed food and sugary beverages	1a	Mobilize and promote awareness of managers and strategic actors from UNICEF's partner municipalities to work on a healthy eating agenda in the school environment.
		1b	Advocate with municipal councils and legislative assemblies to develop their regulations based on a model bill (PL Modelo).
		1c	Mobilize adolescents and young people (NUCAS) with quality information to work on the healthy eating agenda in the school environment in Seal UNICEF municipalities.
2	Training of health professionals at maternities about infant and young child feeding counseling to puerperal mothers and families	2a	Promote and support breastfeeding and healthy complementary feeding to puerperal mothers in the Agenda Cidade UNICEF partner municipalities.
2	Capacity building of managers, health workers, and preschool caregivers on breastfeeding and healthy complementary feeding, and prevention of childhood obesity through distance learning courses	2b	Capacity building of managers, health workers, social assistance workers and pre-school teachers on breastfeeding and healthy feeding habits through an online course.
4	Promotion and support of breastfeeding and healthy habits among pregnant adolescents and adolescent parents	2c	Promotion of breastfeeding and healthy habits among pregnant adolescents via <i>Rango de Resposta</i> app.
5	Generation of a KAP study on cultural, economic, and social factors related to ultra-processed food consumption among young children	3a	Generation of a study on cultural, economic, and social factors related to ultra-processed food consumption among young children.
6	Development of information materials and strategies based on the study findings to promote a healthy lifestyle among young children	3b	Development of information materials and strategies based on the study findings to promote a healthy lifestyle among young children
		3c	Support for the dissemination of the Ministry of Health's NutriSUS strategy (micronutrient sachets), reformulated for basic health units in the most vulnerable regions (North and indigenous health districts)
		3d	Study on primary and secondary impacts of Covid-19 on children and adolescents' nutrition and health
		3e	Distribute Social and Behavioral Change Communications (SBCC) materials to vulnerable families, enrolled in Bolsa Família program, at priority municipalities in Pernambuco, Maranhão, and Rio de Janeiro.

Initial activities	Developed activities	
	3f	Translate WHO's "How marketing of formula milk influences our decisions on infant feeding" and promote a debate about it.

Implementation Status

As for the status of the Activities, the majority are now complete, but four of them are partially completed, as detailed below:

Activity 1a³⁴ still needs to launch the guides on Healthy Eating Environments that will be distributed to public managers. The launch of the guides [occurred in June 2023](#).

Activity 1c³⁵ included the development of a game for adolescents to engage in healthy eating habits. The game has been developed and has undergone a validation phase with adolescents. However, the game still needs to be launched.

Activity 3c³⁶ is complete. UNICEF, as requested by the MoH, has helped develop a communication pamphlet for the NutriSUS strategy – a Strategy for Fortification of Infant Nutrition with Micronutrients (Vitamins and Minerals) Powder – offering instructions on how the sachets should be administered. However, this campaign has not yet been launched due to internal processes in the MoH, such as procurement and distribution delays.

Ipec's research in **Activity 3d**³⁷ is now complete. However, the results still need to be publicly disseminated. The research results will also serve as an input for other UNICEF projects and programs.

Considering other changes in the activities that were implemented, **completion status better translates the activities and sub-activities** developed throughout the project. It also presents a summary of the status of each activity, the implementation partners for each activity, their intended beneficiaries, and geographic coverage. They have also been re-numbered according to their main-related outcome, as shown in **Table 2 – Initial vs. Developed activities**.

³⁴ Mobilize and promote awareness of managers and strategic actors from UNICEF's partner municipalities to work on a healthy eating agenda in the school environment.

³⁵ Mobilize adolescents and young people (NUCAS) with quality information to work on the healthy eating agenda in the school environment in Seal UNICEF's partner municipalities.

³⁶ Support for the dissemination of the Ministry of Health's NutriSUS strategy (micronutrient sachets), reformulated for basic health units, in the most vulnerable regions (North and indigenous health districts).

³⁷ Disseminate research results in the media and to influence UNICEF's project and programs.

The **Good Nutrition for a Healthy Life of Brazilian Children** Project was implemented in two of the most vulnerable areas of Brazil: The Amazon and the Semi-Arid regions, specifically the municipalities that enroll in the UNICEF Seal (2023 municipalities in 18 states), and eight state capitals³⁸ that are part of the Agenda Cidade UNICEF (former Plataforma Centros Urbanos -strategy).

Figure 1 – Geographic locations of the Good Nutrition for a Healthy Life of Brazilian Children (UNICEF Seal and Agenda Cidade UNICEF)



Source: UNICEF’s Yearly Report (Jan 2022)

Part of Activity 2c, regarding the promotion of breastfeeding and healthy habits among pregnant adolescents and adolescents, took place in the city of Vitória (ES), which was previously part of the PCU. However, since the recent change from PCU to Agenda Cidade UNICEF in 2022, the city of Vitória is no longer part of the urban centers' scope. The activity in Vitória happened in an in-person format and during the early stages of the project, still before the COVID-19 pandemic. Later, the activity transitioned to developing and disseminating a mobile application called “Rango de Resposta.”

1.3. Project implementation and coordination

The **Good Nutrition for a Healthy Life of Brazilian Children** Project was coordinated by the UNICEF Brazil Health and Nutrition team in Brasília. The implementation team was comprised of a health officer, nutrition consultants, local staff, seven implementation partners, and service providers who

³⁸ Belém, Fortaleza, Manaus, Recife, Rio de Janeiro, Salvador, São Luís and São Paulo.

reported back to the implementation team³⁹.

The implementation has faced a few constraints. The Project launched only a couple of weeks before the COVID-19 pandemic, necessitating the adaptation of some activities from in-person to online formats while postponing the delivery of others. The implementation team and its partners had to prioritize the specific demands of the COVID-19 response. **Annex 3: Implementation of Activities** provides a general description of the implementation process of the activities.

1.4. Project human resources and funding

The project was financed by AXA France and AXA Brazil, with an overall budget of USD 869,177.49⁴⁰. The funds were received in two installments: a first installment in January 2020 and a second installment in March 2020.

Due to the cancellation of in-person activities (which tend to be more costly than online activities) and currency fluctuations, the project ended up with a larger BRL budget, which allowed it to incorporate studies on the effect of the COVID-19 pandemic and the development of communication strategies for NutriSUS. Specifically, activities that were not initially planned and ended up being funded by the project in the scope of the COVID-19 response were:

- **Activity 3e:** UNICEF Brazil used AXA funds to develop “Social Behavior Change Communication” materials, which were distributed to families of significant vulnerability enrolled in Bolsa Família, in priority municipalities in Pernambuco, Maranhão and Rio de Janeiro states. This was a Humanitarian **Cash Transfer (HCT) Program**. Given the worsening food insecurity in the country, this was one possible approach to support families. The HCT was implemented in partnership with state and local governments through the local CRAS (Reference Center in Social Assistance), reaching **3,527 families**. The materials aimed to guide families on the best use of the financial benefits they received, while also teaching them on how to have a healthy diet in their vulnerable context.
- **Activity 3f:** UNICEF Brazil organized an event with the Pan American Health Organization PAHO/WHO on World Breastfeeding Protection Day to release the Portuguese version of the "[How marketing of formula milk influences our decisions on infant feeding](#)" and have a debate about the topic.
- **Activity 3g:** An opportunity to adapt and expand the activity of informing adolescents about breastfeeding and healthy nutrition in the COVID-19 context. Its limitations was developing a broader methodology of an integrated approach on responsive childcare among adolescents, pregnant adolescents, and parents to be implemented with the [Criança Feliz](#)

³⁹ Idec, Vitolo MR, Ipec, Plan Eval, Cintercoop, Cieds, Primeiros Laços.

⁴⁰ Considering the information in the January 2022 Annual Report, the most recent report received by the ET.

[National Program](#)⁴¹ (PCF). This initiative would be majorly funded by other funds (SDG Funds) and would include a nutrition module funded by AXA.

The budget information was scattered throughout reports without being categorized by activity. UNICEF’s implementation team is gathering and organizing the unavailable financial information in implementation partners’ reports.

1.5. Monitoring & Evaluation

According to UNICEF’s implementation team, the project did not have a specific monitoring system in place. Some of the activities and results indicators in the original logical framework (LF) did not have targets, nor were they available in the progress reports.

The implementation partners, especially Idec and Vitolo MR, reported progress in more detail. Vitolo MR conducted a monitoring survey with 20% of the mothers who received the 10 steps to healthy eating and habits from birth to 2 years old, and Idec reported all the activities conducted in each municipality mobilized to file the PL Modelo.

The evaluation team found it challenging to track the development of the activities across all available documents, as their names were constantly changed throughout reports from UNICEF, implementation partners, and periodic reports. After carefully collecting and systematizing the names of the activities and the data available about them, the ET contacted a few implementation partners to understand better what had been reported and to ask for further data when available.

Annex 4: Available monitoring data systematizes the monitoring data found in the available reports.

⁴¹ During the implementation of the “Good Nutrition for the health of Brazilian children”, the [Programa Criança Feliz](#) (PCF) was part of the Ministry of Citizenship. It provides home visits to vulnerable families with pregnant women and/or children under 3 years of age (and under 6 for children with disabilities) to promote health, education, social assistance, culture, and human rights to contribute to an integral development of children. The program has a wide reach. In 2021 there were over 57 million home visits in over 3,000 municipalities.

2. Evaluation Purpose, Objective(s) and Scope

2.1. Context of the Evaluation

As the **Good Nutrition for a Healthy Life of Brazilian Children** Project is ending, UNICEF Brazil has commissioned Plan Eval to conduct the project's final evaluation. The evaluators began the preparatory phase in January 2023, consisting of a desk review to get acquainted with the project and conducting exploratory interviews with UNICEF's team to further understand how the project was implemented.

After carefully reading a compilation of documents and having only one exploratory interview, the evaluators delivered the first version of the Inception Report. However, it became clear that more documents were needed to further understand the project. More time availability from UNICEF was also essential. The Evaluation Team (ET) then had access to new and updated reports and has directly requested implementation partners for further available monitoring information. A second exploratory interview with UNICEF and a workshop with the implementation team were conducted. Three other exploratory interviews were conducted with the then-available implementation partners: IDEC, CINTERCOOP, and Márcia Vitolo.

UNICEF Brazil informed the ET that AXA Brazil's representative overseeing the progress of the **Good Nutrition for a Healthy Life of Brazilian Children** project was no longer part of the donor's staff, which made the ET unable to contemplate the donor's local office perspective and its participation in the project.

As for the UNICEF Brazil team, the Chief of Health and HIV/Aids in charge had retired while the **Good Nutrition for a Healthy Life of Brazilian Children** project was being developed. Another UNICEF team member involved in the project is also no longer part of the staff.

The **Good Nutrition for the Healthy Life of Brazilian Children** project began in 2020, at the second tenure year for many public office positions in Brazil – who were elected in October 2018 and took office in January 2019 – including the President, their Ministries, and appointed positions, Governors, Secretariats, and Legislative representatives, among others. The same election cycle happened in October 2022, potentially altering part of the public managers to which the project mobilized and had proximity, besides significantly altering the Federal priorities. Such changes in office affected the evaluation's ability to reach potential interviewees, especially contacts in the Ministry of Health. However, part of the mobilization with public managers happened at the municipal level – including Mayors, their Secretariats and City Councilors – who were elected in the October 2020 elections and took office in January 2021, before Idec's initial mobilizations with public managers.

Finally, this evaluation started right after WHO declaring that the COVID-19 was no longer a global health emergency.⁴²

2.2. Evaluation Purpose and Objectives

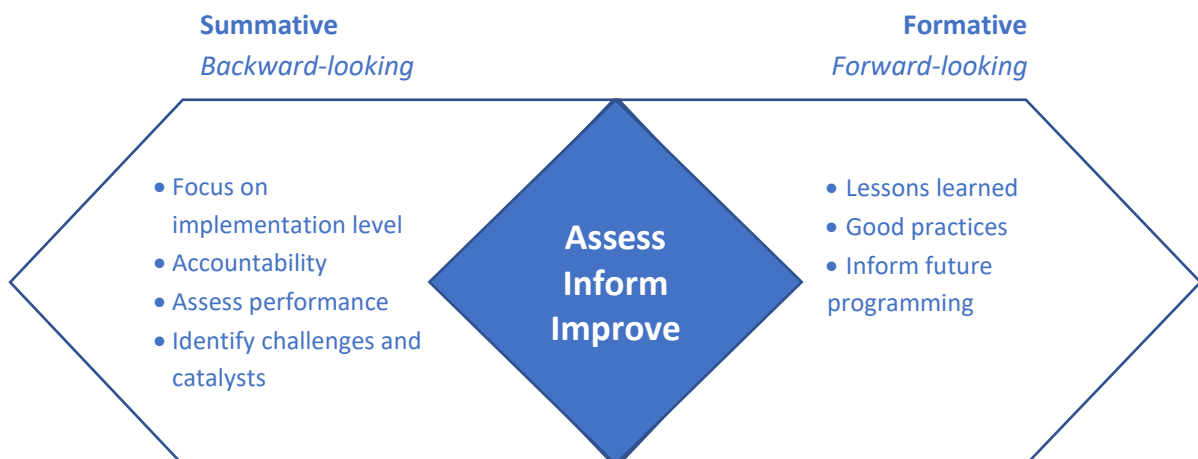
The **purpose** of the final evaluation of the **Good Nutrition for a Healthy Life of Brazilian Children** Project is both summative and formative. It aims to assess (i) whether the project has effectively reached its goals and strategic objectives (summative component); (ii) while also identifying good practices, helpful implementation, lessons learned, and areas of improvement (formative component), particularly considering the necessary changes implemented due to the COVID-19 pandemic scenario.

The evaluation results will inform future programming and course correction of ongoing programs focused on child nutrition. As mentioned in the Terms of Reference (ToR), for this assignment, the

⁴² PAHO. COVID-19 no longer constitutes a public health emergency of international concern. May 2023. Available at: <https://www.paho.org/en/news/8-5-2023-covid-19-no-longer-constitutes-public-health-emergency-international-concern>

evaluation is intended to inform the design of more sustainable and equitable projects in the future, for the promotion of children and adolescents rights to health and adequate food.

Figure 2 - Summative and Formative Evaluative Approach



Source: Plan Eval

In line with the ToR, the overall **objective** of the evaluation is to provide UNICEF Brazil and its implementing partners with findings regarding the **relevance, coherence, effectiveness, efficiency, and sustainability** of the **Good Nutrition for a Healthy Life of Brazilian Children** project, particularly considering its planning, design, implementation, and results achieved.

Specifically, the evaluation assesses the relevance of the project design and intervention strategies to (i) promote healthy school environments as a way to decrease the consumption of ultra-processed food and sugar beverages among children; (ii) promote exclusive breastfeeding, healthy food introduction; (iii) the promotion of healthy eating habits as prevention of childhood and adolescent overweight in areas of intervention, and during the COVID-19 pandemic.

The evaluation assesses the **internal coherence** of the project design and implementation with UNICEF’s Country Program and projects in the Brazil Health and Nutrition Office.

In addition, it assesses the **effectiveness** of the project contributions – both intended and unintended – and its **efficiency** – the best use of resources available.

The **sustainability** of the project was also assessed. The evaluation analyzed whether the activities and their benefits remained after the intervention was finalized, and if the beneficiaries have developed a sense of ownership – which tends to lead to its continuity – regarding what was learned and implemented.

The ET explored the extent to which **methods** such as considering **human rights** and gender equality, and no one left behind principles, have informed the different interventions that have been developed.

By identifying **lessons learned** and **good practices** throughout the planning, design, implementation, and underlying factors for successful replication, the evaluation aims to provide UNICEF Brazil and partners with actionable insights and forward-looking recommendations to strengthen UNICEF’s work.

2.3. Users of the evaluation

UNICEF Brazil will be one of the primary users of the evaluation. It aims to use its results to inform future programming and course correction of ongoing nutrition programs.

The evaluation results will also be relevant for the project donors, **AXA France and AXA Brazil**, and **UNICEF Natcom France** to understand the project results and support decision-making regarding future funding.

Additionally, the evaluation results will be relevant to the oversight and support functions of UNICEF’s Regional Office for Latin America and the Caribbean (**UNICEF LACRO**), in charge of supervising and advising UNICEF Brazil in implementing its Country Program.

Finally, the lessons learned from the evaluation will also be helpful in informing UNICEF’s **implementing partners** regarding successful approaches and aspects for improvement.

2.4. Evaluation Scope

The evaluation focused on the planning, design, and implementation phases of the project, besides the results achieved, regarding the activities that have been finalized or are in the process of being finalized by the start of the evaluation contract. As previously mentioned, three activities are still in progress, allowing the evaluation to focus only on their implementation level. The activities approaching final stages are:

- **Activity 1a:** Despite already mobilizing public managers and conducting three online webinars, a guide that summarizes the topics discussed in the webinars and informs public managers on healthy school environments still needs to be publicized.
- **Activity 1c:** The mobilization with adolescents from NUCAS were not concluded as the “Comer para ter direitos!” game has not launched yet.
- **Activity 3d:** Ipec’s study on the primary and secondary impacts of COVID-19 on children and adolescents’ nutrition and health hasn’t been publicized yet.

Therefore, the evaluation’s temporal scope covers the period between March 2020 and the start of the evaluation assignment in January 2023.

Geographically, the evaluation covers all of the project’s targeted territories: (i) the UNICEF Seal municipalities in the Semi-Arid and Amazon regions; (ii) 8 large urban centers⁴³ of the Agenda Cidade UNICEF (Belém, Fortaleza, Manaus, Recife, Rio de Janeiro, Salvador, São Luís e São Paulo); and (iii) specific advocacy activities that were developed in Vitória (ES) and Maceió (AL).

2.5. Evaluation Criteria

In line with the evaluation objectives and the ToR, the project was evaluated on its relevance, coherence, effectiveness, efficiency, and sustainability, as well as in terms of its human rights-based approach and gender equality, per the updated OECD DAC Criteria⁴⁴. Within the context of this evaluation, these six evaluation criteria were defined as follows:

Table 3 – Evaluation Criteria

Criteria	Definition
Relevance	Appropriateness of the project design, objectives, programming strategies, approaches and expected results, considering the context and the ability to respond and adapt to changes in context, the needs and priorities of the beneficiaries and their context.
Coherence	The compatibility and synergies (or trade-offs) of the intervention with other interventions of the UNICEF country program and policies in the country.
Effectiveness	Extent to which the intended and unintended outputs and outcomes have been achieved (or were expected to be achieved) and which interventions were the most effective.
Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. For this evaluation, the main focus is on how the

⁴³ The original scope in the ToR did not consider the project activities that ended up taking place in cities that are not part of the Agenda UNICEF.

⁴⁴ OECD (2021). Applying Evaluation Criteria Thoughtfully. OECD Publishing. Paris. Available at: <https://doi.org/10.1787/543e84ed-en>.

Criteria	Definition
	established partnerships contributed or did not contribute to these results. We formulated recommendations regarding priorities, structure, and budget prioritization for the subsequent nutrition-related programs.
Sustainability	The extent to which the benefits of the intervention continue, and the project promoted ownership and effects durability through the development of institutional, individual and/or national capacity.
Human rights approach and gender equality	The extent to which the project respected and addressed gender disparities within the target population and promoted human rights.

Source: Plan Eval

2.6. Evaluation Questions

Each of the six criteria presented above are evaluated through a set of questions to which the evaluation team sought to provide a credible and reliable answer. These questions were first presented in the ToR and then revised by the ET to enhance clarity, better align with the criteria definitions, and avoid accumulating two questions in one. **Annex 5: Revised Evaluation Questions and Justification** presents the original questions from the ToR, the revised questions by the ET, and justifications for the modifications made.

2.7. Stakeholder Map

Below are the list of Stakeholders involved in the Project. **Annex 6: Stakeholder Roles** lists the majority of the stakeholders in the project and describes their involvement. The names listed in grey participated in the evaluation. An online stakeholder map is also available [here](#).

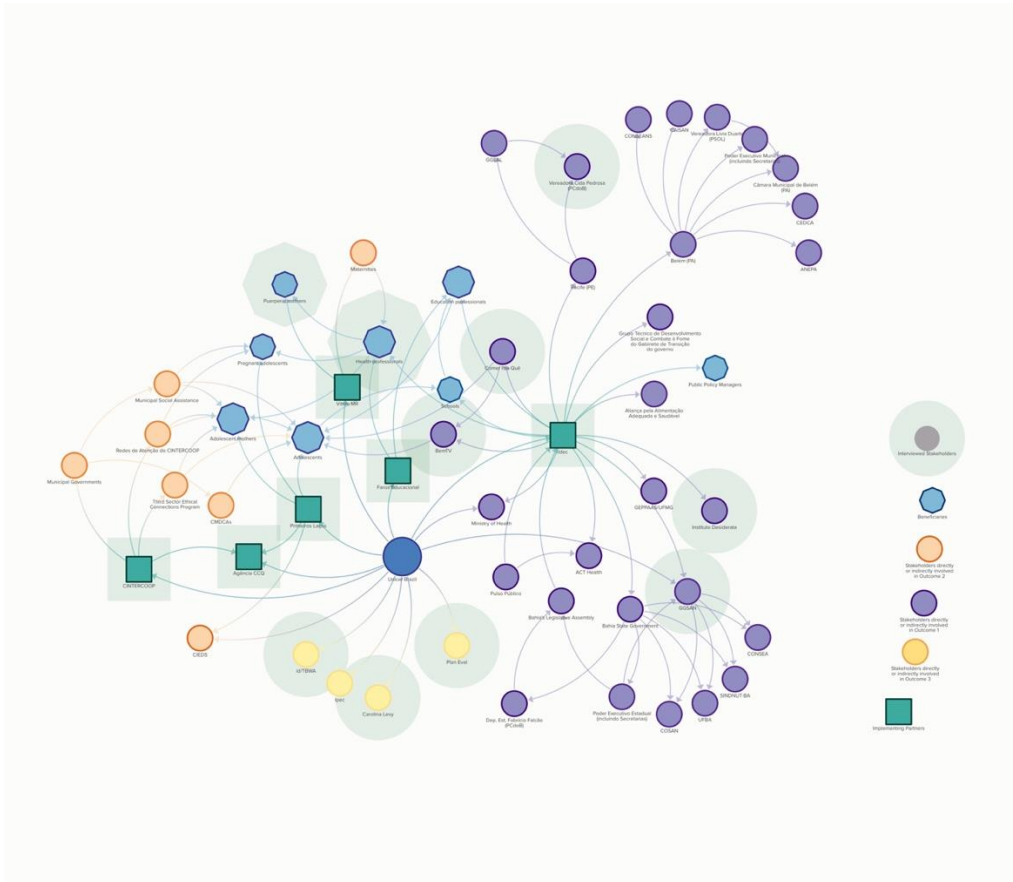
Table 4 – Stakeholder Roles

Outcomes	Activities	Implementation Partner	Supporting CSO or Government Organizations	Main beneficiaries
Outcome 1: Healthy school environments (free of ultra-processed foods) promoted at selected Agenda and Seal UNICEF partner municipalities.	Activity 1a: Mobilize and promote awareness of managers and strategic actors from UNICEF's partner municipalities to work on a healthy eating agenda in the school environment	Idec	CSOs: ACT Promoção de Saúde, Aliança pela Alimentação Adequada e Saudável, Instituto Desiderata, Pulso Público, Idec Governmental organizations: ANEPA, SINDNUT, CAISAN, CONSEA, CONSEANS, COSAN, GGSAN, Gabinete de Transição	Executive managers Legislative representatives
	Activity 1b: Advocate with municipal councils and legislative assemblies to develop their regulations based on Idec's Projeto de Lei Modelo			Policy managers Legislative representatives
	Activity 1c: Mobilize adolescents and young people (NUCAS) with quality information to work on the healthy eating agenda in the school environment in Seal UNICEF's partner municipalities	Idec Bem TV Comer Pra Quê		Adolescents
Outcome 2: Puerperal mothers, families, communities and civil society awareness of the importance of breastfeeding and healthy child nutrition and supplementation.	Activity 2a: Promotion and support of breastfeeding and healthy complementary feeding to puerperal mothers in the Agenda Cidade UNICEF partner municipalities	Vitolo MR	Local Health Departments/Secretaries	Puerperal mothers Health professionals
	Activity 2b: Capacity building of managers, health workers, social assistance workers and pre-school teachers on breastfeeding and healthy feeding habits through an online course	Faros UNICEF		Managers Health workers Social assistance workers and Pre-school teachers
	Activity 2c: Promotion of breastfeeding and healthy habits among pregnant adolescents through the <i>Rango de Resposta</i> app	Primeiros Laços Agência CCQ Cintercoop	Rede Conexões Éticas do terceiro Setor Redes e Atenção Básica de Atenção a Saúde da Infância e Adolescência dos Principais Centros Urbanos	Adolescents Pregnant adolescents Adolescent parents

<p>Outcome 3:</p> <p>Information regarding healthy child nutrition generating campaigns that the general population and policy managers consume</p>	<p>Activity 3a:</p> <p>Getting evidence-based information through a KAP (knowledge, attitudes and practices) study to inform the elaboration of new strategies to tackle child overweight and obesity</p>	Plan Eval		UNICEF Brazil
	<p>Activity 3b:</p> <p>Development of Information materials and strategies based on the findings of the KAP study to promote a healthy lifestyle among young children.</p>	Onomatopéia id/TBWA		Mothers, fathers, health and education professionals from low-income households (C, D and E social strata)
	<p>Activity 3c:</p> <p>Support for the dissemination of the Ministry of Health's Nutrisus strategy (micronutrient sachets), reformulated for basic health units, in the most vulnerable regions (North and indigenous health districts)</p>	Plural Imagem e Som UNICEF Brazil	Ministry of Health	Puerperal mothers
	<p>Activity 3d:</p> <p>Study on primary and secondary impacts of COVID-19 on children and adolescents' nutrition and health</p>	Ipec		UNICEF Brazil

Figure 3 – Stakeholder Map

Click [here](#) to access the online version of the stakeholder map.



2.8. Theory of Change

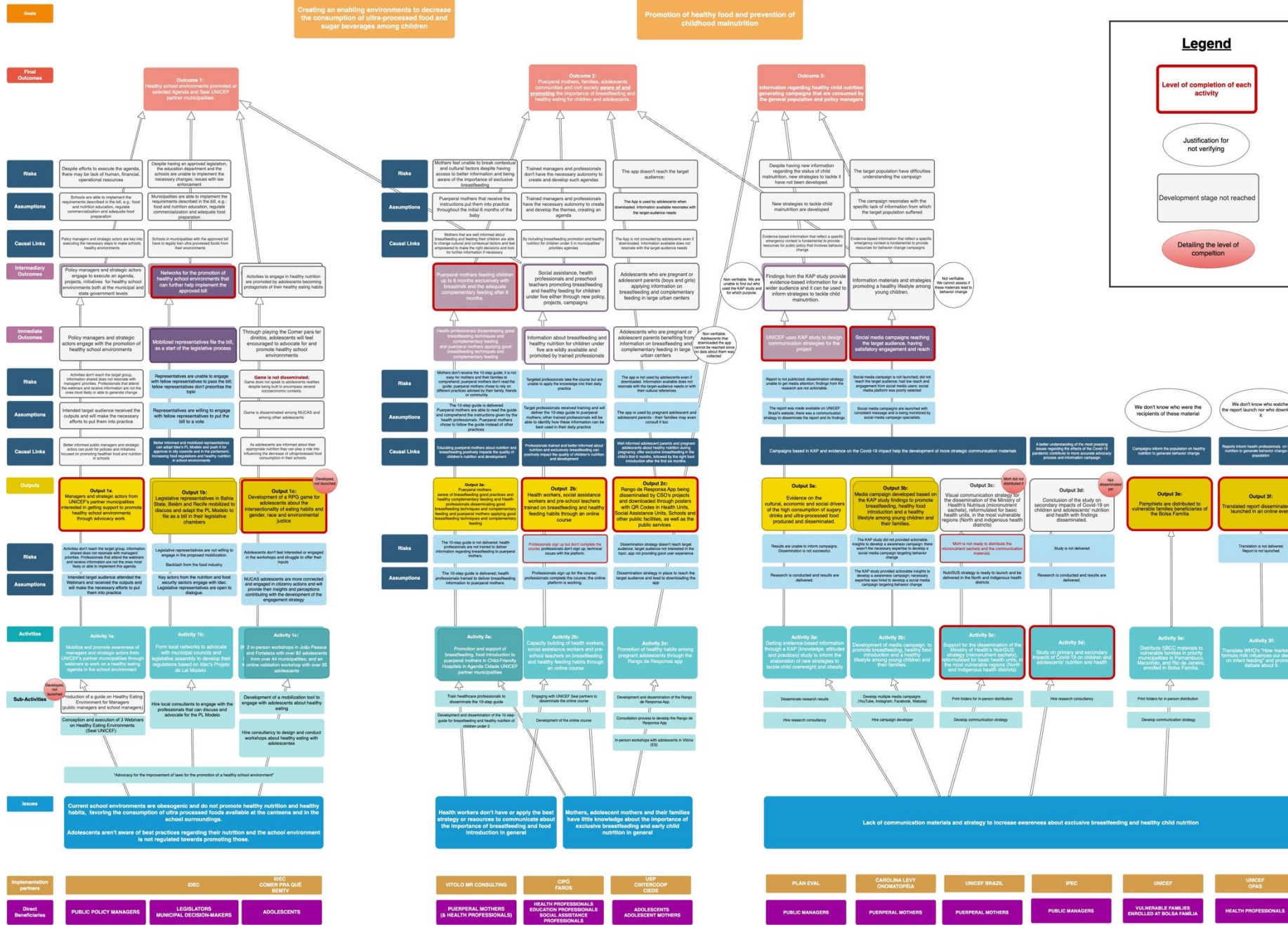
As mentioned, the Project has undergone several changes due to the COVID-19 pandemic. The evaluation team understands that the initial Logical Framework (LF) of the project no longer translates UNICEF’s and partners’ efforts throughout the past three years. And since the ET did not receive a Theory of Change⁴⁵, the one presented below was developed by Plan Eval based on the desk research and one exploratory interview with one project consultant.

This ToC reflects the ET’s understanding of the issues, activities, outputs, outcomes, goals, and underlying assumptions of the **Good Nutrition for a Healthy Life of Brazilian Children** project. UNICEF Brazil has not yet validated this ToC.

For more clarity on the image below, **please visit the online version⁴⁶ of the ToC [here](#).**

⁴⁵ The closest resources were the initial Logical Framework and the results with corresponding indicators reported in the annual reports.

⁴⁶ Comments and suggestions are enabled.



3. Evaluation Design, Methodology and Framework

This chapter describes the evaluation design, methodology, and framework. It contains the general and specific methodological approach, including the evaluation matrix, data collection, and sampling strategies, data analysis, reporting, gender equity and human rights, ethical considerations and quality, management and governance of the evaluation.

3.1. Methodological Approach

This evaluation combines summative and formative views to meet UNICEF’s learning and accountability needs, to inform future programming. Other evaluative principles were also adopted and combined utilization-focused⁴⁷, participatory and theory-based approaches. More specifically, this evaluation is:

- **Summative and formative:** the ET assessed the design and implementation of the project while also identifying good practices that can be used or replicated in future programming.
- **Utilization-focused:** This evaluation considered specific primary users and their programmatic needs⁴⁸. It assumed the involvement of the primary stakeholder (UNICEF Brazil) to assess project performance, identify lessons learned, and to draw conclusions and recommendations to improve performance and results.

The donor was initially considered for participation in the evaluation. However, the donor’s involvement in the project implementation was subtle. Additionally, by the time the evaluation was designed, there wasn’t a specific focal point for this project at AXA Brazil.

After the inception phase, UNICEF Brazil’s involvement occurred mainly during the validation stages of the evaluation findings, which happened in a workshop format. Stakeholders that were available for an initial interview shared whichever information would be relevant for them to be considered in the evaluation – mostly aligned with what is being proposed in the IR. However, since the **Good Nutrition for a Healthy Life of Brazilian Children** project won’t be renewed, the partnerships with implementation partners are most likely reaching its end. The ET team considers it worth sharing results to encourage continuous learning and reflection that could aid future partnerships.

- **Participatory:** This approach emphasizes the participation and collaboration of the primary users during the evaluation process at three different levels:
 - (i) in the design of the methodology and data collection tools;
 - (ii) in the validation of the collected data and emerging results;

⁴⁷ Patton M. Q. (2014). Utilization-Focused Evaluation. SAGE Publications. Fourth Edition.

⁴⁸ By “use”, we understand how real people apply the findings of the assessment and experience the assessment process.

- (ii) in the formulation and validation of recommendations.

During the inception phase, the ET worked closely with UNICEF’s implementation team to design an evaluation that would best fit UNICEF’s purposes. The participatory approach continued through regular consultations and opportunities to provide feedback, increasing ownership and the probability of using the evaluation findings and recommendations to inform UNICEF’s strategic positioning.

- **Theory-based:** The ET constructed the project’s Theory of Change during the inception phase (Figure 4 - Theory of Change) with inputs from UNICEF Brazil’s team. Based on that theoretical model, the evaluation team verified whether the intended outcomes and results were observed in practice.

In circumstances where experimental designs cannot be implemented – such as the present project where no baseline data was collected from potential beneficiaries – a theory-based approach provides a way to assess whether or not the intervention helped producing the intended results, with the advantage of also focusing on understanding why and how the observed results occurred. Such empirical evidence allows us to identify areas of improvement and strengths of the project.

The **evaluation design** combined **quantitative and qualitative methods** to understand the reach of the observed effects, as measured by monitoring data. The quantitative methods essentially refer to the monitoring data collected during the intervention, mainly at the output level. The only activity and circumstance that have monitored immediate outcomes was Activity 2a, with puerperal mothers. The hired consultancy to develop and distribute the 10-step guide contacted 20% of the women who received the guide to follow up on their initial impressions about the guide. However, as previously mentioned, the monitoring data available for other activities lacked the ability to establish targets in some cases. They did not have the same approach to monitoring outputs and effects of the intervention. As for the **qualitative data**, the ET relied on desk research, literature review and primary data collected during the evaluation, mainly in-depth interviews and focus groups.

The principle of **data triangulation** involves bringing different points of view on the analysis to expose causal complexity, while actively searching several sources of information to answer the same evaluation question, which reduces interpretation biases and increases the validity of inferences.

The **transparency** principle also guided the process. Ensuring transparency in practice implies constant communication with those involved in the evaluation design, including a discussion of risks, threats, and limitations, which also ensures people participation. As the evaluation development evolved, the ET and UNICEF’s implementation team have developed a closer and more frequent communication. While gathering the available information about the implementation process, UNICEF’s implementation team has been very solicitous, and Plan Eval’s team ensured their participation while also sharing potential concerns and limitations of the evaluation.

As previously mentioned, this evaluation is based on the OECD evaluation criteria: Relevance, Coherence, Effectiveness, Efficiency, and Sustainability. As per OECD-DAC recommendations, the criteria also focus on evaluating to what extent the project considered promoting human rights and gender equality in their implementation and results.

To assess the performance of the project, the evaluation team also proposed a **contribution analysis**⁴⁹ to understand how the project contributed to the achievement of specific outcomes (but not necessarily unilaterally caused them), thereby demonstrating how the combined effects of program interventions, activities of stakeholders as provoked by the program, and the interaction effects among these stakeholders resulted in the observed outcome, given a set of constraints (institutional, political, economic).

To provide a reliable and credible answer to the different evaluation questions, the evaluation team relied on the **Evaluation Matrix**, which served as the primary planning tool for the evaluation, by identifying for each evaluation question the **sources** of data and **indicators** that would allow the research team to answer it.

3.2. Evaluation Matrix

The Evaluation Matrix is presented in **Annex 7: Evaluation Matrix** and is based on the proposed evaluation questions in the ToR. The ET has revised and justified changes in the matrix.

3.3. Data collection

In line with the proposed methodology, the evaluation team relied on different primary and secondary data sources to provide a credible and reliable answer to the evaluation questions.

3.3.1 Secondary data

Desk review of project documentation

In terms of *quantitative data collection*, the evaluation team has requested UNICEF and its implementation partners access to project monitoring data. This included project monitoring indicators, as well as financial and budgetary data. These data were used to assess how the project achieved its intended outcomes and results.

During the inception phase, the ET conducted a review of the project, including the following documents:

- Project Concept Note;
- Project's Logical Framework;
- Annual reports (2020 – 2022);
- All the documentation on the implementation of the project activities is available.

⁴⁹ Mayne, John (2001). "Addressing Attribution through Contribution Analysis: Using Performance Measures Sensibly". *The Canadian Journal of Program Evaluation* 16, n° 1: 1–24.

The complete list of documents received and consulted is presented in **Annex 9: Provided documentation**. This review was conducted to understand the project design, how far it had been implemented, and how much it had to adapt to the COVID-19 pandemic circumstances.

Desk review of secondary data

Secondary data from national studies, UNICEF reports, reports from other UN agencies, grey literature, and academic papers were used to inform the **1.1. Background and context** section, as well as the **4.1. Relevance section**.

Quantitative data from activities

As the project underwent several changes during its implementation, mainly to adapt to the COVID-19 circumstances and to align its activities with the pandemic response, the ET identified that many activities needed a quantitative target or a baseline value.

Also, progress and annual reports lacked continuity and alignment with reports from implementation partners. The ET has identified over six sources from which the names of activities, outputs, and outcomes were described, with quantitative data presented, but there were inconsistencies. Therefore, the ET gathered and presented more than one source of quantitative data in section 1.6. Monitoring & Evaluation.

3.3.2 Primary data

Semi-structured interviews and focus groups

Through a **purposeful sampling** based on referrals from the UNICEF Brazil team and the involvement of the stakeholders with the project, 24 one-on-one interviews with relevant stakeholders – UNICEF Brazil staff, implementation partners and service providers, and three focus groups with beneficiaries - were conducted by the ET. All implementing partners and service providers were invited to participate in the evaluation. However, some were no longer in the same role/organization, and some did not answer our invitation despite UNICEF's support of our approach.

Through these semi-structured interviews and focus groups, we developed an in-depth understanding of the project's relevance and performance, as well as some of the main roadblocks, achievements and lessons learned. The interviews and focus groups occurred online, and interview guides were followed in line with the evaluation matrix. The different interview guides are presented in **Annex 11 : Data Collection Tools**. UNICEF Brazil staff support was crucial to reach implementation partners. However, the ET still got no response from IPEC and two of the legislative offices mobilized in the advocacy activity.

To schedule data collection with beneficiaries, UNICEF and the ET contacted all the

Interviews per type of stakeholder:
<u>Unicef staff:</u>
7 (6 women, 1 man)
<u>Implementing partners and service providers:</u>
14 (10 women, 1 man)
<u>Beneficiaries (Government):</u> 3 (all women)

implementation partners they had direct contact with. UNICEF Brazil sent out a first message or e-mail inviting beneficiaries – webinar attendees and online course participants to participate in the evaluation’s data collection process. The ET only got four initial responses from participants of online courses. No participants showed up after inviting them to participate in an online discussion. As for the webinar attendees, the ET sent out over 400 e-mails and got zero responses. The absence of any kind of response could be attributed to the time that has passed since the webinar and the fact that it is not the kind of activity that creates strong and lasting bonds with participants.

Table 5 – Planned vs. Implemented Data Collection

Activities	Planned data collection method and sample	Data collection implementation
<p>Activity 1a:</p> <p>Mobilize and promote awareness of managers and strategic actors from UNICEF's partner municipalities to work on a healthy eating agenda in the school environment</p>	<p>3 Focus Groups 4 Interviews</p> <p>1 Focus Group with Governmental Organizations</p> <p>1 Focus Group with Civil Society Organizations</p> <p>1 Focus group with Webinar attendees</p> <p>3 Interviews, one per parliamentary office (Bahia, Belém, Recife)</p>	<p>Governmental organizations were interviewed instead of taking part in a focus group discussion. The ET did not have contact information for all the governmental organizations suggested since they had personnel changes, and contact information was provided by one of the implementation partners. Over 10 Government organizations were contacted several times, but only 3 answered and accepted the interview invitation.</p> <p>CSOs that were also implementing partners were interviewed instead of participating in a focus group discussion, since their agenda was incompatible.</p>
<p>Activity 1b:</p> <p>Advocate with municipal councils and legislative assembly to develop their regulations based on IDEC's Projeto de Lei Modelo</p>	<p>1 Interview with IDEC</p>	<p>Over 400 webinar attendees were contacted to participate in a focus group discussion. However, none of the invitees accepted or attended the invitation. The webinar happened over a year before the evaluation, and the ET understands that the activity's intent was not to establish a lasting relationship with the attendees, at least not enough for them to remember and participate in the evaluation.</p> <p>IDEC was interviewed as planned and helped to reach out to the parliamentary offices.</p>
<p>Activity 1c:</p> <p>Mobilize adolescents and young people (NUCAS) with quality information to work on the healthy eating agenda in the school environment in Seal UNICEF's partner municipalities</p>	<p>1 Interview</p> <p>1 simultaneous interview with both organizations</p>	<p>Both BemTV and Comer Pra Quê were interviewed. However, they were interviewed separately due to incompatibilities in their availability.</p>

<p>Activity 2a:</p> <p>Promotion and support of breastfeeding and healthy complementary feeding to puerperal mothers in the Agenda Cidade UNICEF partner municipalities</p>	<p>4 Focus Groups 1 Interview</p> <p>1 Interview with Marcia Vitolo</p> <p>1 Focus Group with puerperal mothers from maternities in the North and Northeast</p> <p>1 Focus Group with puerperal mothers from maternities in the South/Southeast Region</p> <p>1 Focus Groups with health professionals</p> <p>1 Focus Group with Maternities Representatives</p>	<p>The interview with Marcia Vitolo was done as planned.</p> <p>The ET did two focus groups with puerperal mothers, one focus group with health professionals, and one with maternities' representatives as planned.</p>
<p>Activity 2b:</p> <p>Capacity building of managers, health workers, social assistance workers and pre-school teachers on breastfeeding and healthy feeding habits through an online course</p>	<p>1 Interview 2 Focus Groups</p> <p>1 Interview with Faros</p> <p>2 Focus Groups with professionals, one from the Amazon Region, one from Semi-Arid Region</p>	<p>The ET did one interview with Faros. However, despite sending over 50 invitations, the ET faced limited access to the contact list due to data protection.</p>
<p>Activity 2c:</p> <p>Promotion of breastfeeding and healthy habits among pregnant adolescents through the Rango de Resposta app</p>	<p>6 Interviews</p> <p>2 Interviews with USP/Primeiros Laços</p> <p>2 Interviews with CINTERCOOP</p> <p>1 Interview with CIEDS</p> <p>1 Interview with Agência CCQ</p>	<p>The ET could only contact one person from Primeiros Laços and one person from International Development Cooperation Center (CINTERCOOP), since the person interviewed was the main focus point in the project implementation.</p> <p>The interviews with Integrated Center for Sustainable Development Studies and Programs (CIEDS) and Agência CCQ were conducted as planned.</p>

<p>Activity 3a:</p> <p>Getting evidence-based information through a KAP (knowledge, attitudes and practices) study to inform the elaboration of new strategies to tackle child overweight and obesity.</p>	<p>1 Interview</p> <p>1 Interview with Plan Eval</p>	<p>The ET did one interview with the researcher who conducted the KAP Study</p>
<p>Activity 3b:</p> <p>Development of information materials and strategies based on the KAP study findings, to promote a healthy lifestyle among young children.</p>	<p>2 Interviews</p> <p>1 Interview with id/TBWA 1 Interview with Carol Levy</p>	<p>The ET interviewed both id/TBWA and Carol Levy</p>
<p>Activity 3c:</p> <p>Support for the dissemination of the Ministry of Health's Nutrisus strategy (micronutrient sachets), reformulated for basic health units, in the most vulnerable regions (North and indigenous health districts).</p>	<p>2 Interviews</p> <p>2 Interviews with Ministry of Health</p>	<p>The ET did not interview representatives from the Ministry of Health. UNICEF's contact points in the Ministry for the Good Nutrition project were no longer in the Ministry by the time data collection for the evaluation happened.</p>
<p>Activity 3d:</p> <p>Study on primary and secondary impacts of COVID-19 on children and adolescents' nutrition and health.</p>	<p>1 Interview</p> <p>1 Interview with Ipec</p>	<p>The ET could not contact IPEC despite having support from UNICEF to contact them.</p>

3.4. Data analysis

Once data was collected, the evaluation team analyzed it to assess if the Theory of Change (ToC) was verified in practice and provide answers to the evaluation questions described in the Evaluation Matrix. Therefore, the evaluation team:

- Assessed the level of implementation of activities and the achievement level of outputs and outcomes.
- Analyzed whether the ToC and its underlying assumptions and mechanisms of change are verified in practice.
- Identified other factors contributing to particular outcomes in a given context.
- Described the contributions of the project to the observed outcomes.
- Refined the Theory of Change based on the results of the evaluation.
- Provided answers to the evaluation questions.
- Obtained lessons learned from the experience.

To provide answers to the evaluation questions, all the evidence collected was compiled into an **evidence matrix** that has the same structure as the evaluation matrix and that, for each research question, identifies the different sources of evidence (citations, report paragraphs, etc.) based on which the question is answered. The matrix also assesses the quality of the data collected and points out the gaps that challenged the data collection phase.

Here is an overview of the main data analysis methods that were used for this assessment:

- **Qualitative data analysis:** The qualitative interviews were properly organized with the help of qualitative analysis software, such as Atlas.ti or similar. The goal was to facilitate the comparison of information and help find patterns between the interviewees' ideas and profiles.
- **Quantitative data analysis:** The quantitative data was systematized and analyzed on an Excel spreadsheet.
- **Data Triangulation:** Data triangulation refers to listening to different points of view and using multiple sources of information on the same issues. This combination of techniques (quantitative and qualitative data) should reduce interpretation biases, increasing the validity of the study's inferences.

3.5. Gender, equity, and human rights

Gender, equity, and human rights are transversal topics of the evaluation. As recommended by the OECD DAC Criteria, such topics are considered in sampling, prioritizing the recruitment of participants for focus groups in an equal distribution among genders. However, considering the limited sampling available, equal distribution among genders was not possible, nor having people with disabilities represented.

Every questionnaire had a specific question to assess how gender and human rights were addressed during the design and implementation of the activities. Similarly, gender and human rights were part of the analysis as the ET sought to identify if equality was promoted and – when relevant – whether results were expressed differently among genders. As for the “leave no one

behind” principle, the extent to which it was part of the design and implementation phases of the intervention was assessed. This included assessing whether/how the design of programme activities took into account the needs of people with disability.

3.6. Ethical considerations and quality assurance

Throughout the evaluative process, the research team abided by the European Union General Data Protection (EU 2019/679) and Brazilian Personal Data Protection Act (Lei Federal nº 13.709/2018) guidelines for collecting and using human subject data.

The evaluation team followed the company’s **Primary Data Collection Protocol to ensure the safety of the subjects participating in their research** and the protection of the subjects’ identity and data. The primary data collection protocol is included in Annex 12.

Besides the Internal Protocol, the evaluation team has abided by the Ethical Research Involving Children (ERIC) Principles, the UNICEF ethical norms and procedures⁵⁰ and UNEG Ethical Guidelines.⁵¹ Plan Eval’s ET is trained in Human Subjects Ethics research.

The evaluators discussed with UNICEF Brazil the feasibility of having focus groups with adolescents from NUCAS. However, due to LGPD and time constraints, having NUCAS adolescents in the evaluation was impossible.

Plan Eval’s internal quality control was performed by a professional evaluator who checked the report for consistency, accuracy and reliability, independence, objectivity, and transparency. The UNEG Quality Checklist for Evaluation Reports⁵² was used as a reference for the present report.

3.7. Limitations and mitigating measures

The challenges in data collection comprised inconsistencies in the project’s monitoring system, which posed challenges in assessing the activities’ quantitative outputs. As for the qualitative data, the evaluation team was unable to reach some adolescent beneficiaries of the project due to time constraints in obtaining permission from an ethics committee. The ET did not receive responses from invitations to focus groups discussions of over 400 webinar and course beneficiaries. Parliamentary offices from the advocacy activities also did not respond.

UNICEF Brazil informed the ET that AXA Brazil’s representative overseeing the progress of the **Good Nutrition for a Healthy Life of Brazilian Children** project was no longer part of the donor’s staff, which made the ET unable to contemplate the donor’s local office perspective and participation on the project.

⁵⁰ UNICEF (2021) UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis. [UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis | UNICEF Evaluation in UNICEF](#)

⁵¹ UNEG (2020) UNEG Ethical Guidelines for Evaluation. [Detail of UNEG Ethical Guidelines for Evaluation \(unevaluation.org\)](#)

⁵² UNEG Quality Checklist for Evaluation Reports. (2010). [online] United Nations Evaluation Group. Available at: https://evaluation.iom.int/sites/g/files/tmzbdl151/files/documents/UNEG_Eval_Report_1.pdf

As for the UNICEF Brazil team, the Chief of Health and HIV/Aids, in charge while the **Good Nutrition for a Healthy Life of Brazilian Children** project was developed, has retired recently. Another UNICEF team member involved in the project is also no longer part of the staff.

The **Good Nutrition for the Healthy Life of Brazilian Children** project began in 2020, at the second tenure year for many public office positions in Brazil – who were elected in October 2018 and took office in January 2019 – including the President, their Ministries and appointed positions, Governors, Secretariats, and Legislative representatives, among others. The same election cycle happened in October 2022, potentially altering part of the public managers to which the project mobilized and had close proximity, besides significantly altering the Federal priorities. Such changes in office affected the evaluation’s ability to reach potential interviewees, especially contacts in the Ministry of Health. However, part of the mobilization with public managers happened at the municipal level – including Mayors, their Secretariats and City Councilors – which were elected in the October 2020 elections and took office in January 2021, before IDEC’s initial mobilizations with public managers.

Finally, this evaluation started right after WHO declared that the COVID-19 was no longer a global health emergency⁵³.

The updated Risk Management table reflects the strategies adopted by the ET during the evaluation to mitigate the limitations faced, especially during data collection.

Table 6 – Risk Management

Limitation	Description	Mitigating Measures
<p>All relevant documentation and data were not available or of sufficient quality</p>	<p>During the Inception Phase, the evaluation team went through the available documentation to familiarize itself with UNICEF’s intervention, but also to identify any gaps in the available data.</p> <p>All relevant documentation was requested from UNICEF at the start of the evaluation. The evaluation team informed UNICEF of information gaps identified during the evaluability assessment and asked UNICEF to send the missing documentation or to identify key informants who could provide this information during an exploratory interview.</p> <p>Lack of monitoring data and</p>	<p>Alternative data sources were requested during interviews with implementation partners, and some of them were then provided to the ET. However, the documentation provided had been developed according to the implementation partner’s standards and corresponded to their uses and needs, which can be different from UNICEF’s.</p> <p>During interviews with UNICEF staff, the ET further explored and understood missing monitoring data and the reasons for it. The ET made recommendations for monitoring in future programs in this report.</p>

⁵³ PAHO. COVID-19 no longer constitutes a public health emergency of international concern. May 2023. Available at: <https://www.paho.org/en/news/8-5-2023-covid-19-no-longer-constitutes-public-health-emergency-international-concern>

Limitation	Description	Mitigating Measures
	<p>inconsistencies in monitoring reports from UNICEF were acknowledged and contextualized in the report, including the lack of target indicators.</p>	
<p>Low response rate from key stakeholders (especially beneficiaries) to participate in data collection activities</p>	<p>We encouraged UNICEF to take the lead in introducing the evaluation team to different key stakeholders, through e-mails, in an introductory letter. All key stakeholders were informed about the evaluation (including the project's UNICEF staff, implementation partners/service providers and government beneficiaries), its purpose and timing. However, the ET still faced a low response rate regarding program beneficiaries.</p> <p>Several engagement strategies were attempted via both e-mail and WhatsApp, which affected the data collection schedule. Response rate was extremely low (4 responses for 500 contacts), and still, no beneficiary attended the focus group at the scheduled time.</p>	<p>The lack of response from webinar attendees and health professionals who took the online course on breastfeeding to attend focus group discussions was mitigated by using the monitoring reports available from the implementation partner (Idec) and UNICEF's AVA platform.</p> <p>The ET believes that both the webinar and the course did not promote a strong bond between beneficiaries and UNICEF or the implementation partner – making it harder for them to relate to the evaluation or accept the invitation. These activities also happened over 6 months before the evaluation, which might have been longer than ideal for a better response rate.</p>
<p>Limited availability of high-level respondents for interviews</p>	<p>High-level respondents might not have the time or availability to participate in an interview. This may have delayed the evaluation process and limited primary data availability.</p>	<p>Whenever possible, we identified more than one potential respondent from a specific organization. UNICEF's and implementation partners' support were essential to encourage respondents to participate in the interviews. However, the ET was unable to overcome limited availability from respondents and, at times, the lack of contact information.</p>
<p>High staff turnover amongst government officials</p>	<p>The Good Nutrition for the Healthy Life of Brazilian Children project begun in 2020, at the second tenure year for many public office positions in Brazil – that were elected in October 2018 and took office in January 2019, including the President, their Ministries and appointed positions, Governors, Secretariats, and</p>	<p>The ET was not able to contact all government representatives who were involved in the program. The main mitigation strategy consisted in asking the implementation partners and UNICEF staff about how these organizations were involved and what their perception on the government's</p>

Limitation	Description	Mitigating Measures
	<p>Legislative representatives, among others. The same election cycle happened in October 2022, potentially altering part of the public managers to which the project mobilized and had close proximity to, besides significantly altering the Federal priorities. Such changes in office affected the evaluation's ability to reach potential interviewees, especially contacts in the Ministry of Health. However, part of the mobilization with public managers happened at the municipal level – including Mayors, their Secretariats and City Councilors – which were elected during the October 2020 elections and took office in January 2021, before IDEC's initial mobilizations with public managers.</p>	<p>feedback about the program were.</p>
<p>Data scattered between different monitoring systems</p>	<p>The evaluation team requested access to the different monitoring systems at the inception phase (during the evaluability assessment), to get a better sense of the quality of the data and the type of analyses that could be made based on it. As mentioned at the Inception Phase, the ET pointed out limitations of data available since KPIs changed from year to year – also due to necessary adaptations to face the COVID-19 pandemic.</p> <p>Financial and budgetary data were scattered in the systems used to monitor the project, making it difficult to gather and analyze the data. Besides, not all financial information was provided to the ET, despite several requests from UNICEF staff.</p>	<p>The challenges in data collection comprised inconsistencies in the project's monitoring system, which posed challenges in assessing the activities' quantitative outputs. The ET understood the limitations of monitoring data available and the lack of a goal for outputs and outcomes. Considering the several implementation challenges of the program, the ET and UNICEF staff agreed to focus on the output data available and the implementation aspects.</p>
<p>The project is incomplete</p>	<p>Certain project activities were still ongoing at the start of the evaluation.</p>	<p>Per the ToR, the evaluation focused on all activities carried out between March 2020 and the beginning of the evaluation. The activities that were still ongoing by that time were considered part of the evaluation, but the analysis</p>

Limitation	Description	Mitigating Measures
		was limited to the most up-to-date (at the start of the evaluation) data available. In these cases, the ET – in agreement with UNICEF – focused on the implementation aspect of these activities.
Certain data is unavailable by the start of the evaluation	Specific monitoring data might still be being collected or verified, and the evaluation team may not have access to this data by the time the analysis and reporting phase starts.	N/A

3.8. Management and Governance of the Evaluation

The ET is composed of:

- Team Leader (TL): Cristiana Martin
- Research assistants: Laura Kliemann and Martha Hitner
- Quality Control: Fabrizio Rigout
- Project Manager: Laís Faleiros

The Team Leader has been responsible for the entire inception phase, including the complete desk review and the exploratory interviews. During the data collection phase, the team leader is responsible for analyzing and reporting the whole data collection process. A research assistant provided the Team Leader with the systematization of the data collected. Quality Control verified the quality of deliverables.

As for UNICEF, the evaluation was managed by Regicely Aline Brandão – which was also Plan Eval’s main contact point. Stephanie Amaral and Willian Wives have also participated in meetings, providing information and insights during the inception phase.

This evaluation’s reference group comprises Plan Eval’s Team Leader and UNICEF’s core team for this project: Regicely Aline Brandão, Stephanie Amaral, and William Wives.

Communication between Plan Eval’s TL and UNICEF’s contact point, Regicely Aline, happened once every two weeks on average, and more instant communication happened either through an online meeting or through instant messaging and e-mails.

4. Evaluation Findings

4.1. Relevance

This section analyzes the project design and the intervention's relevance in meeting the nutrition and feeding needs of Brazil's most vulnerable children and their families. It also evaluates the project's adaptability to the COVID-19 pandemic's evolving situation and available resources.

Summary

The **Good Nutrition for a Healthy Life of Brazilian Children** intervention strategies and design attested its relevance, as its activities were based on a thorough situation analysis and on studies developed amidst the project, to inform the most pressing issues on the nutrition of children and adolescents both before and during the COVID-19 pandemic: the increase of ultra-processed food products that potentially leads to malnutrition associated with overweight or obesity, and low rates of exclusive breastfeeding during child's first six months.

Project activities covered some of the **most vulnerable municipalities in Brazil** that are part of the Seal UNICEF strategy and the vulnerable populations from the cities of Agenda Cidade UNICEF. It also covered **different aspects of childhood and adolescence**, including pregnancy during adolescence. To protect children and adolescents' rights regarding their nutrition, the project focused on building the capacity of the child support system as well as health, education, and social assistance professionals. Lastly, the project promoted healthy nutrition in critical environments of a child's life: at home and school.

The project also drew from UNICEF's and the implementation partners' experience to identify **the needs of policy implementers, health, education, and social assistance professionals**. It addressed them by supporting the professionals with valuable information in webinars and courses to face institutional challenges and promote exclusive breastfeeding and healthy nutrition change at the systemic level.

EQ 1.1. To what extent have the program design and intervention strategies been relevant given the country context before and during the COVID-19 pandemic?

EQ 1.2. To what extent have the project design and intervention strategies been relevant to the priorities and needs of the most vulnerable children (and their families) regarding nutrition and feeding?

The design and intervention activities of the **Good Nutrition for a Healthy Life of Brazilian Children** addressed critical gaps in the nutrition and feeding needs of children and adolescents that existed in Brazil long before the COVID-19 pandemic and that were aggravated by the emergency context. The project contributed to addressing these gaps by:

- (i) Promoting healthy school environments by regulating the marketing and sales of ultra-processed food products in school canteens and promoting nutritional education, among other actions in the school environment.

- (ii) Promoting exclusive breastfeeding up to the child's sixth month and healthy complementary feeding.
- (iii) Promoting healthy eating habits among pregnant adolescents and adolescent parents.

As described in section 1.1. **Background and context**, tackling high ultra-processed food consumption, fostering healthy nutrition among children and adolescents, and promoting the importance of exclusive breastfeeding until the child's sixth month, with a nutritious food introduction, were already relevant agendas before the COVID-19 pandemic, both globally and in the Brazilian context.

The consumption of ultra-processed food among children and adolescents has been increasing for the past 30 to 40 years⁵⁴ as several aspects of the modern food environments go against healthy eating promotion, including but not restricted to⁵⁵:

- Unavailability of healthy foods and predominance of unhealthy foods.
- The unaffordability of healthy foods
- Vulnerability of children as consumers
- Commercialization of childhood
- Prevalence of industrialized and low-cost food production
- Misleading and inadequate labeling practices
- Persistence of conflict of power and abuse of power.

Besides all these factors, the COVID-19 pandemic affected numerous aspects of day-to-day life worldwide, including nutrition habits, aggravating the unfavorable scenario for healthy practices. The strategies required to contain viral dissemination directly impacted feeding habits in many ways: social isolation drove severe alterations in the emotional state of all age groups, especially children and adolescents. Mobility restrictions limited the frequency of grocery shopping and the availability of fresh produce. With schools closed, parents were even more responsible for their children's educational and nutritional needs, potentially leading to their overload⁵⁶. Moreover, physical activity was hardly practiced⁵⁷, and screentime increased dramatically⁵⁸, driving higher levels of sedentarism among Brazilian children⁵⁹. Ultimately, all these factors led to an increased consumption of ultra-processed food products since they are easier to purchase and store for extended periods. They were more accessible given the rising prices of healthy options, indicating a worsening of Brazilian family and child nutrition during the pandemic years – a change of behavior found to be more common for

⁵⁴ United Nations Children's Fund and United Nations Special Rapporteur on the Right to Food, 'Protecting Children's Right to a Healthy Food Environment', UNICEF and United Nations Human Rights Council, Geneva, November 2019.

⁵⁵ United Nations Children's Fund and United Nations Special Rapporteur on the Right to Food, 'Protecting Children's Right to a Healthy Food Environment', UNICEF and United Nations Human Rights Council, Geneva, November 2019.

⁵⁶ Lamounier JA. Nutrição infantil, atividade física e a pandemia pelo coronavírus. *Resid Pediatr.* 2021;11(3):1-2 DOI: 10.25060/residpediatr-2021.v11n3-02

⁵⁷ Neville RD, Lakes KD, Hopkins WG, et al. Global Changes in Child and Adolescent Physical Activity During the COVID-19 Pandemic: A Systematic Review and Meta-analysis. *JAMA Pediatr.* 2022;176(9):886–894. doi:10.1001/jamapediatrics.2022.2313

⁵⁸ Hedderson MM, Bekelman TA, Li M, Knapp EA, Palmore M, Dong Y, Elliott AJ, Friedman C, Galarce M, Gilbert-Diamond D, Glueck D, Hockett CW, Lucchini M, McDonald J, Sauder K, Zhu Y, Karagas MR, Dabelea D, Ferrara A; Environmental Influences on Child Health Outcomes Program. Trends in Screen Time Use Among Children During the COVID-19 Pandemic, July 2019 Through August 2021. *JAMA Netw Open.* 2023 Feb 1;6(2):e2256157. doi: 10.1001/jamanetworkopen.2022.56157. PMID: 36790805; PMCID: PMC9932850.

⁵⁹ Sá C dos SC de, Pombo A, Luz C, Rodrigues LP, Cordovil R. Covid-19 social isolation in brazil: effects on the physical activity routine of families with children. *Rev paul pediatr* [Internet]. 2021;39:e2020159. Available at: <https://doi.org/10.1590/1984-0462/2021/39/2020159>

vulnerable populations and in households with children than without.

According to the second round of the “Primary and secondary impacts of COVID-19 on children and adolescents” research conducted by the Brazilian Institute of Public Opinion and Statistics (IBOPE), the economic impacts of the pandemic⁶⁰ increased the number of families unable to adequately feed their children while simultaneously losing the support from institutional spaces such as schools, where the meals served were a secure and balanced source of nutrients, in many cases being the only meal with these characteristics accessible to some children⁶¹. Data from June 2021 presented by the Federal University of Goiás and the Ministry of Education, the transition into online learning methods meant that 2.7 million schoolchildren were deprived of meals at school and were not receiving them at home.⁶² Therefore, suspending in-person activities affected the quality of children’s education and nutrition.

Such a scenario required the general intensification of healthy eating promotion among children and adolescents, but mainly in the school environments. Despite having federal legislation that ensures public schools offer highly nutritional meals partially using fresh produce from local producers (through the Programa Nacional da Alimentação Escolar, PNAE), **other incentives to promote healthier school environments were missing, mainly comprising the regulation of food distribution and marketing in canteens and school vicinities.**

"This [PNAE], in a way, already protects students who are in public schools. They are more protected. So, PL Modelo will also be able to protect the children who are in private schools. I think it's incredible."

– Local advocacy consultant

Moreover, the PNAE is a long-time initiative that only covers public schools, philanthropic schools, and community organizations, leaving private schools with none or few regulations for their food environment. According to results from a nationwide study on cardiovascular risk in adolescents⁶³, Brazilian private schools tend to “have a more obesogenic food environment than public schools, with a greater predominance of sales and advertisements of processed foods and beverages”.⁶⁴

⁶⁰ Second round of results from the “Primary and secondary impacts of COVID-19 on children and adolescents: “In November 2020, 55% of Brazilians aged 18 years or older stated that their household income had decreased since the start of the pandemic, representing approximately 86 million Brazilians. Among residents with children or adolescents, the proportion of those who had a decrease in income during the pandemic was higher (61%) when compared to non-residents with children or adolescents (50%). In addition, the lower the family income level and socio-economic class of individuals (vulnerability) and for certain regions (especially the North region), the more frequently reported was a decrease in income.

⁶¹ Lamounier JA. Nutrição infantil, atividade física e a pandemia pelo coronavírus. *Resid Pediatr.* 2021;11(3):1-2 DOI: 10.25060/residpediatr-2021.v11n3-0

⁶² Data obtained from the “Painel de Monitoramento da Educação Básica no Contexto da Pandemia”, elaborated by the Federal University Goiás (UFG) supported by the Ministry of Education. Source: <https://extra.globo.com/noticias/educacao/quase-tres-milhoes-de-alunos-estao-sem-merenda-durante-ensino-remoto-vivo-da-ajuda-dos-outros-diz-mae-rv1-1-25068501.html>

⁶³ Bloch, K.V., Szklo, M., Kuschnir, M.C.C. et al (2015). The study of cardiovascular risk in adolescents – ERICA: rationale, design and sample characteristics of a national survey examining cardiovascular risk factor profile in Brazilian adolescents. *BMC Public Health* 15, 94.

⁶⁴ Carmo, A.S. do, Assis, M.M. de, Cunha, C. de F., Oliveira, T.R.P.R. de and Mendes, L.L. (2018). The food environment of Brazilian public and private schools. *Cadernos de Saúde Pública*, [online] 34(12). DOI :<https://doi.org/10.1590/0102-311x00014918>.

The PL Modelo (Activity 1b), developed by IDEC and its network, was designed to respond to this legislation gap.

The IDEC partner organizations working on the frontline to promote healthy nutrition among children and regulate the food industries had in-depth discussions to assemble the PL Modelo. The working group went through legislative research on existing legislation in Brazilian municipalities that had already covered the promotion of healthy school environments and could have similarities or overlaps with what was then being developed. IDEC also partnered with the Ministry of Health to discuss the main priorities and needs for promoting healthy school environments and aligning their strategies.

Based on these organization's experience, discussions, and specific research, the PL was developed and showed alignment with the PNAE as well as with the Food Guide for the Brazilian Population and Brazilian Children under two years old⁶⁵, besides strengthening the law enforcement of

Educação Alimentar e Nutricional (EAN, Law n. 13.666/2018) and the incentive for school's vegetable gardens. The PL Modelo also proposed working with parents and families to educate them about the importance of adequate and healthy food.

The PL Modelo was considered by interviewees a relevant tool to respond to Brazil's public policy context regarding children's nutrition at schools. In 2019, a provisional measure extinguished the National Council for Food and Nutrition Security (CONSEA) and left the PNAE with no accompanying or monitoring. The PL Modelo and the advocacy articulation at the municipal and state levels became more relevant as they evoked state and municipal-level councils responsible for food and nutrition security (Figure 3 – Stakeholder Map). **Other contextual factors have made the PL Modelo more relevant while influencing and shaping the discussions to develop it**, such as the food insecurity scenario and Brazil's recently worsening position in the UN's Hungry Map.

The advocacy activities for promoting the PL Modelo occurred in two state capitals (Belém and Recife) and one state⁶⁶ (Bahia). They were chosen as the first Agenda Cidade UNICEF capitals to work on the PL Modelo, as besides being part of the North and Northeast regions - where food insecurity was at higher rates of severe food insecurity during the pandemic, respectively 28.2% and 13,8%⁶⁷ - they also had legislative representatives that were already engaged in promoting healthy school environments.

However, despite promoting a model bill to regulate the school's environment and promoting a healthy nutrition education as a significant contribution to tackling ultra-processed food product consumption, legislation, even when already approved and implemented, is only one of the steps to

"I think that the context in which COVID-19 left Brazil and the political context back then, including the return of Brazil to the hunger map in the same period – it all had a great impact on our discussions throughout the process [of developing the PL Modelo] and I think that the text came out is also the result of these discussions. We elaborated a lot on these processes of inequities and how hunger was also impacting children. So, I think it had a lot of impact from this broader discussion."

– IDEC's partner organization

⁶⁵ Folha de S.Paulo. (2022). Volta do Brasil ao Mapa da Fome é retrocesso inédito no mundo, diz economista. [online] Available at: <https://www1.folha.uol.com.br/mercado/2022/01/volta-do-brasil-ao-mapa-da-fome-e-retrocesso-inedito-no-mundo-diz-economista.shtml>.

⁶⁶ As previously mentioned, the advocacy activity was initially for the city of Salvador, Bahia's capital. However, the advocacy took the state-level as the state-level government got interested in the proposal.

⁶⁷ Data from PNAD

promote change.

For this reason, **the project also focused on directly engaging adolescents by promoting activities that resonated with their realities** (Activity 1c) to tackle the obesogenicity of school environments and promote healthy eating habits. There was a long consultation process with online surveys, in-person workshops and an online validation process to better comprehend NUCAS adolescents' knowledge regarding healthy nutrition. After the consultation phase, IDEC, Comer Pra Quê, and BemTV developed a Role-Playing Game (RPG) named “Comer para ter direitos!” about healthy eating promotion, which aimed to “create a relaxed environment for the exchange of ideas, from adolescent to adolescent, on various issues involving food in everyday life”.⁶⁸ The game covers the current challenges to the right to access healthy food, and it engages adolescents not only by promoting healthy eating habits but also by reflecting upon the inequalities entrenched in food insecurity. By discussing access to healthy nutrition through the perspective of gender, race, and climate change, eating habits were placed in a much broader context. The game has not yet been launched, but the ultimate goal is to help transform adolescents into advocates of healthy eating habits in their school environment.

Despite conducting workshops only in two cities, both in the Northeast region of Brazil, the game was developed to be suitable for adolescents in every Brazilian region. According to an implementation partner, they “wanted to create a material that UNICEF could use with NUCAS adolescents throughout Brazil, even if only adolescents from the Northeast region were heard, and we hoped it would be a reference even beyond UNICEF since we lack materials and interesting, educative resources to work with adolescents (which typically is not an easy public to engage)”.

The first draft of the game explicitly encouraged players to use their regional knowledge and eating habits. Among the game's guidelines we can see "8) Using regional power: Valuing a typical dish from your region contributes to local producers and your region's culture. Sometimes, this power is underutilized because there is a lack of laws or decisions that value what is yours".

Engaging and supporting public policy managers were also part of the efforts to promote healthy

“We built the webinar thinking about all these challenges that we already had, aligned with what the managers and actors had already presented to us. In one of the webinars, we had the result of the hearing we did in our coalition, to understand the scenario (how it was for each school actor: teacher, director, canteen worker). The webinar is very much the result of everything we have harvested in these years of impact.”

school environments. IDEC developed a series of three webinars and the “Promoting a School Environment – Support to Local Managers” guide (Activity 1a) to orient public policy managers on the steps and the importance of restricting the commercialization and advertising of ultra-processed foods, offering healthy foods, and promoting food and nutrition education. According to IDEC, the webinars were developed based on previous works and consultations from years of incidence and previous hearings opportunities in their network of organizations. Such knowledge certainly contributed to providing relevant content for the three webinars, to such an extent that after the webinars, over 150 municipalities have manifested interest in receiving further support to implement healthy school environments.

⁶⁸ Comer para ter direitos! (2023) “Uma conversa pode mudar a realidade?” (1st draft).

Before the COVID-19 pandemic, the **promotion of exclusive breastfeeding until the child's sixth month and healthy complementary eating** was already much needed as recent reports from ENANI pointed out that **in 2019, only 45.8% of children were exclusively breastfed in the first six months in Brazil**. During the COVID-19 pandemic scenario, the percentage of children that were exclusively breastfed was at risk of dropping even more, as "physical distancing associated with the COVID-19 pandemic may lead to suboptimal maternal mental health, social support after birth, and infant feeding practices"⁶⁹ and the COVID-19 pandemic raised concerns regarding the safety of breastfeeding while infected.

Moreover, during the pandemic, the marketing for breastmilk substitutes and formulas was explored by the growing tendency of the practicality of online shopping. Health professionals perceived that formula milk marketing became frequent and intense during the pandemic: "So, this marketing that was already happening remotely in a burdensome way and in a way, let's say, in quotes, a little more discreet, became very evident. So, I think it was challenging". Mothers in socioeconomic vulnerability became a target of these marketing strategies as they tend to return to work earlier than what would be considered a maternity leave, and they soon stop having milk. Research showed⁷⁰ that the **fight against these products became a pressing need, not only through regulatory measures but also by sharing information and educating mother and child care networks**. Information regarding breastfeeding and food introduction to socioeconomically vulnerable women is crucial as they might be the most in need.

Given the protective aspect of exclusive breastfeeding to a child's overall health, nutrition, and lifelong development, working on increasing the rate of exclusively breastfed children in their first six months and having the right complementary feeding and food introduction was and remains vital.

As having support and guidance during lactation contributes to delaying breastfeeding cessation⁷¹ and reaching exclusivity of breastfeeding in the first six months, UNICEF **developed and distributed the "10 steps to healthy eating and habits from birth to 2 years old" to over 10,000 mothers in 10 Child-Friendly Hospitals in 8 cities from the Agenda Cidade UNICEF**. The guide was primarily based on the MoH's breastfeeding guide from 2002⁷², developed by Marcia Vitolo, who also became the activity's (2a) leading consultant. Her long-time expertise was crucial for having the guide address some of the most common doubts from puerperal mothers, such as "should the child have any other liquid intake during the first six months?" and the "types of food that are recommended during food introduction and in the complementary eating period", among others. It also addressed the most common biological barriers, such as milk production, latch, and pain.

As the guide aimed to address puerperal mothers with socioeconomic vulnerabilities from various schooling backgrounds, it was key to present clear and easy-to-understand language, which it did. According to puerperal mothers heard by the ET, "the information in that content is super clear and objective. I think this issue of breastfeeding, of early childhood, of the child, at the first feeding, has to

⁶⁹ Fariás-Antúnez, S., Luciano Lima Correia, Augusto, D., Ana Luiza Penna, Santos, Cavalcante, A., Jocileide Sales Campos, Hermano, Machado, C., Castro, M.C. and Tavares, M. (2022). Breastfeeding Practices Before and During the COVID-19 Pandemic in Fortaleza, Northeastern Brazil. 38(3), pp.407–421. doi: <https://doi.org/10.1177/08903344221101874>.

⁷⁰ Ref: How the marketing of formula milk influences our decisions on infant feeding?

⁷¹ van Dellen, S.A., Wisse, B., Mobach, M.P. and Dijkstra, A. (2019). The effect of a breastfeeding support program on breastfeeding duration and exclusivity: a quasi-experiment. BMC Public Health, [online] 19(1). doi: <https://doi.org/10.1186/s12889-019-7331-y>.

⁷² Ministério da Saúde. Dez passos para uma alimentação saudável: guia alimentar para crianças menores de dois anos. Brasília: Ministério da Saúde/Organização Pan-Americana da Saúde; 2002.

be clear so that we can understand it objectively. So, I found the language super clear that any mother can understand. There, I did not see any language difficulties, no difficult words that could prevent any mother from understanding the purpose of this booklet” (Beneficiary Mother).

According to health professionals at participant Child-Friendly Hospitals in the Northeast region of Brazil, the 10-step guide was especially relevant to the many puerperal mothers who live in the countryside – usually in cities of higher socioeconomic vulnerability, “where the food introduction and complementary feeding tend to happen earlier than the child’s sixth month” (Health Professional).

To strengthen the promotion of exclusive breastfeeding and healthy complementary feeding, **UNICEF also offered health, education, and social assistance professionals, mainly from the Seal UNICEF municipalities, a 4-module online course** named “Breastfeeding and Healthy Eating in Early Childhood”. The course covered⁷³: (i) the importance and benefits of breastfeeding to the child, the mother, the family, and the society; (ii) breastfeeding during puerperium and its challenges; (iii) the ten steps to adequate and healthy nutrition and (iv) the continuous promotion of breastfeeding, including subjects as the mother’s return to work, the proper storage and preparations of breastmilk and school feeding.

As these professionals are essential to early childhood care, their training is vital to best provide guidance and orient vulnerable families that might not be aware of their rights in the health system.

In the context of the COVID-19 pandemic, having a wide array of professionals that aid early childhood children and their mothers or caretakers trained on best breastfeeding practices and healthy nutrition was crucial to solving common doubts regarding measures mothers should adopt when infected with the coronavirus.

The often-times delicate situation of pregnant adolescents and adolescent parents was addressed by developing a mobile app with specific information for this population.

The situation of pregnant adolescents and adolescent parents presents different challenges to the strategies for disseminating information on healthy nutrition and breastfeeding. As pregnancy during adolescence might be accompanied by other forms of social vulnerability, such as prejudice and domestic violence⁷⁴, access to information with trained professionals and pre-natal care might be limited. For this reason, the project’s initial strategy was to develop a guide to inform pregnant adolescents in group encounters promoted by UNICEF professionals. With limited in-person activities during the COVID-19 pandemic, the capacity building of adolescent parents and pregnant adolescents regarding their own nutrition and their children became a mobile application with a set of information relevant to them.

The content for the application was developed based on UNICEF’s request. According to the implementation partner, UNICEF mentioned that “the teenagers they worked with, and who used the platform or who were linked to the educational processes that their platform had an unhealthy diet, with a lot of sweets, with a lot of sugar, with a lot of processed food, a lot of sandwiches, and that they wanted to take advantage of our expertise to produce material that would tell these teenagers that

⁷³ UNICEF’s online course “Breastfeeding and Healthy Eating in Early Childhood” workbook.

⁷⁴ Duarte, C.M., Nascimento, V.B. do and Akerman, M. (2006). Gravidez na adolescência e exclusão social: análise de disparidades intra-urbanas. *Revista Panamericana de Salud Pública*, [online] 19, pp.236–243. Available at: http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1020-49892006000400003

eating healthy is easy and is just as delicious”.

The Rango de Responsa app then provided information on⁷⁵:

- Pre-natal care.
- The pregnant adolescent’s rights.
- Adequate nutrition for each pregnancy phase.
- Orientation on breastfeeding techniques and the mother’s diet during the breastfeeding period.
- Child’s nutrition in the first six months.
- Food introduction, with particular emphasis on what should not be offered to children.
- Proper feeding in the 6th, 7th and 8th months, 9th to 11th months, and up to the children’s second birthday.
- General tips on healthy nutrition for adolescents, including how labeling should be read and how it provides useful information on the nutrition levels of a food product.
- Eighteen healthy recipes, which also encouraged to be a family-bonding moment.
- How the father could and should be involved in caring for the child.

“We often realized that there was a certain pressure from the family [for the pregnant adolescent] to eat some kind of food, for example, to put sugar in the baby’s tea. Or even her drinking tea with sugar. It was a family habit which, sometimes, when we told them they didn’t need to put it in, someone in the family would often say no, that they always put it in, etc. In addition, for example, still thinking about pregnancy and the mother, many of our teenage girls also put on a lot of weight because they ate canjica, had those egg-nogs with caracu [stout beer], things like that, which was, in the family’s view, a way for her to have more milk. And then we had to demystify these things.”

– Implementation partner

According to the implementation partners and the UNICEF team, the Rango de Responsa app could have been an interesting communication and capacity-building tool had it been developed with the right functionalities to work as an application. The content did not present adaptability with regional and cultural contexts (especially regarding the hyperlinks available and not taking into account culinary specificities of each region), as it did not provide interaction or user feedback, and by having a more e-book type of content, it became clear the activity development lacked on analyzing the most suitable approach to disseminate the information online among adolescents, despite offering relevant information aligned with other project activities such as the “10 steps to healthy eating and habits from birth to two years old”. The dissemination strategy of the app was relevant, though, as it reached a wide variety of organizations that work in close contact with adolescents and pregnant adolescents.

However, the programming and technological limitations of the Rango de Responsa app were partially intentional: some features had to be simple for the application to run even in very outdated mobile

⁷⁵ According to the Rango de Responsa App.

operational systems or devices, which could be the case for some adolescents.

Other strategies to disseminate information, namely the Campanha Papei and the translation of the Pan American Health Organization (PAHO) report on the influence of formula milk in the decisions of infant feeding, were aligned with the promotion of exclusive breastfeeding for the child's first six months and the advocacy against formula milk.

The first phase of the Campanha Papei was entirely based on the main character resisting the temptation of feeding an infant with formula milk driven by its supposed practicality and defending the multiple health benefits (physical, emotional) of breastfeeding. The following phases emphasized the importance of consuming natural foods and ditching ultra-processed food products, also encompassing the role of the family in providing healthy complementary foods to children. As the Campaign took a relaxed, fun, and playful approach, the campaign's message was perceived as accessible to a broad audience with different levels of education.

Finally, as a specific COVID-19 response, UNICEF supported the Ministry of Health in developing a communication strategy to inform children's caretakers about how micronutrient sachets should be administered at home. Initially, these supplements were administered in daycare units with school meals, which became impractical during the COVID-19 pandemic⁷⁶ due to school closures.

⁷⁶ The MoH had logistics and distribution issues and was unable to distribute the sachets as well as the instructions developed by UNICEF.

EQ 1.3. To what extent have the project design and intervention strategies been relevant to the needs of the public managers and workers from the health, education, and social service sectors?

The activities focused on benefitting public managers, health, education, and social service sectors were the mobilization and the set of webinars promoted by IDEC (Activity 1a) and the breastfeeding and healthy eating online course (Activity 2b).

In the first case, IDEC had previous experience with advocating for healthy school environments with other municipalities and states, and it had the necessary knowledge to bring forth the information that aligned with the professionals' most common doubts and needs.

The webinars had presentations from several professionals involved in the nutrition sector, from academics to health professionals and public policy managers dedicated to promoting the importance of healthy school environments. The webinars covered the following topics:

I Webinar: Healthy food environment in schools

- Healthy school food environment: national and international evidence
- The path taken by the municipality to regulate the school food environment.
- The experience of Rio Grande do Sul in the process of implementing legislation
- Importance of social participation in the implementation of laws

II Webinar: Commercial promotion and food advertising in the environment

- Marketing communication in the school environment
- Conflicts of interest in schools
- Effects of exposure to advertising on children and adolescents
- Happiness without labels

III Webinar: Food trade and food and nutrition education in the school environment

- Viability of healthy canteens
- Conversations: listening to parents, canteen workers and schools
- Spaces for promoting adequate and healthy food at my school
- The food we have at my school
- Food and Nutrition Education as a promoter of adequate and healthy food in schools

Among the topics covered, interviewees responsible for the implementation of the advocacy activities

"We already had a routine of educational activities. However, since it is a maternity hospital and because we work as a team in a milk bank, we focused much more on the issue of breastfeeding and the issue of using nipple shields. And the booklet also brought another information, which was to work on issues of healthy complementary food. I think that everything that enriches our routine and leads to changes in the strategy we used follow, of really rethinking the team's work process can be challenging. But for me, personally, it really came to raise some reflections. So, for me it was good, the experience was really worth it"

– Health professional from a Child Friendly Hospital

made clear that a source of concern for the public policy managers involved in promoting healthy school environments was the conflict of interest with canteens' owners, workers, and parents among other issues regarding implementing approved legislation to regulate schools' food environments.

The delivery of the 10-step guide to puerperal mothers (Activity 2a) also involved training health professionals. According to them, they were already aware of the majority of information in the guide and had protocols to instruct puerperal mothers. The training of health professionals and the delivery of the 10-step guide happened in Child-Friendly Hospitals – which are recognized for their attention to promoting exclusive breastfeeding. However, some aspects of the training, especially the strategy to communicate and deliver the 10-step guide and communication about healthy complementary feeding, were mentioned to be very useful to health professionals.

4.2. Coherence

The evaluation assessed the internal coherence of the project design and implementation with UNICEF’s Country Program and projects in the Brazil Health and Nutrition Office.

It also assessed the extent to which the program complemented the work put forward by UNICEF Brazil and its coherence at the agency level regarding the international objectives and strategies promoted by the organization. The assessment analyzed the coherence of the different activities (advocacy, capacity building, and communication) implemented by the project regarding the Brazil Country Program established in 2016 and renewed until 2023, as well as other initiatives promoted by UNICEF Brazil and its partners.

Although not included in the evaluation questions, the ET also assessed the alignment with SDGs and the synergies between the activities, identifying any potential overlaps in the targeted beneficiaries.

Summary

The project is aligned with UNICEF’s Global nutrition strategy (2020-2030), primarily through its objectives number one (“Prevent undernutrition, micronutrient deficiency and overweight in early childhood”) and number three (“Prevent the triple burden in mothers and low birth weight in newborns”, which focuses on breastfeeding) and number four (“Early detection and treatment of wasting and other forms of life-threatening acute malnutrition”) as well as with result area number six, which aims at promoting partnerships and governance for nutrition.

The project also incorporates most of the approaches put forward in the UNICEF 2020-2030 strategy, such as school- and community-based programs (Activity 1a, 1b, 1c); advocacy (Activity 1a, 1b, 1c); capacity building (Activity 1a, 2b); promotion of strategic partnerships (Activities 1a, b and c; 2a, b and c; 3b) and development of data and knowledge on practices and an overarching understanding of the general importance of preventive measures.

The **UNICEF 2020-2030 Nutrition Strategy** is focused on tackling the triple burden of disease (undernutrition, micronutrient deficiencies, growing overweight, and obesity). It supports context-specific programming, which justifies developing a project fitted to meet the real needs of Brazilian children and adolescents. Moreover, UNICEF defends a systems approach, supporting interactions and interconnections between different systems such as food, health, water and sanitation, education, and social protection. In the case of **Good Nutrition for a Healthy Life of Brazilian Children**, as previously mentioned, the strategy targeted families, health system workers and facilities. It worked closely with schools and social protection structures. UNICEF’s strategy determines some priority areas for engagement, among which are the development of national guidelines and standards, protection from harmful marketing practices, and promotion of healthy food environments (schools, communities, and media), also in great coherence with the project.

The UNICEF strategy for nutrition aimed at offering support to the national government in upholding the right to nutrition for every child while identifying health epidemics as responsible for affecting vulnerable populations disproportionately. In this context, the **Good Nutrition for a Healthy Life of Brazilian Children** specifically supported the Ministry of Health in promoting the

NutriSUS sachets, besides addressing the general need for information to promote healthier eating habits amidst the COVID-19 pandemic.

Finally, despite involving multiple sectors and actors of child protection and nutrition and being aligned with several UNICEF strategies, the evaluation noted a lack of interconnectedness of the approaches in the project. Some activities were suitable for more than one beneficiary, or, at times, one type of beneficiary was targeted by very similar activities.

EQ 2.1. To what extent did the advocacy strategies within the program have synergies or trade-offs with UNICEF country program objectives and activities?

“Acting on breastfeeding, complementary feeding, overweight and obesity prevention is one of the strategic indicators in our Country Program, which is being reviewed this year for the next five years.”

– UNICEF Team

The advocacy activities implemented by the program had strong compatibility with the UNICEF Country Program objectives and components, which include working with federal and state governments on policy development and through evidence and data-based advocacy to empower excluded children and families to demand their rights.⁷⁷ The Program developed in 2019 establishes an overarching framework for supporting the development and implementation of specific programs. It uses social mobilization and advocacy activities to empower the population. Advocacy activities are crucial in empowering

populations by raising awareness, influencing policies, and fostering positive behavioral changes. The activities developed by the project aimed at disseminating important information about healthy eating habits and breastfeeding recommendations to the target audiences. By providing accurate and up-to-date information, mothers and adolescents gain the knowledge and confidence to make informed decisions that positively impact their own health and their children's health. Furthermore, engagement in advocacy activities often drives community engagement and participation, which can lead to a more supportive environment for adopting healthier habits. In turn, municipal managers and policymakers can become better informed about the significance of proper nutrition and breastfeeding in their communities, which can drive the prioritization of the nutrition agenda and the allocation of resources for nutrition programs. Moreover, the Program highlights the importance of capacity building at the municipal level, which is present in the nutrition project design and in its articulation with the member municipalities of the Seal UNICEF and PCU initiatives.

Advocacy activities are aligned with the first component of the Country Program, focused on enhancing policies for excluded children and understanding that the main bottleneck to reach this objective is the lack of qualification of policymakers to formulate and fund specific policies targeting the most vulnerable.⁷⁸ By offering a webinar series to public policy managers (Activity 1a) in the Seal UNICEF municipalities and launching the **“Promoting a healthy school**

⁷⁷ United Nations Children’s Fund (n.d.). Country program document. [online] United Nations Children’s Fund. Available at: <https://sites.unicef.org/about/execboard/files/2016-PL23-Brazil-CPD-ODS-EN.pdf>

⁷⁸ United Nations Children’s Fund (n.d.). Country program document. [online] United Nations Children’s Fund. Available at: <https://sites.unicef.org/about/execboard/files/2016-PL23-Brazil-CPD-ODS-EN.pdf>

environment – Support to local managers” guide, the project aimed to increase awareness on the importance of promoting regulations to restrict the commercialization and advertising of ultra-processed foods, offering healthy foods, and promoting food and nutrition education in schools. Moreover, the activity also relates to the “promoting quality social policies for vulnerable people” component in combatting the identified bottlenecks of limited information on the part of state actors and low qualification of social sector professionals, especially at the subnational level.

The program’s advocacy activities also targeted municipal councils and the legislative assembly to disseminate IDEC’s PL Modelo (Activity 1b) and stimulate the development of regulations to restrict the commercialization and advertising of ultra-processed foods, offering healthy foods and promoting food and nutrition education. The advocacy activities support the country program component of enhancing policies for excluded children, targeting mainly the identified bottleneck of limited qualification of policymakers.

Lastly, informing and engaging adolescents to acknowledge their eating rights and become advocates of healthy eating, especially in the school environment (Activity 1c), is compatible with **the Country Program component of enhancing policies for excluded children**. This mobilization activity aimed to improve citizens' knowledge and participation channels, aiming to ultimately generate social policies for vulnerable children through creating behaviors and environments conducive to good practices.

Table 7 – Coherence between Advocacy activity and UNICEF’s Country Program

Brazil Country Program component	Advocacy activities in the Good Nutrition for a Healthy Life of Brazilian Children	Correlation
<p>2) “Quality social policies for vulnerable children”.</p> <p>Bottlenecks (b) limited information on the part of duty- bearers; (c) low qualifications of social sector professionals, especially at subnational levels.</p>	<p>1a - Mobilize and promote awareness of managers and strategic actors from Seal UNICEF's partner municipalities to work on a healthy eating agenda in the school environment.</p>	<p>Through the realization of webinars and dissemination of guides on healthy eating environments for executive managers and legislative representatives, activity 1a aimed to increase the knowledge of these actors on the importance of childhood healthy nutrition in school environments.</p>
<p>1)“Enhanced policies for excluded children”, developing capacity at the municipal level.</p> <p>Bottleneck (c) the limited qualifications of policymakers to formulate and fund specific policies targeting the most vulnerable</p>	<p>1b - Advocate with municipal councils and legislative assembly to develop their regulations based on IDEC's Projeto de Lei Modelo.</p>	<p>Through the capacitation and advocacy developed in Activity 1b, legislative representatives were mobilized to discuss regulations related to healthy school environments and adopting and adapting the PL Modelo.</p>

<p>1) “Enhanced policies for excluded children”</p> <p>Bottleneck (b) Limited knowledge of rights-holders on how to demand their rights)</p> <p>2) “Quality social policies for vulnerable children”</p> <p>Bottleneck (a) Prevalence of behaviors and environments not conducive to good practices</p> <p>4) “Engaged citizenry and participation”.</p> <p>Bottlenecks: (e) inadequate participation channels for children and (f) low level of familiarization of rights-holders with ways to contribute effectively to public debates.</p>	<p>1c - Mobilize adolescents and young people from UNICEF’s Adolescent Citizenship Centers (NUCAS) with quality information to work on the healthy eating agenda in the school environment in Seal UNICEF’s partner municipalities.</p>	<p>The mobilization of adolescents from the NUCAS aims to promote active participation of adolescents in the healthy school environment discussion, allowing them to properly engage in the debate and correlate healthy eating with other topics and promotion rights.</p>
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Source: Plan Eval

EQ 2.2. To what extent did the capacity-building activities (maternities, online courses, and adolescents) have synergies or trade-offs with other UNICEF Brazil (e.g., Selo UNICEF and Agenda Cidade) and partner initiatives?

The capacity-building activities present strong synergies with the UNICEF Country Program in Brazil. The **Good Nutrition for a Healthy Life of Brazilian Children** project aims to reduce socioeconomic inequalities among children, as shown in the Final Reports of UNICEF’s presence in Brazil from 2019 to 2022. The capacity-building activities promoted can play a significant role in reducing socioeconomic inequalities by empowering individuals, communities, and institutions to develop the skills, knowledge, and resources needed to address and overcome these disparities. Moreover, capacity-building programs and activities often incorporate cultural sensitivity and inclusivity, ensuring that interventions are tailored to different communities’ needs and specific circumstances while also aiming to create long-term sustainable change, enabling the local communities to continue addressing the inequalities after external support diminishes.

According to Brazil’s Country Program, UNICEF focuses on producing “data and evidence to support policymakers to design tailored policies and programs that reach the most excluded”⁷⁹, focusing on capacity building at the municipal level. Therefore, the activities focusing on capacity building – especially the webinars (Activity 1a) and the online course (Activity 2b) – represent a strong point of coherence of the project with the Country Program designed for Brazil in 2016

⁷⁹ United Nations Children’s Fund (n.d.). Country program document. [online] United Nations Children’s Fund. Available at: <https://sites.unicef.org/about/execboard/files/2016-PL23-Brazil-CPD-ODS-EN.pdf>

and the programs that have been developed to support those goals.

Finally, the project's collaboration with other UNICEF strategies and local initiatives in Brazil to implement some activities, mainly Seal UNICEF and Agenda Cidade UNICEF, but also the involvement of the NUCAS, attests to the synergy and coherence between those programs. These articulations are justified by the presence of shared goals between those local strategies and the nutrition project and its activities, mainly relating to the improvement of the health of children in vulnerable regions and overall reducing inequality.

Seal UNICEF aims to improve children's nutritional status and prevalence of breastfeeding and healthy feeding practices in the Semi-Arid and Amazon regions, identified as the most unequal regions of the country, and focuses on systemic results of reduced disparities and promoting rights through the strengthening of municipal public policies for children and adolescents⁸⁰, which are fundamental aspects of the **Good Nutrition for a Healthy Life of Brazilian Children** project. Another point of coherence that justifies the articulation between the Brazilian project and the Seal initiative is the focus on early childhood development.⁸¹ In its first version, which conducted the actions of the participant municipalities from 2017 to 2020, the initiative presented nutrition and breastfeeding promotion programs as one of the systemic results (Systemic Result 4⁸²), requiring the implementation of specific actions in those areas as means of obtaining the Seal. However, in its updated version for 2021-2024, nutrition interventions are included within the first systemic result concentrating on early childhood development and mention advancements and development of concrete actions regarding nutrition and breastfeeding, although not as a mandatory indicator for obtaining the Seal.⁸³ These aspects resonate directly with the objectives of the nutrition project and justify the decision of creating and maintaining a collaboration with the Seal initiative throughout the implementation of the activities.

As for the Agenda Cidade UNICEF, previously named PCU (Plataforma de Centros Urbanos), the strongest synergy with the project is regarding the goal of reducing inequalities between children and adolescents and the focus on early childhood as one of its four priorities for the period of 2017 to 2020, including the target of preventing obesity in the first years of life.⁸⁴

Furthermore, amongst its strategies, the Agenda Cidade UNICEF focuses on monitoring and analyzing the disparities that affect children, building a collective impact through the mobilization of actors from different sectors (such as actors from the legislative, education,

⁸⁰ Guia metodológico Selo UNICEF 2017-2020, p. 12 and 29. Available at: https://www.selounicef.org.br/sites/default/files/2018-09/Guia%20Metodol%C3%B3gico%20Selo%20UNICEF%20-%20Edi%C3%A7%C3%A3o%202017-2020_1.pdf

⁸¹ Guia metodológico Selo UNICEF 2021-2024 p. 17. Available at: <https://www.selounicef.org.br/sites/default/files/2022-08/Guia%20Metodol%C3%B3gico%20V2%2004082022.pdf>

⁸² Guia metodológico Selo UNICEF 2017-2020 Available at: https://www.selounicef.org.br/sites/default/files/2018-09/Guia%20Metodol%C3%B3gico%20Selo%20UNICEF%20-%20Edi%C3%A7%C3%A3o%202017-2020_1.pdf

⁸³ United Nations Children's Fund (n.d.). Selo UNICEF - Guia Metodológico (2017-2020). [online] UNICEF Brazil. Available at: https://www.selounicef.org.br/sites/default/files/2018-09/Guia%20Metodol%C3%B3gico%20Selo%20UNICEF%20-%20Edi%C3%A7%C3%A3o%202017-2020_1.pdf

⁸⁴ United Nations Children's Fund (n.d.). Selo UNICEF - Guia Metodológico (2017-2020). [online] UNICEF Brazil. Available at: https://www.selounicef.org.br/sites/default/files/2018-09/Guia%20Metodol%C3%B3gico%20Selo%20UNICEF%20-%20Edi%C3%A7%C3%A3o%202017-2020_1.pdf

social assistance, and health systems) and engaging adolescents in the public debate, both approaches that can be found in the advocacy and capacity building activities of the nutrition project. Therefore, the articulation between the project and these initiatives of UNICEF in Brazil facilitates the project's reach of the vulnerable children in the areas specified in the project design (Amazon and Semi-Arid regions and urban centers) while collaborating for the participant municipalities to reach their goals relating to early childhood and nutrition.

Furthermore, these articulations come in support of the Country Program's decision to target Brazilian children who have access to essential services of precarious quality, a majority of which reside in Semi-Arid and Amazon regions and peripheral areas of the large cities⁸⁵, therefore the precise geographical scope of the Seal UNICEF and Agenda Cidade UNICEF strategies.

This coherence among the programs and strategies of UNICEF attests to its ability to work in a coordinated way with different levels of government, ensuring the adequate translation of national and state policies into effective actions at the municipal level.

⁸⁵ United Nations Children's Fund (n.d.). Country program document. [online] United Nations Children's Fund . Available at: <https://sites.unicef.org/about/execboard/files/2016-PL23-Brazil-CPD-ODS-EN.pdf>.

Table 8 - Coherence between capacity building activities and UNICEF’s Country Program

Brazil Country Program component	Activities in the Good Nutrition for a Healthy Life of Brazilian Children	Correlation
<p>1) Enhanced policies for excluded children (developing capacity at the municipal level)</p> <p>2) Quality social policies for vulnerable children;</p> <p>Bottleneck (a) prevalence of behaviors and environments not conducive to good practices.</p>	<p>2a - Promotion and support of breastfeeding and healthy complementary feeding to puerperal mothers in the Agenda Cidade UNICEF partner municipalities (10-step guide and dissemination)</p>	<p>Through the elaboration of the 10-step guide, the training of healthcare workers and dissemination of the 10-step guide, the activity 2a contributed to inform parents on the good practices concerning feeding their children in the first years of their lives, allowing for changing behaviors.</p>
<p>2) Quality social policies for vulnerable children</p> <p>Bottlenecks (c) low qualifications of social sector professionals, especially at subnational levels;</p>	<p>2b - Capacity building of managers, health workers, social assistance workers and pre-school teachers on breastfeeding and healthy feeding habits through an online course.</p>	<p>Through the development and dissemination of an online course, professionals from the education, health and social assistance sectors at the municipal levels received training and qualification on breastfeeding recommendations, to disseminate and offer support for parents, adolescents and children.</p>

Source: Plan Eval

EQ 2.3. To what extent did communication activities (guides, pamphlets, social media communications, etc) have synergies or trade-offs with other UNICEF Brazil communication strategies?

The **Good Nutrition for a healthy life of Brazilian Children** nutrition project presented several communication activities to disseminate information through supporting capacity building and generating evidence-based research and data. Those activities made use of different communication strategies such as the development of an app (Activity 2c), online publishing of the evidence-based information and research results (Activities 3a, 3d, 3f), disseminating information materials (Activities 1a, 3c, and 3e) and educational campaigns (Activity 3b), including dissemination through social media.

These communication and dissemination activities are strongly coherent with the communication strategies used by UNICEF and its national office for Brazil, and its operational commitments regarding communication that focus on enabling program implementation and effective use of resources. Furthermore, UNICEF has elaborated a toolkit for guiding country

teams specifically for Social Behavioral Change Communications (SBCC) for the prevention of childhood overweight and obesity⁸⁶, which offers clear and easily adaptable guidance for organizing communication activities focused on nutrition. The communication strategies described in this toolkit are in line with the ones implemented by the communication activities, focusing mainly on communication at the community, interpersonal and individual levels for changing behaviors, attitudes and beliefs of communities, families, and children. For example, some of the approaches put forward by the toolkit, which are present in the Brazilian nutrition project, include community-wide multimedia campaigns, discussion groups, lessons and trainings, and the dissemination of educational resources with the broader public. The project includes many of the communication strategies recommended in the toolkit, such as using appropriate language for communicating with target audiences, engaging secondary audiences (government, school and health sector professionals, managers, etc.), and selecting different channels for engaging with different audiences.⁸⁷

In identifying the priority areas for engagement of its 2020-2030 Nutrition Strategy, UNICEF defends the use of “innovative, fun, memorable and engaging communication strategies to promote healthy feeding and dietary practices, leveraging the cultural and social aspirations of children, adolescents, families and communities”.⁸⁸ This attention to producing information materials adapted to the populations to make knowledge intelligible properly is a strong trait of the communication activities implemented by the nutrition program. A key example of such alignment is the Campanha Papei. According to the developer, the sketches and videos were playful and had a simple message. Noticeably, the healthy nutrition message was displayed with humor (**Figure 5 – Campanha Papei’s playful storyline scenario**). The storyline portrayed a dynamic family, and the entire setting of the campaign has a playful tone with animated vegetables (

Figure 6 – Campanha Papei’s animated vegetables). Another relevant example is the advocacy activity and strategy developed with and for adolescents, which initially did not have a defined format and became a role-playing game (RPG).

⁸⁶ United Nations Children’s Fund. Social and behavioral change communications for prevention of childhood overweight and obesity: a toolkit for country teams. New York: UNICEF, 2022.

⁸⁷ United Nations Children’s Fund. Social and behavioural change communications for prevention of childhood overweight and obesity: a toolkit for country teams. New York: UNICEF, 2022. P 45-48

⁸⁸ United Nations Children’s Fund. (UNICEF). Nutrition, for Every Child: UNICEF Nutrition Strategy 2020–2030. UNICEF, UNICEF, New York. Available at:

<https://www.unicef.org/media/92031/file/UNICEF%20Nutrition%20Strategy%202020-2030.pdf>

Figure 5 – Campanha Papei’s playful storyline scenario



Source: [UNICEF’s YouTube channel](#)

Figure 6 – Campanha Papei’s animated vegetables



Source: [UNICEF’s YouTube channel](#)

Furthermore, the Country Program for Brazil highlights **its intention of engaging various stakeholders and promoting the right to participation**, which are central characteristics of the project evaluated. There were informational materials dedicated to public policy managers, advocacy stakeholders, adolescents, pregnant adolescents, puerperal mothers, health, education, and social assistance professionals, Bolsa Família beneficiaries, other professionals

interested in the topic and the general population.

UNICEF’s Country Program also points to the importance of the internet in Brazil, including UNICEF Brazil’s own social media⁸⁹ (**Figure 7 – Examples of Social Media content of Campanha Papei**) – which was the main channel of the Campanha Papei. According to the Country Program document “Brazil has the fifth highest number of Internet users in the world” and “during 2015, UNICEF Brazil saw its following on social media double, and it has one of the highest rates of engagement by its supporters of country offices and National Committees for UNICEF”, showing an increased opportunity to reach intended and new audiences to “advance an inclusive agenda for children’s rights”. UNICEF Brazil also broadcasted all of its webinars and report launches on its YouTube channel. Both the campaigns and the webinars are still available online. **Table 9 – Coherence between communication strategies and UNICEF’s Country** further details the correlations and coherence between the communication activities of the **Good Nutrition for a Healthy Life of Brazilian Children** and UNICEF’s current Brazil Country Program.

Figure 7 – Examples of Social Media content of Campanha Papei



Source: [Campanha Papei’s Website](#)

Table 9 – Coherence between communication strategies and UNICEF’s Country Program

Brazil Country Program component	Activities in the Good nutrition for a healthy life of Brazilian children	Correlation
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⁸⁹ UNICEF Brazil Country Program: “Brazil has the fifth highest number of Internet users in the world; during 2015, UNICEF Brazil saw its following on social media double, and it has one of the highest rates of engagement by its supporters of country offices and National Committees for UNICEF. This demonstrates that there is increased potential for dialogue with new audiences, including the private sector, to advance an inclusive agenda for children’s rights.

<p>1) Enhanced policies for excluded children</p> <p>Bottlenecks (b) limited information on the part of duty-bearers</p>	<p>1a) Mobilize and promote awareness of managers and strategic actors from UNICEF's partner municipalities through webinars to work on a healthy eating agenda in the school environment</p>	<p>Through webinars on the subject of healthy eating in the school environment, the managers and strategic actors from the municipal level are better informed about the significance of proper nutrition during school years, which can drive the prioritization of the nutrition agenda and the allocation of resources for the development of adequate nutrition programs.</p>
<p>2) Quality social policies for vulnerable children.</p> <p>Bottlenecks (a) prevalence of social norms, cultural practices, behaviors, and environments not conducive to good practices;</p>	<p>2a) Dissemination of the “10 steps to healthy eating and habits from birth to two years old”.</p>	<p>The dissemination of the 10-step guide is an initiative that aims to inform and, consequently, empower vulnerable populations with the knowledge needed to change the cultural practices and behaviors commonly associated with the early cessation of breastfeeding and the reduced exclusive breastfeeding rates.</p>
<p>2) Quality social policies for vulnerable children.</p> <p>Bottlenecks (a) prevalence of social norms, cultural practices, behaviors, and environments not conducive to good practices;</p>	<p>2c) Promotion of breastfeeding and healthy habits among pregnant adolescents through the Rango de ResponSA app.</p>	<p>The development of the Rango de ResponSA app promotes the dissemination of relevant information in an accessible language and format that allows adolescents to make informed decisions regarding nutrition during pregnancy, breastfeeding and early child nutrition.</p>
<p>1) Enhanced policies for excluded children</p> <p>Bottlenecks (a) the absence of data, evidence and research on the most excluded groups;</p>	<p>3a) Getting evidence-based information through a KAP (knowledge, attitudes, and practices) study to inform the elaboration of new strategies to tackle child overweight and obesity.</p>	<p>The conduction of the KAP study allowed for the generation of updated information on the population's behaviors regarding child nutrition, especially during the COVID-19 pandemic.</p>
<p>1) Enhanced policies for excluded children</p> <p>Bottlenecks (a) the absence of data, evidence and research on the most excluded groups;</p> <p>2) Quality social policies for vulnerable children</p> <p>Bottlenecks (a) prevalence of social norms, cultural practices, behaviors, and environments not conducive to good practices</p>	<p>3b) Development of information materials and strategies based on the KAP study findings to promote a healthy lifestyle among young children.</p>	<p>The generation of updated information on the real practices of the population ultimately allowed the design of relevant evidence-based policies and interventions, including the development of information materials aimed at answering the real needs in an adapted format.</p>
<p>2) Quality social policies for vulnerable children</p>	<p>3c) Support for the dissemination of the Ministry of Health's NutriSUS strategy (micronutrient sachets),</p>	<p>This activity represents UNICEF's commitment to support national government and institutions in their</p>

<p>Bottlenecks (d) inadequate infrastructure;</p>	<p>reformulated for basic health units, in the most vulnerable regions (North and indigenous health districts).</p>	<p>initiatives for supporting vulnerable children, providing adequate information for disseminating the micronutrient sachets.</p>
<p>1) Enhanced policies for excluded children</p> <p>Bottlenecks (a) the absence of data, evidence and research on the most excluded groups;</p> <p>Bottlenecks (b) limited information on the part of duty-bearers</p>	<p>3d) Study on primary and secondary impacts of Covid-19 on children and adolescents' nutrition and health</p>	<p>The studies conducted on the impacts of the pandemic on children and adolescents' nutrition and health align with UNICEF's objective of disseminating information in a timely manner, ultimately allowing the effects of the pandemic on the lives of these populations to be known in time to conduct policies to remedy those, while avoiding a build-up of negative impacts on the most vulnerable populations.</p>
<p>2) Quality social policies for vulnerable children.</p> <p>Bottlenecks: (a) prevalence of social norms, cultural practices, behaviours and environments not conducive to good practices; (e) limited cross-sectoral coordination between social assistance, education and health services.</p>	<p>3e) Distribute SBCC materials to vulnerable families in priority municipalities in Pernambuco, Maranhão, and Rio de Janeiro, enrolled in Bolsa Família.</p>	<p>This activity builds on the principle of developing information materials targeting the behaviors and practices of specific populations. Furthermore, it represents an essential coordination between this health and nutrition initiative and the social assistance program of Bolsa Família, meaning a more effective targeting of the most vulnerable tiers of the population.</p>
<p>1) Enhanced policies for excluded children</p> <p>Bottlenecks (b) limited information on the part of duty-bearers</p>	<p>3f) Translate WHO's "How marketing of formula milk influences our decisions on infant feeding" and promote a debate about it.</p>	<p>The translation of the WHO document allows for policymakers' information on the detrimental marketing practices involving formula milk, ultimately allowing for disseminating this knowledge, and providing an important foundation for the elaboration of future policies.</p>

Source: Plan Eval

Alignment with Sustainable Development Goals

The ET has identified the following alignments with SDGs:

2. Zero Hunger

2.1. By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.

2.2. By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older people.

As the project focused on raising awareness on healthy nutrition and exclusive breastfeeding in the child's first six months, it aligns with promoting better food choices that are safe, nutritious and sufficient – diverging from the trends on ultra-processed product consumption. In the case of lactating mothers and children up to six months old, healthy nutrition and exclusive breastfeeding were promoted as a means of fighting malnutrition.

3. Good Health and Well-being

3d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

As the project trained health, education, and social assistance professionals on the importance of breastfeeding and healthy eating, they aligned with the intent of strengthening the capacity of the public sector on the risks of undernutrition and malnutrition that can be associated with child overweight and obesity.

5. Gender Equality

5.4. *Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.*

When puerperal mothers received the 10-step guide, health professionals strongly advised on sharing the guide with the child's care network, especially the father. The intent was to reinforce that a child's wellbeing, care, and health are not sole responsibilities of the women or the person taking the mother-role.

Internal Coherence of the Project's Activities

Besides the **strong coherence** with UNICEF's Programs and strategies (Global, Brazil, Nutrition), and despite involving multiple sectors and actors of child protection and nutrition, the evaluation noted **several potential synergies between the activities of the project**, despite

some apparent overlaps of their final goals, which ultimately pointed to a **lack of interconnectedness of the approaches** adopted and activities developed.

Timing was the main obstacle to leveraging each activity’s reach. Activities were developed over the course of three years, and more synergic approaches only became evident as activities were being developed.

A clear example of synergy between activities is the Campanha Papei and the distribution of the 10-step guide to puerperal mothers. They both target the importance of breastfeeding and exclusive breastfeeding during the child’s first six months, besides the importance of healthy complementary eating. Phase 1 of the Campanha Papei portrays the main character, Miranda, having several doubts regarding her knowledge and capacity of breastfeeding and, at times, being tempted by the animated formula milk. Acknowledging and reinforcing that breastmilk is the only nurturing the child needs in the first six months goes in the same direction as the messages transmitted in the 10-step campaign. The same goes for phase 2 of Campanha Papei during food introduction.

However, while the 10-step guide was only distributed to puerperal mothers in the Child-Friendly Hospitals, the Campanha Papei was only distributed to an online audience on two social media platforms (Facebook and Instagram). Both audiences would have benefitted from both content and approaches. For instance, the 10-step guide could have been made available with the Campanha Papei through landing pages. The Campanha Papei could have been accessed through a QR code embedded in the 10-step guide. Banners or posters about the Campanha Papei with QR codes for the entire video series could have been displayed in Child-Friendly Hospitals. The same sort of availability could have been made with the Rango de Resposta App, and the CINTERCOOP network could also have been used to disseminate the 10-step guide as well as the Campanha Papei and the “Breastfeeding and Healthy Eating in Early Childhood” course to professionals in close contact with adolescents.

4.3. Effectiveness

This section reports the extent to which **Good Nutrition for a Healthy Life of Brazilian Children** has developed its activities, reached outputs and outcomes. Considering the project’s development stages, the lack of an initial ToC, the monitoring systems adopted, and the recurrent changes in the project activities due to the COVID-19 pandemic challenges, it is only possible to evaluate some of the project outcomes. As flagged in the revised ToC (**Figure 4 - Theory of Change**), each activity has reached a different stage of development, and this section evaluated each of them according to how far they were developed, at times only evaluating the implementation process.

Summary

The **Good Nutrition for a Healthy Life of Brazilian Children** has promoted the importance of healthy school environments and how to enable them among the legislative members of the places where the more substantial advocacy activities took place, as in all three of them (Bahia State, Recife, and Belém) a bill based on the PL Modelo was submitted to their respective legislative chambers. However, the project initially aimed to submit bills in 20 municipalities. The high technical quality of the PL Modelo was considered a vital enabler of the success of this

activity as it contributed to the approval of the bills, according to both beneficiaries and the consultants involved in mobilizing key local stakeholders.

The project was able to **engage municipalities towards being interested in developing legislation** to promote healthy school environments through its webinars. However, engagement with adolescents, so they would become advocates for healthy school environments, was not concluded. The activity developed an engagement strategy by developing an RPG game, but it has not been launched yet, and these adolescents are yet to be mobilized.

The importance of breastfeeding and healthy complementary feeding was promoted mainly among puerperal mothers and pregnant adolescents, as well as health, education, and social assistance professionals across the Seal municipalities. The “10 steps to healthy eating habits from birth to two years old” guides were delivered to over 10,000 mothers, discussing breastfeeding and healthy eating in early childhood, and both activities achieved their desired reach. As for the Rango de Resposta App, over 9,000 downloads were registered on app stores, but little is known about who downloaded it and what use was made of it.

EQ 3.1. To what extent have the programmatic activities effectively achieved the proposed outcomes and indicators?

What were the most effective interventions? When and why were these effective?

According to the revised ToC for the **Good Nutrition for a Healthy Life of Brazilian Children**, the three primary outcomes were:

1. Healthy school environments (free of ultra-processed foods) were promoted at selected Agenda and Seal UNICEF municipalities.
2. Puerperal mothers, families, communities, and civil society aware of the importance of breastfeeding and healthy child nutrition and supplementation
3. Information regarding healthy nutrition for children and adolescents were disseminated in campaigns that the general population and policy managers consume.

Outcome 1: Healthy school environments (free of ultra-processed foods) promoted at selected Agenda and Seal UNICEF municipalities.

Activity 1a

- The webinar series interested 150 municipalities in receiving further support to develop legislative bills based on the PL Modelo and attracted almost 5,000 YouTube views from at least 267 municipalities.

The **Good Nutrition for a healthy life of Brazilian Children** has successfully promoted the webinars on the importance of restricting the commercialization and advertising of ultra-processed foods, offering healthy foods, and promoting food and nutrition education. The main objective of the webinar series was to have “managers and strategic actors from UNICEF partner municipalities and states sensitized and mobilized to act on the healthy eating agenda in the

school environment⁹⁰.

The goal was to mobilize 200 Seal UNICEF Municipalities initially, but UNICEF mobilized all 2,023 Seal municipalities, and some of them were also part of the PROTEJA Program, which is the main Childhood Obesity Prevention and Care Strategy from Brazil’s Federal Government since 2021. With almost 5,000 YouTube views on UNICEF’s and IDEC’s channels, according to an online survey sent to participants by Idec after the webinar series the activity got **150 municipalities interested in receiving further support to develop legislative bills based on the PL Modelo** – no numeric goal was established in for this objective. However, the initial goal of the activity was to reach 761 municipalities attending the webinars. Still, it has reached **only 267 municipalities**, accounting for **35% of its goal** and 13% of the Seal UNICEF municipalities.

One possible reason for not reaching 761 municipalities from Seal UNICEF is likely the fact that nutrition is not part of the indicators in the current cycle of Seal UNICEF, and municipalities tend to focus on the priority indicators of the program, as specifically pointed out by one local UNICEF staff:

“a factor that made it a little difficult is that the topic of nutrition is not included in the Seal. In this edition of the Seal, we prioritized the themes of education and protection. The health issue was limited solely to vaccination, which we had in all other editions of the Seal. For breastfeeding and malnutrition, we had other indicators. In this last edition, it wasn’t part of it.”

– UNICEF Team

⁹⁰ Idec’s Report on the webinar series “2020 – Relatório: Resultado 1.2.” from March 2023.

Table 10 – Activity 1a, output reach

Activity	Source	Target	Reach	Status
Conception and execution of 3 Webinars on Healthy Eating Environments	<p>IDEC’s Final Report</p> <p>YouTube or IDEC</p>	<p>761 partner municipalities 19 partner states</p> <p>No target</p>	<p>Representatives from 267 (35%) municipalities attended the Webinars transmitted at IDEC’s and UNICEF’s YouTube channels, according to a survey sent to counties after the webinars.</p> <p>4,938 views in total Source: Idec Relatório Resultado 1.2., March/2023</p>	Not reached
Mobilization of managers and strategic actors to engage in the webinars	Records of mobilization in the UNICEF Seal municipalities	<p>200 UNICEF partner municipalities (67 TAM, 130 SAB) and 3 UNICEF partner capitals: Belém, São Luís e Manaus</p> <p>Source: 04 Program Document Template - Idec-30.03 by Idec</p>	<p>2,023 seal municipalities were mobilized</p> <p>Source: Idec’s Report “Boletim Projeto Escolas UNICEF”</p>	Reached

Source: Plan Eval

IDEC gathered additional data through the survey sent to webinar attendees, and to which they responded that **only 10% of them watched all three webinars and about 45% watched at least one webinar** and the most watched webinar so far was the first one, with 2,177 views according to IDEC. Almost **80% of the attendees’ municipalities already had actions for schools to become environments that promote adequate and healthy food consumption**. According to the survey, 34% (almost 90 municipalities) indicated a municipal law or bill regulating the sale, distribution, commercialization and marketing communication of food and beverages in schools. Such numbers potentially raise the question of whether the audience reached was already the most inclined to act on the issue.

As previously mentioned, despite multiple efforts, the ET was not able to reach webinar attendees and was unable to identify whether the activity had influenced them to take any steps toward promoting healthy school environments.

Activity 1b

In all three locations (Bahia State, Recife and Belém) bills based on the PL Modelo were submitted to their respective legislative chambers. The Good Nutrition for a healthy life of Brazilian Children has successfully promoted the importance of healthy school environments among the legislative members of the places where the advocacy strategy took place, as in all three of them (Bahia State, Recife and Belém) bills based on the PL Modelo were submitted

to their respective legislative chambers. However, it is inconclusive whether the activity reached its numeric goal. According to the implementation partner their initial goal was submitting bills in 20 municipalities and according to UNICEF’s most recent annual report, the goal in January 2022 was submitting one bill. As mentioned, the project submitted three bills, but the activity target remained unclear whether it was 20 or 1 municipality.

Table 11 – Activity 1b, output reach

Activity	Source	Target	Reach	Status
Advocacy strategy with the Legislative Branch in Salvador, Belém and Recife for the approval of the PL Modelo	IDEC mobilization records	20 Source: 04 Program Document Template -Idec-30.03 by Idec 1 Source: Annual Report Jan/2022	2 cities (Belém, Recife) 1 state (Bahia) Source: 04 Program Document Template -Idec-30.03 by Idec	Inconclusive

Source: Plan Eval

The advocacy efforts have managed to build strong networks in Recife and Bahia to promote healthy school environments, which can further help implement the approved bill.

According to local consultants, these networks also have the potential to promote other legislative proposals and work on other pressing issues regarding the nutritional needs of the most vulnerable children and adolescents in these locations. Several stakeholders engaged and remained in the working groups in Bahia and Recife, which is a key element for the implementation phase of the bill and for discussing and developing other bills or actions.

Other successful aspects of the activity, according to both beneficiaries and the consultants involved in mobilizing key local stakeholders, were the **high technical quality of the PL Modelo, the support** throughout the entire process of developing the bill offered by IDEC and UNICEF, and the **successful choice of stakeholders** to mobilize and work on the bill in each capital/state. According to the UNICEF Staff and advocacy experts, the legislative proposal model from which each location would depart its internal discussions was a **solid legislative proposal with strong technical arguments, precise definitions, focused on intersectionality and on the law enforcement of federal policies.** As the

But in the first moment, I think that the technical support was the main thing and in fact it made a big difference, because I think that initially the project, we were trying to see an easier way to spend it here in the house with something positive and it was complicated.

– Parliamentary Assistant

Technically, the text was very good. And I think this is a very strong point, because when it goes to the legislator, there is no problem that he can point there and say that this is wrong regimentally, technically. So I think I just wanted to reinforce how important this more technical look at the text was and that this greatly strengthens the incidence.

– IDEC’s partner organization

Articles 2 and 3 of the PL Modelo⁹¹ establishes:

Art. 2 - *The promotion of adequate and healthy food in school units must be carried out according to the official guidelines of the Ministry of Health, supported by the Food Guide for the Brazilian Population and the Food Guide for Brazilian Children Under two years of age, and based on the guidelines of the National School Feeding Program (PNAE) supported by Law No. 11,947, of June 16, 2009.*

Art. 3 - *The school must include food and nutrition education transversally in the school curriculum, per Law No. 13,666 of May 16, 2018, addressing the theme of food and nutrition and healthy life practices in the teaching and learning, inserted in the political pedagogical project of schools.*

Parliamentary advisors in Recife indicate that after receiving support from UNICEF and Idec **their legislative proposal became more consistent** and had enhanced technical arguments. They were advised on how to **include intersectoral approaches** such as urban ecology and the fight against fatphobia – which, until then, was a challenge for the parliamentary advisors. There was broad consensus that bills submitted with such technical quality will likely be approved.

It is also worth noting the choice of municipalities and the legislative representatives to conduct the advocacy efforts, as they were selected based on keen involvement in this legislative proposal. In Recife, municipal council Cida Pedrosa had previously submitted a similar bill, but it had failed to be approved by the legislative chamber allegedly due to technical issues. In Bahia, Deputy Fabrício Falcão also had previously submitted a bill regarding labeling packages – a correlated topic – which had already been approved when the advocacy of the **Good Nutrition for a Healthy Life of Brazilian Children** project started. Moreover, local consultants in Salvador and the working group formed were praised for their high level of commitment and local influence. The Civil House in Bahia (Casa Civil) manifested a high interest in adopting the bill at the state level, not only for Salvador.

Such choices – of the right consultants as well as the right legislative representatives – resulted in a high receptivity of the proposal. There was consensus that both IDEC and UNICEF were highly responsible for selecting the right local stakeholders to develop the bill and advocate for the bill approval. Both UNICEF and IDEC have a high influence among stakeholders involved in the child nutrition issue. Continued engagement of several stakeholders in the working groups in Bahia and Recife attested for a successful implementation phase of the bill and to discuss and develop other related bills or actions.

"The municipalities received us well because of UNICEF's entry into these places. People liked our articulation of going along with UNICEF to make these partnerships and dialogues."

– Implementation partner

⁹¹ The PL Modelo is available for consultation at: <https://idec.org.br/projeto-de-lei-para-escolas>

The **legislative proposals have yet to be approved**, and the bill's approval is highly dependent on political will. However, reaching the submission of three bills was already a positive and challenging result for the project, according to the implementation partner:

"[The project managed to achieve the objectives] when we have the PLs being processed. It was a great achievement to reach this point. Our idea was to really mobilize, provoke, and hold meetings and seminars. We do not imagine that we deserve to have PLs being processed - it is a very important result."

– Implementation partner

Besides the unpredictable legislative timing to process and vote bills and despite the efforts to accelerate such process, one of the main reasons for needing bills in a closer position for approval and implementation is undoubtedly the advocacy timing. There was a strong consensus among UNICEF's local staff, consultants, and IDEC representatives that developing advocacy activities near the electoral period is very challenging. Essentially, no cause has greater priority than the elections, and depending on the political figure involved in the advocacy effort, it might impede the entire process. However, the strategy and support offered by the consultants managed to submit at least one bill after the election period and before the new year. The other two were submitted in 2023.

Activity 1c

The mobilization of NUCAS' adolescents was only partially successful as it had successful preparatory stages and strategy development, but no proper engagement action. The implementation partners managed to mobilize and gather information from 4,333 adolescents in an online consultation about their initial perceptions and views on healthy eating and the right to it. They have also further explored such perceptions in two in-person workshops, one in Fortaleza and one in João Pessoa, with 51 adolescents from over 40 municipalities. The goal was to have a more in-depth comprehension of their views on the intersectionality of healthy eating, race, gender, and climate change. The workshops were the final step in the mobilization to build the advocacy strategy that would be scalable and best suited for adolescents.

After carefully considering the adolescents' views and the experience of the implementation partners, it was decided to develop an RPG game later named **"Comer para ter direitos!"** which had not been finalized and launched until the start of the evaluation. However, it is known that the initial mobilization activity was not to create a game from the information gathered in the workshops. IDEC initially aimed for something simpler, such as communication through posters, for example.

In an initial version of the game that went through a validation process with adolescents, it was possible to verify that by being a role-playing game, the goal is for the adolescent to change further his or her role in their own “nutrition journey”, which can be commonly passive and mindless, since it is disconnected from the sources of the food, their nutritional value, their impact on their health and the environment, leading to a more active position where information can also guide their choices and they can advocate for better nutrition in their school environment as well as in their homes. And according to one of the game developers:

“ So I think it awakens these moments of conversation that a game can bring and, as it is an RPG game in which you have to put yourself on different roles, you have to talk, also invent moments, you transform these realities from these new ones opening horizons for speech. So it is relevant in that the young person can also observe skills that he will use in the game and that he can use in his life. So we listed more than 10, almost 20 skills relating to food, race and gender equality and climate justice”.

– Game developer and implementation partner

Several studies have also shown that when adolescents are informed and become protagonists of their eating choices, they can influence their surroundings and families. According to a report from the World Food Program on engaging adolescents in nutrition, health, and sustainable development⁹²:

“Adolescents play a key role in their families’ health and nutrition. They often have significant influence over a household’s diet, buying and preparing food, cultivating the family land, and contributing financial resources”.

- World Food Programme, 2018

Little is known about the current stages of the game development or about how or when it will be disseminated.

Table 12 – Activity 1c, output reach

Activity	Sources	Target	Reach	Status
In-person listening workshops with adolescents on healthy eating	Records from BemTV, Comer pra quê and Idec	Not established	51 participants	Inconclusive
		Not established	44 municipalities	
			Source: Relatório: Oficina de escuta com adolescentes dos NUCAS	

⁹²World Food Programme (2018). Bridging the Gap - Engaging Adolescents for Nutrition, Health and Sustainable Development | World Food Programme. [online] Available at: <https://www.wfp.org/publications/2018-bridging-gap-engaging-adolescents-nutrition-health-and-sustainable-development>

Mobilization of adolescents and young people	Idec mobilization records	15 NUCAS	4,333 adolescents mobilized in 24 states and the Federal District (No adolescents from Espírito Santo and from Mato Grosso do Sul) Female: 68,3% Male: 30% Non-binary: 0,05% Other: 1,6% Black: 71,6% White: 22,9% Yellow: 1,8% Indigenous: 1,7% Other: 1,2% Parda: 0,6% Preta: 0,1% Source: IDEC's U-Report Database	Inconclusive. Unable to find out from how many NUCAS the adolescents were from
Development of a Game for Adolescents on the Theme of a Healthy School Environment	IDEC's records	1	1 game under development, in final stages	Reached
Dissemination of the game for Adolescents on the theme of a Healthy School Environment	IDEC's records	Unavailable	Activity not completed	Not reached

Source: Plan Eval

Outcome 2: Puerperal mothers, families, communities, and civil society being aware of the importance of breastfeeding and healthy child nutrition and supplementation

Activity 2a

Activity 2a delivered its outputs on time and precisely monitored them, even contacting beneficiaries to assess their level of engagement, comprehension, and applicability of the 10-step guide offered. Promoting and supporting breastfeeding and healthy complementary feeding to puerperal mothers in the Agenda Cidade UNICEF partner municipalities delivered guides to over 10,000 puerperal mothers in 10 Child-Friendly Hospitals from 8 Agenda Cidade UNICEF municipalities.

Table 13 – Activity 2a, output reach

Activity	Source	Target	Reach	Status
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Development and dissemination of the 10 step-guide for breastfeeding and healthy nutrition of children under 2	Final report from the implementation partner	10K puerperal mothers and their families 10 Maternities	10,468 puerperal mothers received the 10-step guide 10 maternities in 8 cities Source: Vítolo MR Final Report, Dec/22	Reached
Train healthcare professionals to disseminate the 10-step guide	Final report from the implementation partner	Not established	246 health professionals trained. Source: Vítolo MR Final Report, Dec/22	No target Inconclusive

Source: Plan Eval

According to the puerperal mothers who participated in one of the focus groups, the guide was informative, precise, and clear with the information provided. Still, according to the mothers who participated in one of the focus groups, breastfeeding a child is not intuitive, and the challenges and doubts can lead to quickly giving up on breastfeeding. The lack of support and information shared by a relative, woman, or close friend leaves a vacuum of whom to ask for information or advice. In both of these situations, the orientations provided by the health professional and the information available in the 10-step guide was referenced as very useful, and they attributed the exclusive breastfeeding they provided to their child to their experience in the Child-Friendly Hospital, as evidenced in the excerpts below

"For me it was effective, very effective, because I don't have a mother anymore and all the girls who are first-time mothers sometimes have the support of a mother, an aunt, someone who knows how to guide you on how to give food, when to give it, if you can give water or only give milk after the baby is six months old"

"I was afraid. I thought "Wow, it's going to be my first child, nobody's going to help me at all, it's going to be very difficult" and also many professionals won't pay any attention, but it was quite the opposite, they helped me a lot. Ever since I was young, I always saw my mother as a very independent woman, in terms of her family life, like, she's very alone, so she didn't have her mother, she didn't have any support, and I saw her, the way she dealt with my sisters when we were born. And I kept learning, I've always been someone who pays a lot of attention to everything. And when I had my daughter, the guide helped me a lot, but I also already knew a lot. It was very good, because I didn't have my mother anymore, but I had that kind of support. I didn't feel like a layperson."

– Puerperal mothers that participated in the evaluation focus groups

The effectiveness and importance of the 10-step guide were also acknowledged by mothers who only got the orientation and information in their second pregnancy. When comparing their experiences, they reference not knowing in previous pregnancies that they should keep

breastfeeding until the sixth month, but as soon as they knew about it, they put it into practice:

The implementation partner’s telephone interviews with the beneficiary mothers revealed that **the foremost exciting and unknown topics for mothers who received the 10-step guide were:**

- Techniques on how to breastfeed,
- The need to exclusively breastfeed in the first six months of the child, and not offer them water or tea,
- The need to not offer sugar and ultra-processed food products in the first two years,
- The recommendations to cook the adequate complementary food after the first six months, precisely clarifying what is allowed and what is not during food introduction.

“[the most important thing that I learned is] that my baby only needs me to give her my milk until she is 6 months old, and it continues until she is two years old. I was giving her water at first because I thought she needed it because of the heat, but then I read the book and saw that my milk has everything she needs, so I stopped giving her water. When I think she must be thirsty, I give her my breast.”

– Puerperal mother that responded to the implementation partner’s monitoring activities

Other questions and doubts about the baby’s and child’s health were also recurrent to the puerperal mothers, despite the 10-step guide covering the majority of the most frequent doubts.

“During the conversations with the mothers, we also realized that the food guide addresses the vast majority of questions that generate doubts in the mothers, however, some doubts that were not addressed in the guide were quite recurrent, such as: what would be the frequency/consistency /adequate staining of babies' stools? How do I know if my baby is getting enough milk? What to do to relieve baby colic? How can the foods that I (mother) eat interfere with colic? Can you continue breastfeeding with a cracked nipple or hard milk? How to wean correctly?”

– Implementation partner’s final report

The guide helped the mothers feel empowered to make decisions about their children’s nutrition and overcome cultural barriers –one of the main hurdles they face. The information contained in the guide, once understood and absorbed, made women more confident of the decisions taken for their child’s nutrition. They become aware of the "dos and don’ts" and feel able to face – and even discard – cultural myths and unsolicited advice that reinforce cultural practices that are not necessarily prioritized and are adequate for the child’s health. A few examples:

"The fact that I chose to not stop breastfeeding Maria until two years old didn't bother me, but it bothered others. And so, I had a lot of difficulty, because sometimes I was in places and overheard "wow, how absurd! A big child suckling", but I didn't think that I would necessarily have to take my daughter out of breastfeeding at a year or so, you know? Because of people’s opinions (...) So I had to get over that, people commenting or something like that."

– Puerperal mother that participated in the evaluation’s focus groups

"Information is what really empowers these mothers, which gives them, let's say, the conditions for them to make choices, isn't it? We know that with the pandemic came marketing for the use of infant formulas that was very strong, very heavy, which already existed before the pandemic, when the pandemic came, this challenge also came, right?"

– Health professional that delivered the 10-step guide

"When we have a mother who is guided, she has the information, she can make the decision, she can make the choice, let's say, for breastfeeding in a much clearer way. And she knows that even with this heavy marketing, she has already made her choice."

– Health professional that delivered the 10-step guide

*"[The information is important] even for those who will take care of the child if the mother is away to work so she can orient 'I want to feed the child *this way*, I don't want other products because so, so and so."*

The monitoring and assessment independently made by the implementation partner also revealed **that the breastfeeding difficulties faced by the puerperal mothers that received the 10-step guide were reproduced at the same rate of other interventions:** 30% usually find breastfeeding hard and face regurgitation, fissure, or insufficient milk issues.

“Another interesting thing of the intervention is that breastfeeding difficulties were reproduced in the proportion of research studies: out of every 10 mothers, 3 have difficulty breastfeeding (regurgitation, fissure, insufficient milk). I was quite embarrassed at the time to present this data to the maternity hospitals, but we promised that we would deliver this feedback from the mothers. It was strange because I know they do the best with the best.”

– Implementation partner

Finally, **the guide increased health professional knowledge about food introduction despite many of them already being very familiar with the information in the 10-step guide and the training.**

“There were many professionals there who still had that idea that you have to start with juice, with fruit, many found this proposition strange [to start with a complete meal - which is over 20 years old, which were the “10 steps” of the Ministry of Health!]. Many professionals still think that you cannot give meat to a child after six months. They still follow old guidelines; it has not evolved. It is a simple thing that is not known by professionals, and it does not reach all professionals, and, consequently, mothers, too.”

– Implementation partner

“For me, the consultant’s [that offered the training] participation was excellent. It’s one thing to receive information and pass it on. Another thing is for you to understand this information, what mothers are going through. It is a person, a professional [...], a nutritionist, [an expert] in food supplementation. For me, it was really relevant. Maybe if I didn’t have her help, I wouldn’t understand the information so clearly - which is already very explicit.”

– Health professional

According to the implementation partner’s final report and interview, some dietary practices are already known by the health professionals, but some health professionals still abide and disseminate old information. Anyhow, there is need for greater dissemination of the information in the 10-step guide since health professionals have a lot of influence in the puerperal women’s decision-making process, as previously mentioned.

Activity 2b

The evaluation is unable to assess the actual reach of the health, education and social assistance professionals to the “Breastfeeding and healthy eating in early childhood” course since it is not possible to verify how many of these professionals in the Seal municipalities were informed about the course. Nonetheless, the project established the goal of reaching 7,000 professionals.

The course has been completed by over 10,000 professionals⁹³ in 799 Seal UNICEF municipalities, slightly surpassing the initial goal of reaching 767 municipalities, representing 40% of all municipalities enrolled in the Seal.

Despite reaching the desired number of municipalities, the activity did not reach the desired ratio for each type of professional. However, it did have a surprising interest of education professionals, which could be an interesting result from the intersectionality perspective.

Table 14 – Activity 2b, output reach

Activity	Source	Target	Reach	Status
Engaging with UNICEF Seal partners to disseminate the online course	Records from the educational platforms and partners	7,000 Professionals: 4,000 community health workers, 2,000 preschool teachers and 1,000 local managers In 2023 municipalities (Source: Proposal) "A total of 4,000 community health workers trained in 767 municipalities of the UNICEF Seal (40% of all municipalities enrolled with the Municipal Seal); - A total of 2,000 preschool teachers from 767 municipalities of the Seal Initiative (40% of all municipalities enrolled with the Municipal Seal). - A total of 1,000 local managers from 767 municipalities of the Seal Initiative"	6,021 managers acquainted with the first edition of the course. Source: 202201_Anuual_report_AXA_Jan_2022 -- 4,605 professionals had concluded the second edition of the course by May/2023 1,437 health workers (31%) 1,041 social service (23%) 1,657 education (36%) 35 tutelary council (1%) 435 Other (9%) 799 municipalities (39% of Seal UNICEF Municipalities) in 18 states Source: UNICEF (Ava Platform data from May/2023) -- 10,974 managers, community health workers and pre-school teachers trained on breastfeeding and healthy feeding for children under five by 2022. Source: UNICEF	Reached the general target for municipalities (40% of Seal UNICEF) and the general target for number of professionals (over 7K) however, it did not reach the target for each type of professional.

Source: Plan Eval

⁹³ Considering the two versions of the course.

The ET could not assess the effectiveness of the content provided to the professionals enrolled in the course. A focus group was scheduled, and over 400 participants were mobilized. However, no professionals showed up.

Despite that, the ET was able to interview the partner who worked on the second edition of the course “Breastfeeding and Healthy Eating in Early Childhood” course, and there are some insights on the development and implementation. According to the implementation partner:

- The course was developed to be easily accessible through computer and mobile devices, not demanding too much internet connection;
- The implementation partner developed marketing materials about the course for UNICEF to disseminate among the target public;
- There was positive feedback from users and UNICEF’s team about the course interface, design and storyline;
- They focused on developing engaging storytelling about a modern family, which helped shape their approach to all the course topics.

" We created a format that resembled storytelling, with something a little more modern, with newer elements. The course opened like a book: you went through the pages where the story of a family was being told. About this family, we narrated each of the themes that were necessary within the course. They [UNICEF] really liked the visual identity we created. And we created games at the end of each module of the course, which also exceeded their expectations, because they were thinking one thing and we ended up bringing very interesting elements, which they really liked in this sense."

– Implementation Partner

Activity 2c

The dissemination strategy of the app and the app content was very intense, as it reached a wide variety of relevant organizations working in close contact with adolescents and pregnant adolescents. The Rango de Resposta app was disseminated through the CINTERCOOP network organizations. They reached 84 civil society organizations, 43 projects and programs from social assistance and the health sectors from 13 municipalities, including 12 Municipal Councils for Children and Adolescents (CMDCA), 24 Tutelar Councils (CT), and 8,300 adolescents directly linked with CINTRECOOP. Some of the organizations and occasions reached comprise:

- National Network for the Protection of Early Childhood (Rede Nacional de Proteção à Primeira Infância)
- Capacity-building programs of Municipal health Secretaries for the “Baby Week” (Semana do Bebê)
- Municipal Conferences of the Children’s Rights (Conferências Municipais de Direitos das Crianças)
- UNICEF’s Girls Empowerment Program (Programa de Empoderamento de Meninas do UNICEF)

The mid-term reports showed that over 160 organizations were mobilized in total, and the Rango de Resposta app was disseminated to an estimated 1,000,000 adolescents.

According to reports downloaded by the partner responsible for building the app and launching in online stores, **the application reached over 9,000 downloads at the Android application store** (Google Play) by April 2023, after distributing about **5,000 posters in these organizations** and taking the opportunities to communicate with adolescents about the app. Despite 9,000 downloads being a lot more than 500 pregnant adolescents, the evaluation cannot confirm whether or not the downloads reached the target audience.

It is worth noting the multiple efforts of CINTERCOOP’s team to disseminate the app and its content. As it identified technical difficulties that the application was facing and possibly a lack of appeal due to the absence of interactivity and feedback, CINTERCOOP stimulated the organizations and people in close proximity to adolescents and pregnant adolescents to create opportunities to disseminate the content, raising awareness about the importance of healthy eating habits and the breastfeeding process of children up to 2 years old. A key example is how CINTERCOOP stimulated its [Conexões Éticas do Terceiro Setor](#) network to “promote the debate and bring to the public they serve both access to the APP and the incorporation of its contents into their specialized care processes with adolescents and young people within their programmatic activities established in each project, which always take into account compliance with public policies as they are incorporated into the training processes used by the Network’s partner CSOs.”⁹⁴

The application could have been developed with more appealing technical features to adolescents, and it ended up with more of an e-book type of content. According to the professionals involved, both in the development and dissemination phases, the application did not present the most suitable characteristics for use by the target audience. CINTERCOOP reported that the app was not easily found in the Google and iOS application stores.

Other CINTERCOOP efforts to overcome technical and feature limitations included transforming the app content into an e-book to be sent over WhatsApp (to avoid the application store hurdle) and creating internet posts with a shareable link to directly lead to the application stores.

⁹⁴ CINTERCOOP’s Relatório Parcial Rango de Resposta (November/2022)

Table 15 – Activity 2c, output reach

Activity	Source	Target	Reach	Status
Dissemination of the Rango de Responsa App	Records from the app developer and the app stores	No target established for # of app downloads	9,191 app downloads (Android) from April/22 to April/23 Source: Agência CCQ Report	Reached
	Records from CINTERCOOP	No target established for # of organizations mobilized	84 OSCs mobilized 43 Projects and Programs from social assistance and health sectors from 13 municipalities 12 CMDCAs and 24 CTs > 163 organizations in total	
		No target established for # of app users	8,300 adolescents linked to the attention networks from CINTERCOOP (estimate) were mobilized	
		500 pregnant adolescents reached by the dissemination activities of the app	100,000 teenagers were presented the Rango de Responsa App, both for adolescent mothers and fathers and people who eventually knew these groups (estimate)	
	4000 posters distributed	Source: Relatório Técnico Parcial Rango de Responsa (issued by CINTERCOOP)		
In-person workshops with adolescents in Vitória (ES)	Implementation Partner reports	300 mobilized adolescents (in-person)	237 adolescent parents and pregnant adolescents were trained about breastfeeding and healthy eating Source: 202201_Anuar_report_AXA_Jan_2022	Not reached, activity interrupted

Source: Plan Eval

The ET was unable to reach the people who downloaded the app. Had the application been developed with proper application characteristics, with login, user feedback, and interactivity, the monitoring and evaluation of the tool would have been much richer. However, it is also understandable that login features might come with attrition cost and users might give up on using the app if they are required to create an account.

Brazil’s political context has become a hurdle for the app dissemination. Besides the technical limitations of the app, the development and dissemination team both felt that the political context was unwelcoming for an application with pregnant adolescents as their primary audience. UNICEF had the political risk of being accused of supporting or incentivizing adolescent girls to get pregnant if, by any chance, it wasn’t clearly presented the educative role of the application. For this reason, the app was disseminated as an initiative to promote food safety, even risking diminishing its appeal while adopting a name that did not entirely reveal what the app was really about.

Activities 3a – 3f

Activities focused on disseminating information to a wider audience did not have target indicators or metrics. The ET had no access to the beneficiaries of the studies and the campaigns as they were not tracked by the project, and no information about them was collected.

Table 16 – Activities 3a to 3f, output reach

[following page]

Activity	Subactivity	Source	Target	Reach	Status
Activity 3a:	Hire research consultancy	N/A	N/A	N/A	Completed
Getting evidence-based information through a KAP (knowledge, attitudes and practices) study to inform the elaboration of new strategies to tackle child overweight and obesity	Disseminate research results	UNICEF Brazil's website	Not established	1,919 downloads of the KAP survey report from UNICEF website Source: UNICEF Online spreadsheet	N/A
	Activity 3b:	Develop campaigns content	Interview with service provider Campanha Papei Website	N/A	77 campaign contents (according to interviews) 22 campaign contents (according to the website)
Development of information materials and strategies based on the KAP study findings to promote a healthy lifestyle among young children.	Develop the art for the campaign	N/A	N/A	N/A	N/A
	Disseminate online campaign - Campanha Papei	Records from social media captured by ID/TBWA agency which managed the campaign. YouTube	Not established	2,882,564 people reached with publications related to breastfeeding and nutrition at UNICEF and the "Papei" campaign. 141,695 full plays. 6,318 plays in YouTube (sum of all campaign videos available)	
Activity 3c:		UNICEF's reports	Not established Not established	196,000 folders prepared. Source: Dados implementação Projeto AXA 0 folders delivered	Reached
Support for the dissemination of the Ministry of Health's NutriSUS strategy (micronutrient sachets), reformulated for basic health units, in the most vulnerable regions (North and indigenous health districts)					

Activity 3d: Study on primary and secondary impacts of COVID-19 on children and adolescents' nutrition and health	Disseminate research results	Report downloads in UNICEF's website	N/A	Unavailable. Activity not finalized.	Unavailable
	Hire research consultancy		N/A	N/A	N/A
Activity 3e: Distribute SBCC materials to vulnerable families in priority municipalities in Pernambuco, Maranhão, and Rio de Janeiro, enrolled in Bolsa Família.		Not verifiable	Not established	3,527 families were reached by messages on healthy diets in partnership with a Humanitarian Cash Transfer Program.	N/A
Activity 3f: Translate WHO's "How marketing of formula milk influences our decisions on infant feeding" and promote a debate about it.		YouTube UNICEF Brazil's website	Not established	1,019 plays on YouTube Source: YouTube, June/2023	N/A

EQ 3.2. To what extent have the programmatic activities reached unintended results?

The ET has identified a few positive unintended results in a couple of activities.

Activity 1b

The mobilization process formed a network of professionals involved in nutritional policies, technical debates, and researchers from academia (among others), which has already been used for other initiatives. In Bahia, such a network has maintained contact and is joining forces in establishing the [Bahia Sem Fome](#) Programme, led by the state government.

Activity 1c

Despite the activity not reaching its intended goal of mobilizing adolescents to become advocates of healthy eating in school environments, there was an unexpected output from the consultation process with adolescents. While Idec initially thought the mobilization of adolescents could be as simple as in-person activities and spreading posters throughout schools and other public equipment, the end result of an RPG – which also tends to be durable – has been an unexpected output of the mobilization with adolescents.

Activity 2a

Once puerperal mothers were advised about the importance of breastfeeding and the techniques that help their breastfeeding journey, a woman shares the correct information with other women when necessary.

“I think the design [of the project] of the adolescents was completely unexpected. We established a partnership with “Comer Pra Quê?”, which is an organization that was more used to working with teenagers. (...) The final product we had idealized (posters, etc.), then they came up with the proposal for the game (...) We imagined a very simple material that resonated with the adolescent, but not something like what was done. We didn't imagine that a game would come out from listening to them.”

– Implementation Partner

EQ 3.3. To what extent did the new activities proposed during the COVID-19 pandemic effectively achieve the contextually identified needs?

The activities not in the project's initial scope – designed before the COVID-19 pandemic – were essentially the research and communication activities (Activities 3a through 3f). However, they were not exclusively an emergency response. Their contextual needs were evaluated in section **4.1. Relevance.**

As previously mentioned, the project has not tracked Activities 3a through 3f beneficiaries, nor was any information about them collected. The same goes for the Rango de Resposta app, which was not initially foreseen.

4.4. Efficiency

Summary

The partnerships established to deliver the project’s activities were generally considered very successful. A key aspect of the successful partnerships was selecting partners with the highest expertise and willingness to collaborate with the UNICEF team.

The implementation partners gave positive feedback on the availability of their human and financial resources. However, there were complaints about tight deadlines and the time availability of the UNICEF Brazil team, as they suffered staff shortages. Products were delivered; however, delays were frequent, to the point that by the end of the evaluation, some activities had not been finalized.

There were extra financial resources due to currency fluctuations and the cancellation of several in-person activities necessary to adapt the project to the COVID-19 context. The extra resources were then used to develop new activities that would help respond to the emergency. However, there is the perception that the resources could have been used to leverage the quality of some activities and expand the reach of developed activities instead of developing new ones, possibly at a high cost of the management efforts from the already reduced UNICEF Brazil Nutrition Staff.

The project missed the opportunity to explore synergies among activities that had similar target groups.

EQ 4.1. Were the established partnerships efficient for delivering results during the programmatic implementation?

IDEC and UNICEF’s partnership was considered very successful by the organizations and by the consultants that had close contact with legislative representatives and partner organizations that took part in the working groups. **The teams claimed to be supportive of one another and working with good governance among the other organizations that IDEC involved in the project**, both for the advocacy activities (1a and 1b), to lead the workshops with adolescents and further develop the RPG. **IDEC and UNICEF’s partnership had great receptivity in the public sphere**, according to the local consultants for the advocacy activities and the parliamentary advisors, making it more favorable to discuss the bill. In advocacy work, having the right partnerships saves time and potentializes the efforts.

“The receptivity with which both the Assembly of Bahia, the State Government of Bahia and the various partner institutions, such as the Federal University, as well as the Food, Nutrition and Food Security Council of Bahia, have received [the proposal of working on the legislative bill], for me, is a good sign. I still wouldn't say [a sign] an impactful result, but it's a good process result. The process would have been very difficult had we not had this receptivity from the Assembly, the State government, and these various institutions. And the way these partners engaged, even with the election [...]. The way they engaged in the working group to approve the project was another positive result.”

– UNICEF's local consultant

“Idec's advocacy staff were very supportive and held several meetings with us and made available all the material they had on the subject, on the other places where there was already a bill in the pipeline.”

– Parliamentary advisors

The partnership with Marcia Vitolo was also considered successful since the entire activity was well delivered (on time, reaching KPIs and delivering useful insights about the effectiveness of the implementation), and UNICEF's team managed to work closely with her as they are already familiar with her work. Marcia measured no efforts to develop a monitoring and assessment system independently. Furthermore, Marcia was highly praised by the maternities' professionals and the health professionals trained by her. They considered her “accessible, available at all times”, with “open communication channels” and “very knowledgeable”. The health professionals had positive feedback about how useful the training was.

UNICEF had only one source of concern among the implementation partners, which was the passing of their lead researcher and UNICEF's focal point. The research group suffered internal reorganizations that changed how activities were conducted. Developing the content for the Rango de Resposta App, especially the choice of words – making information sound less scientific and more suitable to the intended audience – took several attempts to reach a consensus and deliver, still requiring UNICEF reviews.

The reviews also affected the app development partner, and the misalignment regarding the tone of the information in the app led to several revisions of the final version of the Rango de Resposta app, delaying its launch.

Agência CCQ was dissatisfied with having to allocate the Rango de Resposta app to their iOS and Google Play store accounts. According to Agência CCQ and CINTERCOOP, UNICEF should have allocated it in their store or website since, technically, the application is destined for adolescents, and access to both operational system stores requires a login available for people only over 13 years old.

CINTERCOOP presented itself as a dedicated partner to articulate and execute a diverse dissemination strategy considering the technical constraints of the Rango de Resposta app

and the project timing. As previously mentioned, CINTERCOOP even diversified the communication format from the app to reach a wider audience: an e-book in *.pdf was produced – which could easily be shared through WhatsApp, a much more accessible app to the intended audience – and oriented the professionals who were in close contact with adolescents and pregnant adolescents to disseminate the information available on the app. As the app was also disseminated during the electoral period, some functionalities – links that would redirect to more information hosted on public websites – could be lost.

Faros Educacional delivered a satisfactory adaptation and improvement of the online course on breastfeeding and healthy eating in early childhood. They worked closely with UNICEF to validate the products, and according to the head of Faros, the course delivered surpassed UNICEF’s expectations.

The Campanha Papei developer had already worked with UNICEF. The campaign scripts were based on documents and guidelines provided by UNICEF, and she has worked in close alignment with the UNICEF team that revised the content and suggested alterations. Despite being satisfied with working with UNICEF and UNICEF being satisfied with the campaign’s end result, she lacked feedback on the campaign’s performance online.

“I always produced the content, delivered it and sometimes [they recommended] removed a word. They were very careful.”

– Implementation partner

UNICEF’s team also had positive feedback on the consultancy services hired for the research developed by Plan Eval and IPEC.

Synergies among activities were not as cohesive as they could have been. Dissemination of information could have been enhanced by using one “channel” to disseminate the other; for instance, while the CINTERCOOP network focused on adolescents was used to disseminate the Rango de Resposta app, it could also have been used to disseminate the Campanha Papei videos and sketches. Similarly, since UNICEF already has a close relationship with Child-Friendly Hospitals, the maternities and the health professionals trained could disseminate the Campanha Papei by portraying posters with the campaigns’ cards and a QR Code to access the entire playlist on YouTube.

EQ 4.2 To what extent were UNICEF’s and the implementation partners’ human, institutional, and operational resources adequate to deliver planned results?

The interviewees praised human and institutional resources in the advocacy activities. Local consultants mentioned having enough human and institutional resources to conduct the mobilization activities and having the right contacts to do so. IDEC and UNICEF’s ability to develop the PL Modelo and to mobilize the right group of stakeholders was recognized as one of the reasons why parliamentarians were receptive and willing to develop the proposed bill. However, time was the main source of struggle as the advocacy activities were developed amidst

electoral campaigns.

Internal human resources were UNICEF Brazil Nutrition team’s major struggle. It became clear that the central staff had shortages of several natures – professionals that left the team, pregnancy leave with no temporary substitution or support, among others – and the project ended up at times being managed by only one official who was also in charge of several other projects. This could have put the project management at risk in a project with many implementation partners and activities. However, this is not perceived as a specificity of the AXA-funded project. Rather, it apparently speaks to a current institutional challenge where projects have implementation partners. However, besides managing all of them, there are still emergent and urgent international requests, not to mention the risk of emergency response, as it happened in early 2023, with UNICEF support to the Yanomami health crisis in Brazil’s North Region. Faros Educacional made explicit the issues faced due to limited UNICEF human resources, and the UNICEF’s team recognizes it has been a struggle:

*“The main challenge we had was the issue of deadlines, which at times put a bit of a strain on the team, because there were expectations from the team of analysts and there were expectations from the managers above us. Both on my part and on the other, which led to some friction over deadlines. **One person was on vacation, the other left...** a few little things in this regard, but we managed to overcome them quickly. A joint meeting, everyone aligning what had been agreed, because sometimes it's a question of communication. **One person has the information, the other comes in and doesn't know, they're demanding it.** It was very much along those lines. The biggest challenges we had in the project were these, in terms of **deadlines and communication between the parties**. At times, when personnel changed and, finally, because then we had to let everyone know how the project was going. But after that, we overcame it and managed to finish the project.”*

– Implementation partner

BemTV and Comer Pra Quê? emphasized the value of partnering with IDEC and UNICEF to conduct the workshops and further build the RPG— an exciting novelty to have a product of the workshops and an engagement tool. However, the time constraint was a real challenge to both teams. Besides the initial development deadline, the product went over several rounds of revisions by many institutions involved in the advocacy activities, which made the review period fragmented and lengthier than expected.

“We had some comings and goings when it came to having confidence among various institutions, among various partners, that we were really making sense, that the material was clear and precise in its objectives, including in relation to UNICEF. So, I feel that this demanded a lot, especially at the end of the first three months, from me and Paula, feedback and feedback for this newsroom. At the time, we were working with a deadline that was later extended, so that this institutional circuit could be revised’.”

– Implementation partner

“We had a short period of time to organize this schedule, this agenda also had a budgetary issue, decentralization of the resource. In short, some bureaucracies, we had to run a lot with this process, both in the elaboration and construction of this planning with the nuclei and the execution too.”

– Implementation partner

Time was the central lacking resource appointed by implementation partners and service providers. It was a common complaint that the activities were either developed during adverse time conditions, such as the advocacy activities happening amidst the election period, or that more time was necessary to develop activities with proper deadlines. According to the implementation partners, the RPG game (Activity 1c) was developed under very tight deadlines, distressing the team involved. Time constraints were also an issue for the Campanha Papei. As it was developed while COVID-19 infections were only starting to drop, production was interrupted and rescheduled a couple of times due to ill staff members.

Financial resources information per activity was not fully available, and the documentation provided did not clearly state the resources used in each activity.

Financial resources available ended up being more significant than initially predicted. Despite not having detailed financial information, interviews revealed that UNICEF’s implementation team accepted opportunities under the **Good Nutrition** project to fund activities not initially foreseen since the financial resources ended up being favorably multiplied by the currency fluctuations during the pandemic and the savings from transitioning in-person activities to online formats. Among the activities financed with the extra financial resources are translating PAHO’s report on the influence of formula milk marketing (Activity 3f) and having more resources provided in Campanha Papei (Activity 3b).

At the same time, not all activities under the project’s development benefitted from the extra resources. One of the consensuses around the development of the Rango de Responsa app is that it lacked the resources to develop the app with better features than the ones it ended up with. For instance, according to the service provider, incorporating login features would have provided a lot of relevant information on how the adolescents used the app, which contents they most accessed, and other relevant information on the effectiveness of the service provided. It would also require more financial resources to adhere to LGPD rules.

“The issue of including a login with access, you end up having the need to collect data from the person and that would generate a LGPD issue, which would take the budget to much higher than what was set”.

– Implementation partner

By having login information, users could have placed their location, which would serve as a filter to display hyperlinks that were coherent with the adolescent’s region/state and automatically adapt other content to the correspondent region, such as recipes and the local vocabulary. More financial resources could also have been used to develop usability research for the app and consequently make improvements and expand reach.

Adequately investing in the app becomes a channel for constantly updated information and makes information very accessible to potential beneficiaries of other campaigns and initiatives, sometimes just one app update away.

4.5. Sustainability

Summary

Most activities developed by **Good Nutrition for a Healthy Life of Brazilian Children** did not have an established sustainability strategy. Assessing the sustainability of activities that were not fully implemented is also hard.

However, even without a clear sustainability strategy, some of the implemented activities had characteristics that could promote ownership and durability of their beneficiaries at some level, even if not planned by the intervention. That is the case for the advocacy strategy, which involved the promotion of the PL Modelo (Activity 1b). The working groups mobilized have lasted to the point of current engagement being relevant to promote other healthy nutrition policies. It is also the case of the development of the “Comer para ter direitos!” game, as at first the game format was not foreseen, nor was a game that would be based on the adolescents’ views on healthy eating and its relations with race, gender, and climate change.

Health professionals who received training to disseminate the 10-step guide have incorporated the messages shared with puerperal mothers when delivering the guide into their daily practices with puerperal mothers, even if they no longer have guides to distribute. Puerperal mothers also reveal being aware enough of good practices to orient a friend or in case of another pregnancy.

EQ 5.1. To what extent were institutional, local, and individual capacities developed to promote ownership and durability?

Most activities developed by the **Good Nutrition for a Healthy Life of Brazilian Children** project did not have an established sustainability strategy, nor did the intervention in general terms. The development of the project made it hard to promote ownership and durability, except for some activities. As described by the UNICEF Officials:

"I don't know if they were designed with this focus on sustainability. I think they were more designed with a focus on disseminating information than on how much this information can be sustained as information on qualified food and nutrition for these individuals [...]. It wasn't intended to be sustainable, but to disseminate information."

– UNICEF Team

The implementation partners and service providers interviewed for the evaluation also had a hard time identifying in which ways the activities were disseminated in ways to promote ownership and durability.

During the data collection and analysis phase of the evaluation, it was inconclusive to state whether the mobilization for advocacy efforts was developed to promote ownership of the stakeholders involved and if the mobilizations made would have continuity. Generally, interviewees claim it is necessary to keep working groups mobilized to further implement the

bill since they were not mobilized in such a way to work by themselves. Local consultants worry that working groups will be demobilized without IDEC and UNICEF support, especially since the submitted bills have not yet been approved. After the results validation workshop with the UNICEF Team, they revealed that they intend to support IDEC and the working groups developed during the implementation stages of each bill, despite not being intentional since the beginning of the project.

The “Comer para ter direitos!” development certainly facilitates adolescents taking ownership of their journey in the role-playing game and the reflection it provides. The chosen methodology to engage adolescents could even promote "double" ownership to those participating in the consultation process. According to the workshop facilitator, adolescents who were engaged in the game development felt ownership of the process by being able to share their views and reflections on the proposed themes and later validate whether the outcome was reflective of their opinion. The game is also developed in a way that adolescents choose a trajectory/path according to a territory during play – which could potentially promote the idea of ownership.

Maternity wards reported a high interest in having more available guides to distribute to the mothers. However, the ET has not identified a strategy developed by the maternities to print more 10-step guide copies or to share the guide with puerperal mothers. When contacting and forming partnerships with Maternities, health professionals were incentivized to keep the orientation strategies for puerperal mothers, highlighting the importance of exclusive breastfeeding and healthy complementary eating. Health professionals heard by the ET claimed that they were disseminating information about breastfeeding and healthy complementary eating even without guidelines to distribute them. Similarly, the Maternities were only incentivized to keep developing strategies to disseminate the 10-step guide or actions to promote exclusive breastfeeding and healthy complementary food.

"What we tried to make clear to those responsible for the partnership in the maternities was that they would have full freedom to promote this in their maternity as an action. I believe that many, not even formally, have started to work on this with mothers. There are maternity hospitals that hold discharge groups to provide guidance."

– UNICEF Team

Another orientation that could be seen to promote ownership and durability was the health professionals advising mothers to share the 10-step guide with the children's fathers, grandparents, and other relatives or members of their care network since the guide was developed to inform not only mothers but the entire care network of a child.

Despite successful initiatives that the UNICEF team has heard of and the will to orient and incentivize, these may not have been structured enough as sustainability strategies, risking not resisting staff changes in the maternities, for instance, or the will of the child's care network to engage with their nurturing.

EQ 5.2. To what extent were contextual factors (positive and negative) considered in interfering with the project's sustainability?

Since sustainability strategies were not very clear from the beginning of the project, **contextual factors that could help or hinder the project's sustainability were not explicitly considered.** For instance, the electoral period presented challenges for the development of advocacy activities, and such timing could have been avoided or received a specific strategy to overcome setbacks. The political context of encouraging healthy eating habits during adolescent pregnancy seems only to have been acknowledged during the dissemination stages of the Rango de Responsa App, which implied reframing the app to promote food security.

Despite the absence of clear considerations of the contextual factors that could help or hinder the project's sustainability, the ET has identified recent factors that may contribute to the lasting effects of the activities developed under the **Good Nutrition for a Healthy Life of Brazilian Children** project, and they are explored below.

The advocacy efforts had a contextual factor that could positively interfere with the sustainability of the mobilizations and potentially increase interest in developing a bill based on the PL Modelo.

The new Federal Government and the current Congress have shown openness to incentivize and put forth initiatives and legislations such as the PL Modelo, which could positively interfere with the sustainability of the mobilizations and potentially increase the interest in promoting healthy school environments. In October 2022, the Social Development and Fight Against Hunger Technical Group of the Government Transition Cabinet was willing to receive IDEC and UNICEF's proposal (PL Modelo), signaling a favorable context to debate healthy school environments further and having support to approve new legislative proposals.

A cooperation agreement was made to promote healthy school environments between the Ministry of Education, the Ministry of Health, and the Ministry of Social Development⁹⁵, which accounts for another external factor in favor of a potential growing interest in developing bills based on Idec's PL Modelo.

Pregnancy during adolescence is now being discussed under Brazil's new UNICEF Country Program, which could influence the continuous development of the Rango de Responsa app and its recommendations. Brazil's current political context is now more favorable for discussing actions about pregnancy during adolescence with more transparency.

⁹⁵ Idec. (2023). Estados brasileiros avançam com políticas de alimentação saudável nas escolas. [online] Alimentando Políticas. Available at: <https://alimentandopoliticas.org.br/2023/04/estados-brasileiros-avancam-com-politicas-de-alimentacao-saudavel-nas-escolas/>

4.6. Human Rights, Gender & Leaving No One Behind

Summary

The activities in the **Good Nutrition for a Healthy Life of Brazilian Children** project were developed to promote the human right to adequate and healthy food, including the right to breastfeed. The project is also aligned with the Convention on the Rights of the Child as it mobilizes children's care and support network to promote breastfeeding and healthy complementary eating.

The project has been attentive to addressing gender disparities and promoting equality, especially by emphasizing that the mother is not the only one responsible for the child's nutrition. However, through knowledge acquisition and capacity building, the program has mainly empowered women to make conscious decisions regarding their child's nutrition.

At the same time, communication materials that reached mothers and potentially their families, namely the 10-step guide, the Campanha Papei, the Rango de Resposta app, and the breastfeeding course, have explored diversity by portraying interracial families and contemplating the legislation about homosexual families. These and other activities, such as the RPG game, have addressed cultural and regional differences. While the Rango de Resposta failed to cover regional differences and specificities, it was attentive in being designed to perform well on old and simpler mobile devices.

The majority of activities were designed for beneficiaries with internet access and mobile devices, except for the delivery of the 10-step guide and the design of leaflets for Bolsa Família participants (Activity 3e). People with disabilities would not have access to some of the activities, such as online activities (webinars and report launches).

EQ 6.1. To what extent did the project integrate gender and human rights as transversal themes along its phases?

EQ 6.3. To what extent did the activities promote human rights among the target population?

Human rights

The project's core is to promote the human right to adequate and healthy food, which encompasses the right to be breastfed. The right to adequate food means covering the individual nutritional needs while being culturally acceptable and not causing harm to an individual's

health, as defined by the UN Office of the High Commissioner for the Human Rights (OHCHR)⁹⁶:

“Adequacy means that the food must satisfy dietary needs, taking into account the individual’s age, living conditions, health, occupation, sex, etc. For example, if children’s food does not contain the nutrients necessary for their physical and mental development, it is not adequate. Food that is energy-dense and low-nutrient, which can contribute to obesity and other illnesses, could be another example of inadequate food. Food should be safe for human consumption and free from adverse substances, such as contaminants from industrial or agricultural processes, including residues from pesticides, hormones or veterinary drugs. Adequate food should also be culturally acceptable. For example, aid containing food that is religious or cultural taboo for the recipients or inconsistent with their eating habits would not be culturally acceptable.”

It is also worth noting that the project targeted both rightsholders and duty-bearers as beneficiaries. For instance, despite not yet being finished, the advocacy activities focused on building capacity (Activities 1a and 1b) to improve the fulfillment of rights. It also focused on promoting the right to adequate and healthy food among adolescents (Activity 1c). Similarly, the dissemination of the 10-step guide (Activity 2a) focused on building the capacity of professionals to promote the right to breastfeeding further. Another example is the online course (Activity 2b) to build the capacity of professionals that eventually will promote human rights among final beneficiaries of vulnerable populations.

This strategy aligns with the “progressive realization” principle, which ultimately “implies that providers support partner governments in adopting appropriate legislative, administrative, and other measures that allow a gradual but continuous (progressive) realization of cultural, social and economic rights”⁹⁷. In the case of the **Good Nutrition for a Healthy Life of Brazilian Children** project, it worked with the Seal UNICEF municipalities and the Agenda Cidade UNICEF municipalities to promote the PL Modelo and the general concern on the importance of healthy school environments. As previously mentioned, the advocacy efforts to develop a legislative proposal were more intense in Bahia state, Recife, and Belém.

⁹⁶ UN Office of the High Commissioner for the Human Rights (n.d.). Factsheet N. 34: The Right to Adequate Food. [online] OHCHR. Available at: <https://www.ohchr.org/sites/default/files/Documents/Publications/FactSheet34en.pdf>

⁹⁷ OECD (2023) “Applying a human rights and gender equality lens to the OECD evaluation criteria”, Best Practices in Development Co-operation, OECD Publishing, Paris. Available at: <https://doi.org/10.1787/9aaf2f98-en>.

Gender

The gender perspective was mainly addressed by the project's efforts to not portray breastfeeding and healthy nutrition as an exclusive responsibility of women/mothers, but as a responsibility that should include their partners and support network. The project stimulated the involvement of the family when health professionals were trained to orient puerperal women to the 10-step guide that **was to be read by the entire family**.

"At the time of delivery and orientation, most of the time, we had the opportunity to approach the father, to talk about how important he was for the care and healthy feeding of the baby; the grandmothers, because the grandmothers always came too."

– Health professional

"One of the things that we stressed a lot and that the professionals did was to say that the guide was for the whole family, that the whole family had to read it, and that the responsibility for the baby is not just the mother's."

– Implementation partner

The Rango de Responsa app and the Campanha Papei were careful with the gender perspective.

"We took great care in the app to define what we were calling motherhood. In fact, the app is all in pastel colors, precisely so that we don't get the idea that mothers are women and fathers are men. We were very careful to say, "We are working here with maternity and with the person who calls themselves a mother, who takes care of the child."

– Implementation partner

"So we were cautious with the language, to use neutral words that didn't define 'Oh, only women do that.'"

First, promoting healthy eating habits among pregnant adolescents is strongly aligned with UNICEF's Gender Action Plans of 2018-2021 and 2022-2025, especially with Goal 1: "Every child, including adolescents, survives and thrives with access to nutritious diets, quality primary health care, nurturing practices, and essential supplies"⁹⁸.

Secondly, the content in the Rango de Responsa app was discussed and developed not to center maternity around the mother. Aspects that the Campanha Papei stressed were to portray the gradual change through which the character of the father goes through, learning and adopting healthy eating habits. In the Rango de Responsa App, developers were careful to choose a design that could engage with adolescents and not reference genders or pregnancy with any

⁹⁸ UNICEF. Gender Action Plan, 2022-2025. Available at: [https://www.unicef.org/executiveboard/media/7046/file/2021-31-Gender Action Plan 2022-2025-EN-ODS.pdf](https://www.unicef.org/executiveboard/media/7046/file/2021-31-Gender_Action_Plan_2022-2025-EN-ODS.pdf)

idealization.

Similarly, the Breastfeeding and healthy eating in early childhood online course used neutral language to avoid assuming that the person taking care of the child would necessarily be a mother or a woman.

EQ 6.2. To what extent did the intervention respect and address disparities within the target population?

The project did not gather sufficient data to assess how different were the beneficiaries. However, as for the intention of the intervention, it is possible to state that it aimed to cover the most vulnerable populations to early breastfeeding cessation and ultra-processed food product consumption by targeting the Seal UNICEF municipalities. As previously mentioned, at times, the most likely to consume ultra-processed food products in the school environments are children and adolescents from private schools, and the PL Modelo would be an opportunity also to protect this population. However, the most socioeconomically vulnerable children don't usually attend private schools.

One specificity of the legislative proposal submitted in Recife was its integration with a project regarding the fight against fatphobia, a discussion that was also carefully observed during the development of the RPG "Comer para ter direitos!" It is key not to stigmatize or result in discrimination when discussing overweight and obesity or even their risks.

Some activities were considerate of cultural and regional disparities. The RPG game was attentive to highlighting that the player should discover and prioritize regional foods and ingredients. In its Article 9, the PL Modelo suggests foods that should be offered to children in schools. However, it did not contemplate regional preferences. At the same time, the PL Modelo is only a starting point for discussing specificities for each municipality or state.

"Our education colleague for the semi-arid region made some suggestions in the bill. An example was to recommend the use of more culturally appropriate foods, we're going to mention foods like tapioca, couscous, these things. So, we made some small additions, because the bill is very good. We actually made a small addition during the discussion with the UNICEF team from the Semi-Arid region, and the PL was even agreed by the president of the Assembly."

EQ 6.4. How did the program incorporate the "leave no one behind" principle?

The leave no one behind principle (LNOB) was present by tackling discrimination against population groups, especially based on sexual orientation. There were also activities that focused on inclusivity of families other than those formed by a father and a mother since all sorts of families will have these same needs when raising a child from the early months. This perspective was mainly contemplated by the Breastfeeding and Healthy Eating in Early Childhood online course.

“So we brought all the updated legislation on maternity leave, both in a homosexual family, for example, and a man’s right to have a leave period when he adopts a child. Very relevant in that sense.”

– Implementation partner

However, mainly due to the COVID-19 pandemic scenario, the activities were very internet and mobile-based, except for the delivery of the 10-step guide (Activity 2a) and the design of leaflets for participants of the Bolsa Família (Activity 3e). For example, before the pandemic, the Rango de Resposta App (Activity 2c) was designed to be in-person meetings with pregnant adolescents.

The activities did not present a specific strategy or concern for accessibility and inclusion of people with disabilities. For instance, online activities like webinars and report launches did not have subtitles or sign language.

“I think we failed in that sense. Audiovisual materials, webinars, we have no translation into LIBRAS; the various materials are thought of who has digital skills, who uses the internet, who knows how to use a computer, a cell phone, so we did not take any kind of approach that took into account these vulnerabilities in accessing information and using electronic devices. We have no adaptations of our materials for any issue of intellectual or hearing impairment. we didn’t think about it.”

– UNICEF Team

5. Conclusions, Lessons Learned and Good Practices

On the summative end of this evaluation, the Conclusions subsection shows whether the project has successfully met its objectives and goals, and on the formative end, the Lessons Learned and Good Practices subsections show what could be replicated and what should be improved.

Conclusions

Despite being unable to fully evaluate the project at the outcome level, it is possible to say that Good Nutrition for a Healthy Life of Brazilian Children was relevant and coherent by looking at the design and implementation aspects. However, due to the inconsistencies in the monitoring system – absence of output targets, multiple sources of information and different results – it is only possible to say that a few activities reached their output goals. Lastly, because the ET could not reach beneficiaries, it was also not possible to assess the effects of these activities.

The most advanced activities that the ET was able to produce – submitting the legislative proposals and delivering the “10 steps to healthy eating habits from birth to two years old” guide – revealed that the advocacy efforts were effective in sensitizing and mobilizing critical stakeholders in the process of promoting healthy school environments. The stakeholders interviewed attributed to IDEC and UNICEF the ability to organize working groups that debated, adopted, and adapted the PL Modelo; they could also find and engage legislative representatives willing to submit the legislative bill. According to them, no other civil society organization has taken the initiative to lead and guide the conversation on promoting healthy school environments.

As for the puerperal mothers that received the guides, an assessment made by the implementation partner, as well as the ET’s data collection, revealed that participant mothers were better informed on breastfeeding importance, techniques, and adequate healthy complementary feeding for their children. Not only were they better informed, but the majority of them stated having adopted the orientations. They also revealed that they did not know crucial information presented in the guide, especially that no other liquid or food should be offered to children until they are six months old and that sugar must not be consumed in the child’s first two years. A positive unintended result was their sense of empowerment to defy cultural myths and their willingness to share information with other women.

Lessons Learned

A project with diffuse and overlapping strategies is not only challenging to manage but can become ineffective without support from enough human resources. As previously mentioned, the project had a complex set of activities that, at times, lacked interconnectedness due to their timing of execution and previous planning. The number of activities was amplified during the COVID-19 pandemic, making it a challenge for project sustainability. Fewer activities or more people on UNICEF permanent staff could have facilitated project implementation and management.

Management challenges have affected the organization and prioritization of relevant documents for monitoring and evaluating the project. Having multiple sources and formats from different implementation partners can constrain the comprehension of the management and evaluation teams. Drafting the essential content to be reported by each partner is vital to keeping track of the project development.

In further mobilizations for the submission of legislative proposals and even during implementation of approved bills, it will be vital to engage with private schools. While they tend to be more benefited by the bill than public schools – since the gap in healthy eating promotion tends to be more significant for private schools – they also tend to be less likely to abide by the bill and inclined to defend the canteen’s owners’ rights and the freedom of choice of adolescents and adolescent parents.

Choosing the right consultants and legislative representatives to kick off the advocacy activities resulted in a high receptivity of the proposal. There was consensus that both IDEC and UNICEF were the right organizations to cause consistent engagement of local stakeholders due to their high level of influence. Several stakeholders engaged and remained in the working groups in Bahia and Recife, which is a key element for the implementation phase of the bill and to discuss and develop other bills or actions.

Be mindful of unfavorable political context and timing when developing advocacy activities. The electoral period and other political factors should always be taken into consideration to best accommodate time and human resources. The UNICEF team and local partners were able to submit the bills in a timely manner due to their strong network of stakeholders who could contribute to developing the bill and who already had a strong connection with the bill’s subject.

The communication pieces and the campaigns could benefit from specific techniques for effective communication and education strategies focused on behavior change for health purposes. The **Good Nutrition for a Healthy Life of Brazilian Children** developed several informative and educative pieces. The UNICEF team felt that a different communication approach was being developed with each partner, questioning if the best communication techniques were being used, ultimately leading to uncertainty regarding their effectiveness. For instance, while developing the Rango de Resposta app, the Primeiros Laços team – a research group – developed texts that ended up with a scientific tone, unfitting for the pregnant adolescents that were the intended audience of the app. The UNICEF team also contributed, aiming to make the writing more accessible. However, involving dedicated professionals to support education and learning activities could have led to better title choices, better-written pieces, saved multiple reviews, optimized time, and leveraged reach.

Developing a mobile application requires extensive planning, a dedicated team to manage it, provide support to users, and a specific strategy to update it and make it last—which is a key feature of this user-interactive resource. It is key to involve dedicated professionals in app development from the planning stages to choose the best format for the intended audience and accommodate any necessary legal, technological, budgetary, and time constraints of the project.

Online activities were very effective during the COVID-19 pandemic, but in-person activities can make a difference when engaging with adolescents, puerperal mothers, legislative representatives, etc. Implementation partners with which online activities replaced in-person

activities felt the limitations of the format. Despite having in-person workshops to validate the initial versions of the RPG “Comer para ter direitos!”, the validation process was entirely online, and the implementation partners felt that adolescents were not as engaged.

Dedicate more time to promoting ownership and durability of the intervention, besides developing exit strategies. Activities such as the delivery of the 10-step guides in the Child-Friendly Hospitals could benefit from a structured way to (i) incentivize maternity wards to keep printing booklets or disseminating online versions of the guide; (ii) keep training every new health professional on the importance of exclusive breastfeeding and the healthy complementary feeding and (iii) helping the maternities incorporate the 10-step guide into the Programa Saúde da Família (PSF).

Good practices

The project was generally able to find very experienced and engaged partners to lead advocacy, capacity-building, and communication strategies. As mentioned throughout the report, these partners had a substantial level of influence in their realms that ultimately opened doors and facilitated implementation. The beneficiaries also praised them, and with one exception, the UNICEF team was satisfied with the service provided by the implementation partners. Even in the most challenging activities, probably the development of the Rango de Resposta App, the project still managed to find a dedicated partner that put effort into drawing a strategy to disseminate the app among relevant organizations while overcoming operational and contextual constraints.

The project also made strategic choices regarding who would be the intermediaries between the implementation partners and the final beneficiaries, namely, choosing the maternity hospitals and legislative representatives who could be more open and receptive to the project’s activities. In other words, the project chose the “low hanging fruit” to avoid resistance and build on these intermediaries’ previous interests.

The project used participatory practices, including a thorough consultation prior to drawing an engagement strategy. Consulting adolescents before mobilizing them to learn and act regarding the promotion of healthy school environments gives them the opportunity to be the protagonists of their own engagement in advocacy.

The activities developed were very coherent with one another, despite not being able to leverage reach, and the project managed to cover a broad public (children, adolescents, puerperal mothers, pregnant adolescents, public policy managers, professionals, and legislative representatives) in different settings (home, schools, maternities, public policy environments). As presented in the 1. Relevance and 2.Coherence sections, the project was designed to respond to the existing demands of their beneficiaries and intended audience, with high consonance with current social issues regarding children and adolescent’s nutrition.

Despite several internal and external implementation challenges, the UNICEF team showed strong adaptive, learning, and delivering capacities. The team showed its capacity to course correct and adapt activities in the face of the pandemic constraints, however time-costly they have been since they are still undergoing activities or activities in their final stages.

6. Recommendations

As the project has already ended, the following recommendations aim to provide insights for effectively developing future projects and activities by the UNICEF Brazil team. They are as follows:

Engage governments, civil society and communities to sustain activities and maintain clear implementation and dissemination strategies. Once an activity establishes a certain reach among the target beneficiaries, these can be used to promote other activities or communication materials produced by the project. For instance, in the occasion of further using the materials and activities developed under the project, the ET offers suggestions to connect and increase the reach of these contents:

- Redirect the Campanha Papei website and content to the 10-step guide.
- Disseminate the Campanha Papei in Child-Friendly Hospitals.
- Make the 10-step guide available online as an e-book that could be disseminated through posters in Child-Friendly Hospitals.
- Make the 10-step guide available in the Rango de Resposta App.
- Make the Campanha Papei available in the Rango de Resposta App.
- Use the CINTERCOOP Network to disseminate the 10-step guide.
- Use the CINTERCOOP Network to disseminate the Breastfeeding and healthy eating in early childhood online course to professionals who are in close contact with pregnant adolescents.
- Use the CINTERCOOP Network to disseminate the Campanha Papei.

Develop a consistent and standardized monitoring and reporting system for implementation partners and maintain implementation partners engaged by offering them constant feedback.

A few implementation partners mentioned not having heard from UNICEF about their project participation outcomes. Continued engagement with implementation partners makes it easier for them to improve their practice in future partnerships with UNICEF or other partners. For instance, according to health professionals, feedback on the outcomes of their practice would have been essential for them to keep delivering the guides and the necessary information to puerperal mothers as they reveal the positive results could motivate them to keep educating mothers on breastfeeding.

Project management software is a key asset in managing projects with several implementation partners and suffering from staff shortages. It is also important for time and financial management. As previously mentioned, the UNICEF team struggled with staff shortages while managing not only the **Good Nutrition for a Healthy Life of Brazilian Children** project, which was composed of several activities, but three other projects and the emergency response simultaneously.

Whenever possible, make content and communication pieces available to potential beneficiaries using different media (digital and non-digital). These should also encompass formats that are accessible to people with disabilities. Sign language and subtitles should be used in live and recorded online events.

Have clear sustainability strategies for each activity developed under projects, as they might require different sets of actions. Make explicit how the project aims to promote ownership and durability of what’s being offered, as well as the results achieved.

Develop and update a Theory of Change for future projects. A ToC can significantly contribute to the design and development of a project, and it is also a key asset for mid-term and final evaluations. ToCs allow the verification and shared understanding of whether and how the desired change is happening.

Develop a more standard and systematic monitoring and reporting of outputs and outcomes. Monitoring and reporting are key tools to document the steps of the project, which serve multiple purposes: identifying challenges, promoting course-correction, ensure that the implementation/management team has access to the same information – which is vital in case of new team members or changing implementation partners and, finally, to the mid-term and final evaluation being able to provide rich and actionable insights on the project based on the outcomes achieved.

Table 17 – Recommendations

Recommendations	Priority	Lead stakeholder
Verify if there is favorable political context and timing to develop advocacy activities.	High	UNICEF Brazil, local implementation partners
Engage governments, civil society and communities for the sustainability of activities and for maintaining clear implementation and dissemination strategies	High	UNICEF Brazil Nutrition Staff, implementation partners
Develop and update a Theory of Change for future projects.	High	UNICEF Brazil Nutrition Staff
Align activities with UNICEF’s 2020-2030 Global Nutrition Strategy and define priorities by the CPD.	High	UNICEF Brazil Nutrition Staff
Develop a consistent and standardized monitoring and reporting system for implementation partners and maintain engagement with implementation partners and offer them feedback.	Medium	UNICEF Brazil Nutrition Staff
Connect activities that have common beneficiaries, leveraging from the communication channels established with them, to keep the sustainability of communication strategies.	Medium	UNICEF Brazil Nutrition staff

<p>Project management software is a key asset in managing projects with several implementation partners and suffering from staff shortages. It is also important for time and financial management.</p>	<p>Low</p>	<p>UNICEF Brazil</p>
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7. ANNEXES

Annex 1: ToR



United Nations Children's Fund
UNICEF
SEPN 510, BLOCO A, 2o ANDAR
ASA NORTE
BRASILIA 70750-521
Brazil

Telephone +556130351900
Facsimile +556133490606
Email brasilia@unicef.org

REQUEST FOR PROPOSAL FOR SERVICES

LRPS-2022-9178753

13 October 2022

UNITED NATIONS CHILDREN'S FUND (UNICEF)

Wishes to invite you to submit a proposal for

Contrato Institucional para realização da avaliação do Projeto do UNICEF #Nutrição adequada para uma vida saudável de crianças brasileiras#.

XXXXXXXX FAX/LETTER NOT SPECIFIED IN 'PREPARE ITB (ZMRQ)' XXXXXXXX



THIS REQUEST FOR PROPOSAL FOR SERVICES HAS BEEN:

Prepared By:

_____ **Date:** _____
Milena Sidrim Marrara Santi
(To be contacted for additional information, NOT FOR SENDING PROPOSALS)
Email : msidrim@unicef.org

Approved By:

_____ **Date:** _____
Gabriel Esber Elias



REQUEST FOR PROPOSAL FOR SERVICES FORM

This FORM must be completed, signed and returned to UNICEF.
Proposal must be made in accordance with the instructions contained in this Request for Proposal for Services (RFPS).

TERMS AND CONDITIONS OF CONTRACT

Any Contract resulting from this RFPS shall contain UNICEF General Terms and Conditions for Institutional and Corporate Contracts and any other Specific Terms and Conditions detailed in this RFPS.

INFORMATION

Any request for information regarding this RFPS must be forwarded by email to the person who prepared this document, with specific reference to the RFPS number.

The Undersigned, having read the Terms and Conditions of RFPS No. **LRPS-2022-9178753** set out in the attached document, hereby offers to execute the services specified in this document.

Signature: _____

Date: _____

Name & Title: _____

Company: _____

Postal Address: _____

Tel No: _____

Fax No: _____

E-mail Address: _____

Currency of Proposal: _____

Validity of Proposal: _____

Please indicate which of the following Payment Terms are offered by you:

10 Days 3.0% _____ 15 Days 2.5% _____ 20 Days 2.0% _____ 30 Days Net _____ Other _____

Item	Service Description	Quantity	Unit	Unit Price	Price
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10 Avaliação de Projeto do UNICEF

CONTEXTO E FINALIDADE

A atuação do UNICEF Brasil está focada nas duas áreas mais vulneráveis do país (Amazônia Legal e Semiárido) e oito grandes centros urbanos, por meio de duas estratégias: o Selo UNICEF e a Agenda Cidade UNICEF (#AgendaCidade). O programa do UNICEF está alinhado com a Agenda 2030 e os Objetivos do Desenvolvimento Sustentável que propõem uma ação global coordenada entre governos, empresas, academia e sociedade civil para erradicar a pobreza e promover uma vida digna para todos. Uma das prioridades da Unidade de Saúde é a promoção de hábitos alimentares saudáveis e a prevenção da desnutrição infantil, incluindo a insegurança alimentar e a obesidade.

A tendência epidemiológica no Brasil mostra o aumento das taxas de obesidade infantil ao longo dos anos como um importante problema de saúde pública. A situação se agravou durante a pandemia de COVID-19, em que estudos encomendados pelo UNICEF mostraram que o consumo de alimentos ultraprocessados aumentou ao mesmo tempo em que as pessoas careciam de alimentos em quantidade e qualidade. Houve um rápido aumento da insegurança alimentar (6% em julho de 2020 e 17% em maio de 2021) que também estão relacionados ao desemprego e à queda de renda durante a pandemia. Outros estudos mostram que a insegurança alimentar é mais prevalente no Norte e Nordeste do Brasil, em áreas rurais, entre famílias chefiadas por mulheres e entre pessoas negras. Além disso, há um debate sobre a falta de dados sobre a situação dos povos indígenas e outras comunidades tradicionais.

Embora o Brasil tenha políticas importantes para a promoção da nutrição e segurança alimentar, vários desafios foram enfrentados nos anos anteriores e em meio à crise sanitária do COVID-19. Por exemplo, o Conselho Nacional de Segurança Alimentar e Nutricional (CONSEA) foi extinto em 2019, e o Programa de Aquisição de Alimentos (PAA) e o Programa Bolsa Família (PBF) foram redesenhados. Além disso, o Programa Nacional de Alimentação Escolar (PNAE) foi enfraquecido durante o fechamento das escolas, apesar do estabelecimento de uma normativa que permitia a distribuição de alimentos adquiridos por meio de recursos do PNAE aos alunos. Esse cenário foi acompanhado por uma crise econômica que resultou no aumento da inflação e aumento do preço de alimentos como arroz, feijão, verduras e carnes, considerados parte de uma alimentação saudável e tradicional brasileira.

<https://www.unicef.org/brazil/selo-unicef>

<https://www.unicef.org/brazil/comunicados-de-imprensa/quatro-em-cada-dez-familias-afirmam-que-escolas-ja-retomaram-atividades-presenciais>

VIGISAN # National Survey on Food Safety In the Context of the COVID-19 Pandemic in Brazil, 2022:

<https://olheparaafome.com.br/wpcontent/uploads/2022/06/Relatorio-II-VIGISAN-2022.pdf>

Ao mesmo tempo, as indústrias aumentaram o marketing de alimentos e bebidas ultraprocessadas, com pouca ou nenhuma fiscalização. A regulamentação das indústrias de alimentos é uma ação fundamental entre as recomendações de políticas endossadas pela Organização Mundial da Saúde e UNICEF para a prevenção da obesidade infantil e promoção de hábitos saudáveis. Além disso, há uma necessidade crescente de focar no estabelecimento e fortalecimento de políticas públicas que promovam a segurança alimentar para o cumprimento do direito humano à alimentação adequada.

Esse termo de referência tem como objetivo a contratação de uma empresa/instituição para avaliação de projeto elaborado e implementado pelo UNICEF na área de nutrição, com foco na promoção da alimentação saudável entre crianças brasileiras, pais e cuidadores considerando o contexto brasileiro e as necessidades evidenciadas entre os mais vulneráveis.



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ATRIBUIÇÕES DO TRABALHO

Objeto da avaliação: projeto #Nutrição adequada para uma vida saudável das crianças brasileiras#

O projeto #Nutrição adequada para uma vida saudável das crianças brasileiras# foi idealizado em 2019 para uma parceria com a AXA Seguros, em sua sede na França, por um período de 3 anos (2020 a dezembro de 2022). O projeto destinou-se especificamente a crianças menores de cinco anos que vivem em áreas vulneráveis, com uma abordagem que incluía todos os ambientes em que essas crianças estão inseridas: domicílio e famílias, pré-escolas e unidades básicas de saúde, com o objetivo de:

- # Promover o estabelecimento de regulamentação mais efetiva para a indústria de alimentos e bebidas.
- # Promover o aleitamento materno exclusivo até os seis meses e alimentação complementar saudável para crianças menores de dois anos; e
- # Fortalecer a capacidade dos profissionais de saúde, assistência social e educação para a promoção de hábitos alimentares saudáveis.

Para esse fim, cinco atividades principais foram planejadas:

- 1) Advocacy para a mudança de leis e regulamentações relacionadas a alimentos ultraprocessados e bebidas açucaradas (em andamento);
- 2) Capacitação de profissionais de saúde em maternidades sobre aconselhamento em amamentação e alimentação saudável de lactentes e crianças pequenas para puérperas e famílias (finalizada);
- 3) Capacitação de gestores, profissionais de saúde, da assistência social e da educação infantil sobre a promoção da amamentação e alimentação complementar saudável e prevenção da obesidade infantil por meio de cursos de ensino a distância (finalizada);
- 4) Capacitação de adolescentes grávidas e pais/mães adolescentes sobre alimentação saudável durante a gestação, para suas crianças e para eles mesmos (em andamento);
- 5) Elaboração de um estudo CAP (conhecimento, atitudes e práticas) sobre os fatores culturais, econômicos e sociais relacionados ao consumo de alimentos ultraprocessados entre crianças pequenas (finalizada);
- 6) Desenvolvimento de materiais informativos e estratégias de comunicação com base nos resultados do estudo para promover um estilo de vida saudável entre crianças pequenas (finalizada).

Ao longo da pandemia da COVID-19, o projeto sofreu adaptações para melhor responder ao aumento dos índices de insegurança alimentar e necessidades identificadas. Não obstante, a Unidade de Saúde manteve-se comprometida com as metas pactuadas e os resultados definidos na proposta. As novas estratégias incluíram:

- 7) Apoio pra disseminação da estratégia Nutrisus do Ministério da Saúde (sachê de micronutrientes), reformulada para unidades básicas de saúde, nas regiões de maior vulnerabilidade (Norte e distritos sanitários indígenas) (em andamento).
- 8) Estudo sobre impactos secundários da Covid-19 na nutrição e saúde de crianças e adolescentes (em andamento).

As novas estratégias ainda estão em fase inicial, portanto não poderão ser avaliadas. Ainda assim, a relevância das novas estratégias poderá ser avaliada considerando o contexto atual.

Cobertura geográfica

As atividades foram implementadas na Amazônia e no Semiárido por meio do Selo Municipal UNICEF e das estratégias #AgendaCidade. O Selo Municipal UNICEF concentra-se em 2.023 municípios vulneráveis de pequeno porte e a #AgendaCidade concentra-se em 8 grandes centros urbanos: Belém, Fortaleza, Manaus, Recife, Rio de Janeiro, Salvador, São Luís e São Paulo.

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Informações detalhadas sobre o escopo do projeto, parceiros e cronograma podem ser encontradas no Anexo 1.

Finalidade, objetivo e escopo da avaliação

O objetivo desta avaliação externa é prestar contas se o projeto AXA/UNICEF alcançou efetivamente suas metas e objetivos estratégicos, mas também identificar as lições aprendidas e áreas de melhoria de forma a gerar evidências para a elaboração de projetos mais sustentáveis e equitativos no futuro para a promoção dos direitos de crianças e adolescentes.

A avaliação terá foco nas dimensões de eficiência, eficácia, coerência, relevância e sustentabilidade de acordo com a proposta original e os resultados alcançados durante a implementação. A avaliação será essencialmente somativa mas terá também uma perspectiva formativa. Na parte somativa, visa obter uma melhor compreensão dos tipos de resultados e realizações, tanto intencionais como não intencionais, decorrentes do projeto como um todo. Para a parte formativa da avaliação, o objetivo é desenvolver uma melhor compreensão das diferentes estratégias utilizadas (o que funcionou, o que não funcionou e por que), para fornecer insights sobre a forma como o projeto foi conduzido e os resultados que gerou para crianças (ou seja, eficácia e eficiência).

Escopo da avaliação

Escopo temático: a avaliação contemplará o planejamento, desenho, implementação e resultados alcançados pelo projeto, abrangendo as atividades inicialmente planejadas na proposta e que foram finalizadas ou que estão em fase de implementação. Para atividades ainda em implementação, pode-se avaliar o andamento do projeto ou a forma de implementação.

Escopo geográfico: As atividades foram realizadas nos municípios participantes das iniciativas Selo UNICEF e #AgendaCidadeUNICEF, localizados especialmente no território da Amazônia Legal e Semiárido. A empresa poderá definir juntamente com o UNICEF a amostra necessária para avaliar cada atividade, a depender de onde e como essa foi implementada. Ferramentas online ou telefone podem ser utilizados para contatar gestores, profissionais, consultores, parceiros e empresas que participaram ou se beneficiaram da implantação do projeto. Não é esperada a avaliação de forma presencial.

Escopo temporal: serão consideradas as atividades realizadas entre março de 2020 # quando os recursos chegaram # até o início da avaliação.

Estrutura da Avaliação

A avaliação deverá seguir os critérios de relevância, eficácia, eficiência, coerência e sustentabilidade da OECD DAC (*). As perguntas propostas estão delimitadas abaixo, e poderão ser refinadas durante o processo.

(*) <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

Perguntas por critério de avaliação

Relevância

1. Em que medida o desenho do programa e as estratégias de intervenção foram relevantes, dado o contexto do país antes e durante a pandemia de COVID-19, e as prioridades e necessidades das crianças mais vulneráveis e suas famílias relacionadas à alimentação e nutrição?

2. Em que medida as atividades programáticas garantiram que as necessidades de crianças e adolescentes fossem levadas em consideração no planejamento e implementação das intervenções apoiadas pelo UNICEF no

Item	Service Description	Quantity	Unit	Unit Price	Price
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âmbito do projeto?

Eficácia

1. Em que medida as atividades programáticas foram eficazes para alcançar os resultados e indicadores da proposta? Quais foram as intervenções mais eficazes? Quando e por que elas foram eficazes?

Eficiência

1. As parcerias estabelecidas (oficiais e não oficiais, como Ministério da Saúde - MS) foram eficientes para a entrega de resultados durante a implementação programática?

Coerência

1. Até que ponto o programa teve uma estratégia de advocacia coerente (focando em indivíduos, governo e ambiente propício)?

2. Em que medida as atividades de capacitação (maternidades, cursos online e adolescentes) foram adequadas e benéficas para os profissionais de saúde e população alvo (cuidadores e pais adolescentes)?

Sustentabilidade

1. Onde e quando a capacidade institucional, individual e/ou nacional foi desenvolvida para promover a apropriação e durabilidade das intervenções?

Direitos humanos/gênero

1. A intervenção respeitou e abordou as disparidades de gênero na população-alvo?

2. As atividades promoveram os direitos humanos entre a população-alvo?

Uma matriz de avaliação deve ser desenvolvida pela equipe de avaliação, explicando como cada pergunta de avaliação será respondida e como as informações serão coletadas. Essa matriz servirá como uma estrutura orientadora para garantir a coerência da coleta de dados, facilitar a triangulação de dados (preferencialmente com análise de dados quantitativos e qualitativos e com uma variedade de partes interessadas cobertas pelo método de coleta de dados) e análise sistemática. Isso deve permitir que a equipe desenvolva ligações lógicas e explícitas entre fontes de dados, métodos de coleta de dados e métodos de análise.

METODOLOGIA

Propomos uma abordagem de métodos mistos, com dados qualitativos e quantitativos disponíveis. A equipe de avaliação poderá recorrer a fontes secundárias disponíveis (proposta do projeto, documentos elaborados, relatórios de doadores, informação financeira e orçamental do sistema interno da UNICEF), bem como entrevistas com parceiros implementadores, consultores, empresas contratadas, gestores e, se disponível, beneficiários do projeto. As principais fontes de dados de cada projeto podem ser encontradas no Anexo 1.

Quanto aos beneficiários, a avaliação poderá incluir uma amostra de cuidadores (por exemplo, mães que participaram de intervenções nas maternidades), gestores municipais e profissionais de saúde, educação e assistência social. Nenhuma atividade foi realizada diretamente com as crianças. A pesquisa pode incluir pais que participaram de oficinas para adolescentes (maiores de 18 anos no momento da avaliação). As entrevistas podem acontecer por meio virtual ou telefone.

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Algumas limitações podem ser encontradas durante o processo de avaliação, incluindo: funcionários internos e externos envolvidos no processo que não trabalham mais nas respectivas organizações; dados financeiros e orçamentários podem estar dispersos nos sistemas utilizados para monitorá-los; as informações disponíveis na documentação existente podem estar ausentes, incompletas ou mal organizadas; o projeto pode não estar concluído ou os dados podem não estar disponíveis. A equipe do UNICEF estará disponível para discutir mecanismos de mitigação, incluindo apoio na identificação de informações e pessoal envolvido na implementação.

Normas e considerações éticas

Espera-se que a Equipe de Avaliação esteja em conformidade com as orientações e padrões estabelecidos pela ONU e UNICEF. A equipe será guiada pela Política de Avaliação revisada do UNICEF (2018), pelas Normas e Padrões do Grupo de Avaliação das Nações Unidas (UNEG) para Avaliação (2016), Código de Conduta para Avaliação no sistema das Nações Unidas (2008), Indicador de Desempenho de Avaliação SWAP da ONU (2018), Orientação do UNEG sobre Integração dos Direitos Humanos e Igualdade de Gênero na Avaliação (2014) e Padrões do Relatório de Avaliação do UNEG adaptados ao UNICEF (2017).

<http://www.unevaluation.org/document/detail/102>

[EWP5_Equity_focused_evaluations.pdf \(mymande.org\)](#)

[Detail of Integrating Human Rights and Gender Equality in Evaluations \(unevaluation.org\)](#)

[Detail of UNEG Code of Conduct for Evaluation in the UN system \(unevaluation.org\)](#)

[UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis | UNICEF Evaluation in UNICEF](#)

Ressalta-se que não é exigida a participação de crianças e/ou adolescentes nesta pesquisa. Caso a equipe de avaliação indique estritamente a necessidade de entrevistar crianças ou adolescentes, a equipe deve se responsabilizar por todos os procedimentos éticos de acordo com as diretrizes de Ética do UNICEF.

Plano de trabalho e produtos

A avaliação incluirá três fases distintas:

- 1) Fase inicial de concepção: Essa fase incluirá a recriação da Teoria da Mudança para o projeto, bem como uma revisão preliminar e discussões com as principais partes interessadas. Isso permitirá que a equipe de avaliação compreenda os critérios e os objetivos da avaliação, bem como suas limitações e ajudará a refinar o propósito, o escopo e as perguntas da avaliação. A inclusão de usuários-chave nesta etapa será fundamental para garantir uma abordagem participativa e eficaz. Um relatório inicial deverá ser entregue, capturando as ferramentas para coleta de dados, uma matriz de avaliação, bem como um cronograma de avaliação mais detalhado e atualizado.
- 2) Fase de coleta de dados: esta será apoiada pela equipe do UNICEF na identificação e contato dos principais interessados.
- 3) Fase final de análise: os dados coletados serão sistematizados, triangulados e analisados. Algumas entrevistas remotas de acompanhamento podem ser necessárias. Uma versão preliminar do relatório de avaliação será apresentada para validação e comentários. Um relatório final será preparado incorporando todos os comentários e conclusões. Um resumo de 3 páginas deve ser enviado, incluindo os principais achados, conclusões e recomendações em inglês e português.

Item	Service Description	Quantity	Unit	Unit Price	Price
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As atividades estão resumidas no quadro abaixo:

Produto 1

- Relatório inicial enviado e apresentado à equipe do UNICEF (incluindo a Teoria da mudança; metodologia detalhada; métodos e instrumentos de coleta de dados; matriz de avaliação; mapa das principais partes interessadas, protocolos de entrevista, primeira hipótese/descobertas)
- Data de entrega esperada - 45 dias após a assinatura do contrato
- Comentários -A ser revisado pelo UNICEF e pela equipe de monitoramento e avaliação
- Valor -30% do valor total da consultoria

Produto 2

- Primeira versão do relatório com a apresentação dos resultados preliminares
- Data de entrega- 45 dias após entrega do relatório inicial
- Comentários - A ser revisado pelo UNICEF e pela equipe de monitoramento e avaliação
- Valor -30% do valor total da consultoria

Produto 3

- Relatório final + sumário de 3 páginas
- Data de entrega esperada 1 mês após entrega da primeira versão -Comentários -A ser revisado pelo UNICEF e pela equipe de monitoramento e avaliação
- Valor -40% do valor total da consultoria

Formato do Relatório

Deve-se notar que o UNICEF desenvolveu um sistema de supervisão para seus relatórios de avaliação desde 2009, chamado Global Evaluation Reports Oversight System (GEROS), que avalia a qualidade de todos os relatórios de avaliação em relação a critérios de qualidade padrão. Todas as classificações e relatórios de avaliação estão disponíveis ao público no site do UNICEF.

Portanto, os relatórios iniciais e finais da avaliação devem estar em conformidade com os padrões do UNICEF e os critérios GEROS:

- Relatório Inicial (mesma lista de verificação para o relatório inicial do UNICEF e para os Termos de Referência): https://www.unicef.org/evaluation/files/UNICEF_UNEG_TOR_Checklist_updated_June_2017.pdf
- Relatório Final: https://www.unicef.org/evaluation/files/UNICEF_adapated_reporting_standards_updated_June_2017_FINAL.pdf

Os relatórios devem ser escritos com alto padrão de qualidade. O uso de infográficos e visualizações de dados para aumentar a legibilidade dos relatórios é incentivado. Cada relatório entregue será revisado pelo UNICEF Brasil. A equipe de avaliação deve integrar e responder aos comentários recebidos e apresentar uma versão revisada de cada relatório.

A proposta financeira deve abranger os serviços a serem prestados, em nível detalhado, e deve conter os preços dos seguintes produtos/serviços:

- Item 1 = Preços para serviço de Relatório inicial enviado e apresentado à equipe do UNICEF (incluindo a Teoria

Item	Service Description	Quantity	Unit	Unit Price	Price
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da mudança; metodologia detalhada; métodos e instrumentos de coleta de dados; matriz de avaliação; mapa das principais partes interessadas, protocolos de entrevista, primeira hipótese/descobertas)

· Item 2 = Preços para serviço de Primeira versão do relatório com a apresentação dos resultados preliminares

· Item 3 = Preços para serviço de Relatório final + sumário de 3 páginas

OBSERVAÇÕES

Uma proposta técnica deve ser apresentada, incluindo 1) a abordagem metodológica que será aplicada para garantir a qualidade e entregas em tempo hábil; 2) avaliação de risco (ou seja, quais são os principais riscos que podem dificultar o progresso e quais precauções serão tomadas para diminuir esses riscos); 3) cronograma de implementação; 4) portfólio da empresa, incluindo a composição da equipe, CV e perfil dos profissionais que estarão envolvidos na avaliação; e 5) uma amostra de trabalho relevante para os requisitos de experiência (ou seja, o relatório final de uma avaliação realizada anteriormente).

QUALIFICAÇÃO OU CONHECIMENTO ESPECIALIZADO / EXPERIÊNCIA NECESSÁRIA

1 - O contratado deve ser legalmente autorizado para operar e ter uma licença para realizar as tarefas exigidas no país;

2 - Experiência comprovada de pelo menos 3 anos da empresa com realização de avaliação de projetos;

3 - Espera-se que a equipe de avaliação seja composta por pelo menos 2 avaliadores, incluindo um líder de equipe sênior e/ou um assistente de pesquisa com experiência na avaliação de programas de desenvolvimento.

As seguintes habilidades, competências e experiência são esperadas do Líder da Equipe:

- Formação na área de relações internacionais, ciências sociais, saúde, estudos de desenvolvimento, gestão pública ou áreas relacionadas;
- Pelo menos três anos de experiência profissional relevante em avaliações. Experiência com avaliações dentro do sistema da ONU será considerado um bônus;
- Experiência de trabalho comprovada na avaliação de programas de desenvolvimento;
- Boa compreensão das atuais tecnologias e plataformas de comunicação;
- Conhecimentos sólidos de gestão baseada em resultados e abordagem de desenvolvimento baseada em direitos humanos;
- Capacidade de trabalhar com pouca supervisão;
- Desejável experiência anterior de trabalho com a ONU;
- É desejável um bom entendimento das normas e padrões do UNEG para Avaliação e outros padrões internacionais de avaliação.

As seguintes habilidades, competências e experiência são esperadas do Especialista em Avaliação/Assistente de Pesquisa:

- Formação na área de relações internacionais, ciências sociais, saúde, estudos de desenvolvimento, gestão pública ou áreas relacionadas;
- Habilidades analíticas e de escrita e capacidade de trabalhar efetivamente em equipe;
- Experiência prática na coleta e análise de dados quantitativos e qualitativos;
- Conhecimento das agendas de direitos humanos, igualdade de gênero e equidade da ONU e sua aplicação nas avaliações;
- Comprometimento e vontade de trabalhar em um ambiente desafiador e capacidade de produzir um trabalho de qualidade sob orientação e supervisão limitadas;
- Boa capacidade de comunicação e relacionamento interpessoal; capacidade de comunicar com vários stakeholders e de expressar ideias e conceitos de forma concisa e clara, de forma escrita e oral.



Item	Service Description	Quantity	Unit	Unit Price	Price
	<p>5 - Não poderão participar deste processo empresas em processo de falência, recuperação judicial, extrajudicial, insolvência, ou sob outra forma de concurso de credores, em dissolução ou em liquidação.</p> <p>6 # Fornecer juntamente com a proposta a documentação abaixo: - Ato constitutivo, Estatuto ou Contrato Social; reconhecido pela junta comercial e com a comprovação da diretoria em exercício, caso tenha; - Cartão CNPJ; - Comprovante bancário, que poderá ser a cópia de cheque cancelado ou cabeçalho do extrato bancário. Nestes deverão constar o nome do banco, nome da empresa, CNPJ e número de agência e conta corrente.</p> <p>Critérios das Propostas Técnicas e Financeiras</p> <p>As propostas serão avaliadas por uma Comitê do UNICEF composto por profissionais de conhecimento técnico. O método de avaliação utilizado será avaliação cumulativa dos fatores técnica e preço, com pesos de 70 e 30, respectivamente.</p> <p>O Detalhamento relativo ao critério de avaliação encontra-se no Anexo 2 da presente solicitação</p>				
	<p>Avaliação de Projeto do UNICEF</p>	1	EA		

SPECIAL NOTES

CONSIDERAÇÕES ESPECIAIS

Com base nas informações deste Termo de Referência, os proponentes deverão elaborar suas propostas de serviço, com espaço para proporem abordagens, metodologias, propostas quantitativas etc.

O UNICEF poderá realizar uma sessão pública on-line (através das ferramentas Microsoft Teams ou Zoom) para esclarecimento de eventuais dúvidas sobre o referido processo de licitação. Maiores detalhes acerca desta sessão serão divulgados no site do UNICEF Brasil: <https://www.unicef.org/brazil/oportunidade-para-fornecedores>.

Para a avaliação da qualificação e experiência da empresa:

Apresentação de documentos, tais como: certificados de capacidade técnica e declarações que certificam a conclusão de projeto similar ou serviço de consultoria prestados no passado. O documento deve conter informações suficientes que permitam a análise adequada das experiências e também conter informações sobre o emissor com contato de referência.

Para a avaliação da qualificação e experiência da equipe técnica:

Experiências e Qualificações: A experiência de trabalho deve ser comprovada por currículo, informando os locais de trabalho e seus contatos, a função desempenhada, o período de conclusão, etc. Para o currículo deve ser anexado outros documentos atestando a experiência profissional, tais como informações sobre livros ou artigos publicados, detalhamento de informações sobre o escopo dos serviços executados, contratos assinados, relatórios ou estudos realizados, etc. Quanto às qualificações informadas, as mesmas deverão ser evidenciadas por meio de devida documentação (certificado, declaração, etc.).

Nota: O UNICEF reserva-se o direito de solicitar esclarecimentos aos proponentes sobre qualquer informação apresentada na proposta.

As propostas serão avaliadas por uma equipe do UNICEF para verificação os méritos em dois quesitos: técnico e de valor do serviço.

As propostas devem, imprescindível e unicamente, ser enviadas pelo site UNGM. Não serão aceitas propostas enviadas por meio físico nem por e-mail. A documentação deverá ser composta de 1 arquivo para a proposta comercial/preço e 1 arquivo para a proposta técnica separadamente. Os demais documentos de apoio e comprovações técnicas deverão estar anexadas à proposta técnica.

As propostas técnica e financeira devem ser enviadas em arquivos separados. Deverá ser também encaminhado o BID FORM, constante na página 3 deste documento, devidamente assinado. Caso o BID FORM não seja enviado e assinado junto com as propostas separadas (proposta técnica e comercial separadamente), sua empresa SERÁ DESCLASSIFICADA POR NÃO ATENDER OS TERMOS E CONDIÇÕES do UNICEF.

PART I - PURPOSE OF THIS REQUEST FOR PROPOSALS FOR SERVICES

1. Background

1.1 UNICEF promotes the rights and wellbeing of every child, in everything we do. Together with our partners, we work in 190 countries and territories to translate that commitment into practical

Annex 2: Summary of developed activities and their status of completion

Outcomes	Activities	Sub-activities	Implementation Partner	Status	Beneficiaries	Geographical Coverage
Outcome 1: Healthy school environments (free of ultra-processed foods) promoted at selected Agenda and Seal UNICEF municipalities.	Activity 1a: Mobilize and promote awareness of managers and strategic actors from UNICEF's partner municipalities to work on a healthy eating agenda in the school environment.	Conception and execution of 3 Webinars on Healthy Eating Environments, namely: 1) Healthy school environments , 2) Commercial promotion and food advertising in the school environment 3) Food commerce and food and nutrition education in the school environment	Idec	Completed	Executive managers: mayors, vice-mayors, secretary of health, and secretary of education	Seal UNICEF
		Production of the " Promoting a healthy school environment: supporting local management ", a guide on healthy school environments to be launched with an online debate.	Idec	Completed, not yet launched by the time the evaluation happened (partially disseminated during webinars)		Social assistance, education, and health professionals
	Activity 1b: Advocate with municipal councils and legislative assembly to develop their regulations based on Idec's PL Modelo.	Advocacy Strategy with Legislative Authorities in Bahia State, Belém, Recife (Idec) for the approval of the PL.	Idec	Completed	Legislative representatives	Bahia State Belém (PA) Recife (PE)
	Activity 1c: Mobilize adolescents and young people from UNICEF's Adolescent Citizenship Centers ⁹⁹ (NUCAS) with quality information to work on the healthy eating agenda in the school environment in Seal UNICEF's partner municipalities.	In-person listening workshops with adolescents on healthy eating	Idec Comer Pra Quê BemTV	Completed	Adolescents	Seal UNICEF
		Development of a Game for Adolescents on the Theme of a Healthy School Environment	Idec Comer Pra Quê BemTV	Completed		
		Dissemination of the game for Adolescents on the theme of a Healthy School Environment	Idec	Not completed		

⁹⁹ [Núcleo de Cidadania de Adolescentes](#) (NUCAS) are participation spaces for adolescent built in the Seal UNICEF municipalities.

Outcomes	Activities	Sub-activities	Implementation Partner	Status	Beneficiaries	Geographical Coverage	
Outcome 2: Puerperal mothers, families, communities, and civil society aware of the importance of breastfeeding and healthy child nutrition and supplementation	Activity 2a: Promotion and support of breastfeeding and healthy complementary feeding to puerperal mothers in the Agenda Cidade UNICEF partner municipalities.	Development and dissemination of the “ 10 steps to healthy eating and habits from birth to 2 years old ” guide	Vitolo MR	Completed	Puerperal mothers	Agenda Cidade UNICEF municipalities	
		Train healthcare professionals to distribute the 10-step guide to puerperal mothers in selected Child Friendly Hospitals ¹⁰⁰ in 10 Agenda Cidade UNICEF municipalities	Vitolo MR	Completed	Health professionals		
	Activity 2b: Capacity building of managers, health workers, social assistance workers and pre-school teachers on breastfeeding and healthy eating habits through an online course.	Engaging with Seal UNICEF partners to disseminate the online course on breastfeeding and healthy eating in early childhood	Faros UNICEF	Completed	Managers Health workers Social assistance workers and Pre-school teachers	Seal UNICEF	
		Development of the online course	Faros UNICEF	Completed			
		Dissemination of the online course	Faros UNICEF	Completed			
	Activity 2c: Promotion of breastfeeding and healthy habits among pregnant adolescents through the Rango de Resposta app.	Development of the Rango de Resposta App	USP/Primeiros Laços	Completed	Adolescents; Pregnant adolescents; Adolescent parents	AM, AL, BA,DF, GO, MA, MG, MS, MT, PE, PR, RJ, RN, RO, SP, TO.	
		Dissemination of the Rango de Resposta App	CINTERCOOP	Completed			
		In-person workshops with adolescents in Vitória (ES)	CIEDS	Completed			
	Outcome 3: Information regarding healthy nutrition for children and adolescents disseminated campaigns	Activity 3a: Getting evidence-based information through a KAP (knowledge, attitudes, and practices) study to inform the elaboration of new strategies to tackle child overweight and obesity.	Hire research consultancy	UNICEF Brazil	Completed	N/A	Brazil
			Develop research	Plan Eval	Completed	UNICEF Brazil	Brazil
Disseminate research results			UNICEF Brazil	Completed	Health professionals, public policy managers	Brazil	

¹⁰⁰ Child-Friendly Hospitals is a recognition awarded by the Ministry of Health to hospitals that abide by and promote the 10 steps for breastfeeding success, established by UNICEF and WHO, besides other criteria to ensure and mothers, their children, and their family a respectful experience during prepartum, childbirth and the postpartum period.

Outcomes	Activities	Sub-activities	Implementation Partner	Status	Beneficiaries	Geographical Coverage
that are consumed by the general population and policy managers	Activity 3b: Development of information materials and strategies based on the KAP study findings to promote a healthy lifestyle among young children.	Develop content for the campaign	SBCC	Completed	Mothers, fathers, health and education professionals from low-income households	Brazil
		Conceive and produce the Campanha Papei	Carol Levy (Onomatopéia)	Completed		
		Online dissemination of the Campanha Papei	id/TBWA UNICEF Website	Completed		
	Activity 3c: Support for the dissemination of the Ministry of Health's NutriSUS strategy (micronutrient sachets), reformulated for basic health units, in the most vulnerable regions (North and indigenous health districts).	Develop campaigns content	SBCC/UNICEF	Completed	N/A	Brazil
		Develop the art of the campaigns	Plural Imagem e Som	Completed	N/A	
		Disseminate online campaign	Ministry of Health	Completed, not launched	Puerperal mothers	
	Activity 3d: Study on primary and secondary impacts of Covid-19 on children and adolescents' nutrition and health.	Disseminate research results	Ipec	Not completed	N/A	Brazil
		Develop research	Ipec	Completed	N/A	
		Hire research consultancy	UNICEF	Completed	N/A	
	Activity 3e: Distribute SBCC materials to vulnerable families in priority municipalities in Pernambuco, Maranhão, and Rio de Janeiro, enrolled in Bolsa Família.	Creation of materials	UNICEF	Completed	PE, MA, RJ	
		Distribution of the materials				
	Activity 3f: Translate WHO's "How marketing of formula milk influences our decisions on infant feeding" and promote a debate about it.	Translation and design of the material	WHO	Completed	Brazil	
		Webinar to launch the translated report	UNICEF	Completed	Brazil	

Annex 3: Implementation of Activities

1. Activity	Development of Activity Implementation
<p>Activity 1a</p> <p>Mobilize and promote awareness of managers and strategic actors from UNICEF's partner municipalities to work on a healthy eating agenda in the school environment</p>	<p>The advocacy activities underwent changes of priorities as the COVID-19 pandemic started and remained throughout the entirety of the Good Nutrition Project. UNICEF concluded that advocacy activities planned for Y1 wouldn't achieve the expected results, considering how the COVID-19 pandemic was developing at that point. However, UNICEF prepared for Y2 activities while remaining active in advocating for the establishment of a front-of-pack labelling, and in discussions against the alterations¹⁰¹ in the 2014 Brazilian Food Dietary Guidelines.</p> <p>During Y1, the advocacy activities focused on gathering experts to discuss strategies and next steps regarding the food labelling process, publicity aimed at children, and legislation for promoting and developing healthy school environments.</p> <p>UNICEF gathered with Idec and its partners (ACT Health Promotion, Pulso Público, Aliança pela Alimentação Adequada e Saudável, FIAN, Instituto Desiderata, among other consultants) to develop technical resources that would generate awareness, train public managers and stakeholders to promote a healthy school environment mainly by regulating ultra-processed food in schools among other propositions. These resources included a guideline to support public managers in promoting healthy school environments and a set of three webinars to engage and inform public policy managers and education professionals from UNICEF Seal municipalities.</p> <p>Idec also conducted training and advocacy activities in some PCU capitals, including a seminar with school managers, health and education Secretariats and health and education professionals in two capitals in the North of Brazil (Manaus and Belém) to discuss healthy and sustainable diets for children in schools. More than 90 stakeholders participated, and selected schools established a plan of action to train school cooks and test new menus.</p> <p>Pulso Público, an Idec partner, mapped law projects in Brazilian Parliament related to regulation of the food and beverage industry regarding nutrition and the regulation of marketing focused on children and the key players currently working on the topic.</p> <p>Idec partnered with the Ministry of Health to discuss the main priorities and needs related to the promotion of healthy environments and aligning their strategies. Early in the pandemic, the communication with the MoH already considered the need to support a campaign for the promotion of healthy eating among children, specially foreseeing the risk of the increasing poverty and food insecurity due to economic consequences of the COVID-19 pandemic.</p>

¹⁰¹ In mid-2020 the Brazilian Ministry of Agriculture, Livestock and Supply issued a technical note criticizing central aspects of the 2014 Brazilian Food Dietary Guidelines. The main request was to reconsider the NOVA classification (which characterizes types of foods according to their level of processing) and remove main characterizations of ultra-processed food products.

	<p>Idec partnered with the Ministry of Health to discuss the main priorities and needs related to the promotion of healthy environments and aligning their strategies. Early in the pandemic, the communication with the MoH already considered the need to support a campaign for the promotion of healthy eating among children, specially foreseeing the risk of the increasing poverty and food insecurity due to economic consequences of the COVID-19 pandemic.</p>
<p>Activity 1b Advocate with municipal councils and legislative assembly to develop their regulations based on Idec's PL Modelo</p>	<p>Idec and their partners also produced the PL Modelo – a model bill – to regulate food commercialization and marketing in schools by prohibiting the consumption of ultra-processed food products. The PL Modelo is currently available at Idec's and UNICEF's website.</p> <p>Idec and UNICEF engaged more strategically with three Agenda Cidade UNICEF municipalities: Belém, Recife and Salvador. In Salvador, the proposition to adopt the PL Modelo extended to the state level. Local consultants and specialists were hired to build the necessary network to discuss and adapt the PL Modelo according to each local context, and to identify which legislative representative would be the most suitable and adequate to propose such bill in their legislative chambers.</p>
<p>Activity 1c Mobilize adolescents and young people (NUCAS) with quality information to work on the healthy eating agenda in the school environment in Seal UNICEF's partner municipalities</p>	<p>The mobilization of adolescents in the Centers for Adolescent Citizenship is still recent. Only in December 2022 BemTv and Movimento Comer Pra Quê, under Idec's coordination, gathered adolescents from various Seal municipalities in two listening workshops (one in João Pessoa and the other in Fortaleza).</p> <p>The workshops explored three main themes with the participant adolescents: (1) nutrition and gender; (2) nutrition and racial equality, (3) nutrition and environmental justice. They were crafted and facilitated to inform a mobilization strategy with adolescents in UNICEF Seal municipalities. The result was the development of a RPG game named "Eating to have rights!" (Comer para ter direitos!), which relates healthy eating with gender equality, racial equality, and environmental justice.</p> <p>The game has been developed and validated by adolescents in a validation workshop. However, it hasn't been released yet.</p>
<p>Activity 2a Promotion and support of breastfeeding and healthy complementary feeding to puerperal mothers in Agenda Cidade UNICEF partner</p>	<p>This activity promoted and disseminated the importance of breastfeeding and the healthy food introduction and habits for children to puerperal mothers in 10 selected maternities from Agenda Cidade UNICEF municipalities.</p> <p>The main strategy consisted of training health professionals to deliver printed versions of the "10 steps to healthy eating habits from birth to 2</p>

<p>municipalities</p>	<p>years old” guide to 10,000 puerperal mothers.</p> <p>Due to the COVID-19 outbreak traveling and visiting maternities was not possible during Y1. UNICEF and the implementation partner Vitolo MR had to postpone the start of the activities several times but were able to develop the materials that would be shared with puerperal mothers.</p> <p>The target was to have health professional’s trainings in blocks from 3 to 4 maternities. After training the health professionals a distributing the guides to puerperal mothers, the implementation partner conducted a brief assessment about puerperal mothers’ impressions of guide after reading them (or not).</p>
<p>Activity 2b Capacity building of managers, health workers, social assistance workers and pre-school teachers on breastfeeding and healthy feeding habits through an online course</p>	<p>Prior to the Good Nutrition for a Healthy Life of Brazilian Children, UNICEF created two courses with an implementation partner, Cipó, to promote healthy habits among children. One course was developed for schoolteachers and school professionals (named “Eat Healthily, Grow Healthy”), and the other was designed for health and social assistance professionals (called “Breastfeeding and healthy eating for Children”). UNICEF launched the courses between March and April 2019, in time to be part of the punctuated actions related to the Systemic Result 4 of the UNICEF Seal strategy (Programs of improvement of the nutritional status of children and adolescents, including the promotion of breastfeeding and healthy feeding implemented).</p> <p>The courses offered at the end of the UNICEF Seal strategy attracted more municipalities to participate to receive higher punctuation for the UNICEF Seal. The course had 3,198 school professionals and 2,823 health and social assistance professionals participating, reaching 6,021 professionals. However, the course needed adjustments and in 2021, UNICEF started a new contract with Faros Educacional in order to improve the previous course, offering it in a more interactive approach, with videos, interactive screen and gamified evaluation. The course had an intersectoral approach, aiming to reach health, education, and social assistance professionals. It was launched in October 2021, and it remained open until the end of March 2022.</p> <p>The course later migrated to UNICEF’s learning platform, AVA, and it is still available.</p>
<p>Activity 2c Promotion of breastfeeding and healthy habits among pregnant adolescents through the Rango de Resposta app</p>	<p>Primeiros Laços, an organization hosted at the Medical School of the University of São Paulo (FM-USP) that focuses on helping adolescent mothers build emotional bonds with their children, developed a capacity-building methodology for pregnant adolescents and adolescent parents on healthy feeding habits for themselves and their children. The methods for their capacity building contain a plan of activities for six meetings that cover the following topics: i) understanding the classification of food (healthy and ultra-processed food), ii) influences on eating choices; iii) healthy pregnancy; breastfeeding; iv) healthy complementary food for children; v) and practices in the kitchen. All topics are covered using videos, storytelling, and challenges to be completed by the participants.</p> <p>The initial proposal for this activity was to produce a manual for</p>

	<p>professionals conduct and facilitate in-person meetings with groups of pregnant adolescents and adolescent parents about the promotion of breastfeeding and healthy habits and deliver informational materials to them. In-person encounters/workshops with adolescent parents and pregnant adolescents happened in Vitória (ES) and it trained 237 adolescents about breastfeeding and healthy eating.</p> <p>Due to the COVID-19 pandemic and a change in the activity strategy to make it more appealing to adolescents, the in-person workshops were suspended. Just delivering printed materials would also be a challenge and wouldn't generate the desired results.</p> <p>Primeiros Laços then developed the content for a mobile application called "Rango de Resposta" to inform best practices on breastfeeding and healthy habits for adolescents. The app was designed and launched by Agência CCQ. To disseminate the mobile application among the target audience, the project then partnered with CINTERCOOP, a UNICEF partner, to mobilize non-profits, collectives, and public institutions that work directly with adolescents.</p>
<p>Activity 3a Getting evidence-based information through a KAP (knowledge, attitudes, and practices) study to inform the elaboration of new strategies to tackle child overweight and obesity</p>	<p>The KAP (Knowledge, Attitudes, and Practices) study heard vulnerable parents or caregivers of children under six years old (early childhood), beneficiaries of the Bolsa Familia cash transfer Program, living and working in regions of UNICEF Brazil intervention (Seal municipalities or Platform for Urban Centers capitals). The sample was calculated to be representative of the population, with a total of 1,328 interviews.</p> <p>Plan Eval prepared a questionnaire conducted by phone (due to the COVID-19 pandemic) lasting a maximum of 20 minutes. It included questions related to the habits of parents regarding children's feeding, child feeding if going to preschool before and during the pandemic, types of food commonly consumed by the child, knowledge on what types of food are healthy and unhealthy, reasons for buying ultra-processed food products, need for changing child's diet and reasons for not changing, and the quality of food before and during the pandemic.</p> <p>The main objective of the KAP Study was to produce evidence on the consumption of ultra-processed foods among families in a situation of social vulnerability during the COVID-19 pandemic and inform the intervention, specifically its awareness campaigns.</p>
<p>Activity 3b Development of information materials and strategies based on the KAP study findings to promote a healthy lifestyle among young children.</p>	<p>The main campaign developed based on the KAP study results was the Campanha Papei. The campaign launched in June 2022 on Instagram and on YouTube. It was creatively conceived and developed by Carol Levy, and it was managed and publicized on social media by id/TBWA; which also provided the data regarding the campaign performance on Instagram.</p>
<p>Activity 3c Support for the</p>	<p>As previously mentioned, UNICEF was requested to support the dissemination of the MoH NutriSUS Strategy. The support consisted of</p>

<p>dissemination of the Ministry of Health's NutriSUS strategy (micronutrient sachets), reformulated for basic health units, in the most vulnerable regions (North and indigenous health districts)</p>	<p>developing a communication tool to inform how the sachets should be administered. Originally these supplements were administered in daycare units, which became impractical during the COVID-19 pandemic. In the new strategy, families would get the sachets from basic health care units to administer them to their children¹⁰².</p> <p>The MoH had logistics and distribution issues and was unable to distribute the sachets as well as the instructions developed by UNICEF.</p>
<p>Activity 3d</p> <p>Study on primary and secondary impacts of COVID -19 on children and adolescents' nutrition and health</p>	<p>Ipec developed a study on primary and secondary impacts of COVID -19 on children and adolescents' nutrition and health which accounted for the third round of the research initially commissioned to IBOPE. The research was recently concluded, and by the time this evaluation was conducted, their results had not yet been publicly disseminated.</p>
<p>Activity 3e</p> <p>Distribute SBCC materials to vulnerable families in priority municipalities in Pernambuco, Maranhão, and Rio de Janeiro, enrolled in Bolsa Família.</p>	<p>UNICEF developed a pamphlet to distribute to families enrolled in Bolsa Família.</p>
<p>Activity 3f</p> <p>Translate WHO's "How marketing of formula milk influences our decisions on infant feeding" and promote a debate about it.</p>	<p>As the aggressive marketing of formula milks increased over the COVID-19 pandemic period, disseminating information about their negative consequences to children's development became increasingly vital. As the "How marketing of formula milk influences our decisions on infant feeding" was published in February 2022 by WHO, and as it resonated to the Good Nutrition for a Healthy Life of Brazilian Children, the report was translated into Portuguese and released with a webinar in partnership with PAHO to debate the topic.</p>

¹⁰² Ministério da Saúde (2021). Ministério da Saúde amplia o NutriSUS". Available at: <https://www.gov.br/saude/pt-br/assuntos/noticias/2021/outubro/ministerio-da-saude-amplia-o-nutrisus>

Annex 4: Available monitoring data

Activities	Sub-activities	Suggested indicators in proposal / UNICEF Reports	Indicator Available	Means of Verification	Target	Achievement	Status
Outcome 1: Healthy school environments (free of ultra-processed foods) promoted at selected Agenda and Seal UNICEF partner municipalities.	N/A	# of municipalities with proposed regulatory instruments to ensure a healthy food environment in schools based on UNICEF advocacy and technical assistance	# of municipalities with proposed regulatory instruments to ensure a healthy food environment in schools based on UNICEF advocacy and technical assistance	Records and progress reports on the Seal Records and progress reports from Idec	20 (Source: 04 Program Document Template -Idec-30.03 by Idec) 1 Source: Annual Report Jan/2022	2 municipalities processing bills (Belém e Bahia) 1 municipality submitting the bill (Recife) Source: Annual Report Jan/2022	Not reached
Activity 1a: Mobilize and awareness of managers and strategic actors from UNICEF's partner municipalities to work on a healthy eating agenda in the school environment	Conception and execution of 3 Webinars on Healthy Eating Environments	# municipalities mobilized/impacted to work on the agenda healthy eating in school environment	# municipalities impacted to work on the agenda healthy eating in school environment # of total YouTube views at UNICEF and Idec's channels	Idec's Final Report UNICEF and Idec's YouTube channel	761 partner municipalities 19 partner states No target	Representatives from 267 (35%) municipalities attended the Webinars transmitted at Idec's and UNICEF's YouTube channels, according to a survey sent to counties after the webinars. 4,938 views in total Source: Idec Relatório Resultado 1.2., March/2023	Not reached
	Mobilization of managers and strategic actors to engage in the webinars	# municipalities mobilized to work on the agenda healthy eating in school environment	# of municipalities mobilized by UNICEF to act on healthy nutrition agenda in schools	Records of mobilization in the UNICEF Seal municipalities	200 UNICEF partner municipalities (67 TAM, 130 SAB) and 3 UNICEF partner capitals: Belém, São Luís e Manaus Source: 04 Program	2,023 seal municipalities were mobilized Source: Idec's Report "Boletim Projeto Escolas UNICEF"	Reached

Activities	Sub-activities	Suggested indicators in proposal / UNICEF Reports	Indicator Available	Means of Verification	Target	Achievement	Status
					Document Template -Idec-30.03 by Idec		
	Production and dissemination of a guide on Healthy Eating Environment for Managers (public managers and school managers)	Activity not originally planned	# of managers that received Healthy Eating Environments guides # of guide downloads	Unavailable	Not established	Unavailable	Inconclusive
Activity 1b: Advocate with municipal councils and legislative assembly to develop their regulations based on Idec's Projeto de Lei Modelo							
	Advocacy strategy with the Legislative Branch in Salvador, Belém, Recife and Tocantins (Idec) for the approval	# of municipalities mobilized by UNICEF to act on healthy nutrition agenda in schools	# of municipalities mobilized to file the PL das Cantinas # of states mobilized to file the PL das Cantinas	Idec mobilization records	200 UNICEF partner municipalities (67 TAM, 130 SAB) and 3 UNICEF partner capitals: Belém, São Luís e Manaus Source: 04 Program	2 cities (Belém, Recife) 1 state (Bahia) Source: 04 Program Document Template - Idec-30.03 by Idec	Reached (in different municipalities)

Activities	Sub-activities	Suggested indicators in proposal / UNICEF Reports	Indicator Available	Means of Verification	Target	Achievement	Status
	of the PL das Cantinas				Document Template -Idec-30.03 by Idec		
Activity 1c: Mobilize adolescents and young people (NUCAS) with quality information to work on the healthy eating agenda in the school environment in Seal UNICEF's partner municipalities	In-person listening workshops with adolescents on healthy eating	Unavailable	# of participants in the in-person listening # of municipalities where adolescents were heard	Records from BemTV and Comer pra quê	Not established Not established	51 participants 44 municipalities Source: Relatório: Oficina de escuta com adolescentes dos NUCAS	Reached (no target)
	Mobilization of adolescents and young people	# of adolescents sensitized to act on the healthy eating agenda in the school environment.	# of NUCAS sensitized to act on the healthy eating agenda in the school environment.	Idec mobilization records	15 NUCAS	4,333 adolescents mobilized in 24 states and the Federal District (No adolescents from Espírito Santo and from Mato Grosso do Sul) Female: 68,3% Male: 30% Non-binary: 0,05% Other: 1,6% Negros: 71,6% Branca: 22,9% Amarela: 1,8% Indígenas: 1,7% Outra: 1,2% Parda: 0,6% Pretos: 0,1%	Reached

Activities	Sub-activities	Suggested indicators in proposal / UNICEF Reports	Indicator Available	Means of Verification	Target	Achievement	Status
						Source: Idec's U-Report Database	
	Development of a Game for Adolescents on the Theme of a Healthy School Environment	Activity not originally planned	None	Idec's records	1	1 game under development, in final stages	Reached
	Dissemination of the game for Adolescents on the Theme of a Healthy School Environment	Activity not originally planned	None	Idec's records	Unavailable	Activity not completed	Not reached
Outcome 2:							
Puerperal mothers, families, communities, and civil society aware of the importance of breastfeeding and healthy child nutrition and supplementation							
Activity 2a: Promotion and support of breastfeeding and healthy complementary feeding to puerperal mothers in the Agenda Cidade UNICEF partner municipalities	Development and dissemination of the 10K step-guide for breastfeeding and healthy	# of puerperal mothers at maternities reached with information on breastfeeding and complementary food for young children by 2022.	# of puerperal mothers at maternities reached with information on breastfeeding and complementary food for young children by 2022.	Final report from the implementation partner	10K puerperal mothers and their families 10 Maternities	10,468 puerperal mothers received the 10-step guide 10 maternities in 8 cities Source: Final Report, Dec/22	

Activities	Sub-activities	Suggested indicators in proposal / UNICEF Reports	Indicator Available	Means of Verification	Target	Achievement	Status
	nutrition of children under 2	# of maternities from the Child Friendly Hospital Initiative that adopted the methodology of the “10 steps for breastfeeding and complementary feeding” in their daily work Source: 202201_Anuual_report_AXA_Jan_2022	# of maternities from the Child Friendly Hospital Initiative that adopted the methodology of the “10 steps for breastfeeding and complementary feeding” in their daily work				
	Train healthcare professionals to disseminate the 10-step guide	# of health professionals at maternities from the Child Friendly Hospitals Initiative who received training on breastfeeding and complementary food by 2022.	# of health professionals at maternities from the Child Friendly Hospitals Initiative who received training on breastfeeding and complementary food by 2022.	Final report from the implementation partner	Not established	246	
Activity 2b: Capacity building of managers, health workers, social assistance workers and pre-school teachers on breastfeeding and	Engaging with UNICEF Seal partners to disseminate the online course	# of managers, community health workers and pre-school teachers trained on breastfeeding and healthy feeding for	# of municipalities in which the course was disseminated # of public servers that concluded the course	Records from the educational platforms and partners	7K Professionals: 4,000 community health workers, 2,000 preschool teachers and 1,000 local managers In 2023	6,021 managers reached in the first edition of the course. Source: 202201_Anuual_report_AXA_Jan_2022 -- 4,605 professionals had concluded the second	Inconclusive Reached the general target for municipalities (40% of Seal UNICEF) and

Activities	Sub-activities	Suggested indicators in proposal / UNICEF Reports	Indicator Available	Means of Verification	Target	Achievement	Status
healthy feeding habits through an online course		children under five by 2022.			<p>municipalities Source: Proposal</p> <p>"A total of 4,000 community health workers trained in 767 municipalities of the UNICEF Seal (40% of all municipalities enrolled with the Municipal Seal); - A total of 2,000 preschool teachers from 767 municipalities of the Seal Initiative (40% of all municipalities enrolled with the Municipal Seal). - A total of 1,000 local managers from 767 municipalities of the Seal Initiative"</p>	<p>edition of the course by May/2023</p> <p>1,437 health workers (31%) 1,041 social service (23%) 1,657 education (36%) 35 tutelary council (1%) 435 Other (9%)</p> <p>799 municipalities (39% of Seal UNICEF Municipalities) in 18 states</p> <p>Source: UNICEF (Ava Platform data from May/2023)</p> <p>--</p> <p>10,974 managers, community health workers and pre-school teachers trained on breastfeeding and healthy feeding for children under five by 2022.</p> <p>Source: UNICEF</p>	the general target for number of professionals (over 7K) however, it did not reach the target for each type of professional.
	Development of the online course	N/A	N/A	N/A	N/A	N/A	
Activity 2c: Promotion of breastfeeding and healthy habits among pregnant adolescents	Development of the Rango de Responsa App	N/A	N/A	N/A	N/A	The app was developed.	Reached

Activities	Sub-activities	Suggested indicators in proposal / UNICEF Reports	Indicator Available	Means of Verification	Target	Achievement	Status
through the Rango de ResponSA app							
	Dissemination of the Rango de ResponSA App	Activity not originally planned No indicators found in yearly reports	# of app downloads # of organizations mobilized to disseminate the app among adolescents # of adolescents reached in the app dissemination activities # of posters distributed Estimate # of adolescents reached	Records from the app developer and the app stores Records from CINTERCOOP	No target established for # of app downloads No target established for # of organizations mobilized No target established for # of app users No target established for # of potential adolescents reached by the dissemination activities of the app 4000 posters distributed	9,191 app downloads (Android) from April/22 to April/23 5,000 posters distributed Source: Agência CCQ Report 84 OSCs mobilized 43 Projects and Programs from social assistance and health sectors from 13 municipalities 12 CMDCAs and 24 CTs > 163 organizations in total 8,300 adolescents linked to the attention networks from CINTERCOOP (estimate) were mobilized 100,000 teenagers were presented the Rango de ResponSA App, both for adolescent mothers and fathers and people who eventually knew these groups (estimate) Source: Relatório Técnico Parcial Rango de ResponSA (issued by CINTERCOOP)	Reached
	Consultation process to develop the Rango de ResponSA App	N/A	N/A	N/A	N/A	N/A	N/A

Activities	Sub-activities	Suggested indicators in proposal / UNICEF Reports	Indicator Available	Means of Verification	Target	Achievement	Status
	In-person workshops with adolescents in Vitória (ES)	# of adolescents (pregnant or parents) living in large urban centers reached by information on child nutrition by 2022.	# of mobilized adolescents (in-person)	Implementation Partner reports	300 mobilized adolescents (in-person)	237 adolescent parents and pregnant adolescents were trained about breastfeeding and healthy eating. Source: 202201_Anuar_report_AXA_Jan_2022	Activity suspended
Outcome 3: Information regarding healthy child nutrition generating campaigns that are consumed by the general population and policy managers		# of healthy child nutrition campaigns developed and disseminated # people reached by healthy child nutrition campaigns					
Activity 3a: Getting evidence-based information through a KAP (knowledge, attitudes and practices) study to inform the elaboration of new strategies to tackle child overweight and obesity	Hire research consultancy	N/A	N/A	N/A	N/A	N/A	
	Disseminate research results	Unavailable	# of report downloads	UNICEF Brazil's website	Not established	1,919 downloads of the KAP survey report from UNICEF website Source: UNICEF Online spreadsheet	N/A
Activity 3b: Development of information materials and strategies based on	Develop campaigns content	N/A	N/A	N/A	N/A	N/A	

Activities	Sub-activities	Suggested indicators in proposal / UNICEF Reports	Indicator Available	Means of Verification	Target	Achievement	Status
the KAP study findings to promote a healthy lifestyle among young children.							
	Develop the art for the campaign	N/A	N/A	N/A	N/A	N/A	
	Disseminate online campaign (Campanha Papei)	Unavailable	# of people reached # of full plays of video campaigns	Records from social media captured by the agency that managed the campaign	Not established	2,882,564 people reached with publications related to breastfeeding and nutrition at UNICEF and the “Papei” campaign. 141,695 full plays 6,318 plays in YouTube (sum of all campaign videos available)	Reached (no target)
Activity 3c: Support for the dissemination of the Ministry of Health's NutriSUS strategy (micronutrient sachets), reformulated for basic health units, in the most vulnerable regions (North and indigenous health districts)		Activity not originally planned	# of folders printed # of folders delivered	UNICEF's reports	Not established Not established	196,000 folders prepared Source: Dados implementação Projeto AXA 0 folders delivered	Reached (no target)
Activity 3d: Study on primary and secondary impacts of Covid-19 on children and	Disseminate research results	Activity not originally planned	Unavailable. Activity not finalized.	Report downloads in UNICEF's website	N/A	Unavailable. Activity not finalized.	Unavailable

Activities	Sub-activities	Suggested indicators in proposal / UNICEF Reports	Indicator Available	Means of Verification	Target	Achievement	Status
adolescents' nutrition and health							
	Hire research consultancy	Activity not originally planned	N/A		N/A	N/A	
Activity 3e: Distribute SBCC materials to vulnerable families in priority municipalities in Pernambuco, Maranhão, and Rio de Janeiro, enrolled in Bolsa Família.		Activity not originally planned	# of pamphlet printed # of folders delivered	Not verifiable	Not established	3,527 families were reached by messages on healthy diets in partnership with a Humanitarian Cash Transfer Program.	Reached (no target)
Activity 3f: Translate WHO's "How marketing of formula milk influences our decisions on infant feeding" and promote a debate about it.		Activity not originally planned	# of YouTube views # of report downloads	YouTube UNICEF Brazil's website	Not established	1,019 plays on YouTube Source: YouTube, June/2023	Reached (no target)

Annex 5: Revised Evaluation Questions and Justification

Criteria	Evaluation Questions from the Evaluation ToR	Reviewed Evaluation Questions	Justification
1. Relevance	<ul style="list-style-type: none"> ● 1. To what extent has the program design and intervention strategies been relevant given the country context before and during the COVID-19 pandemic, and the priorities and needs of the most vulnerable children and their families related to food and nutrition? ● 2. To what extent have the programmatic activities ensured that the needs of children and adolescents were considered in the planning and implementation of UNICEF-supported interventions under the project? 	<ul style="list-style-type: none"> ● 1.1. To what extent has the program design and intervention strategies been relevant given the country context before and during the COVID-19 pandemic? ● 1.2. To what extent have the project design and intervention strategies been relevant to the priorities and needs of the most vulnerable children (and their families) regarding the nutrition and feeding? ● 1.3. To what extent have the project design and intervention strategies been relevant to the needs of the public managers and workers from the health, education, and social service sectors? 	<p>The original question #1 was divided into two questions since they require different judgement criteria and evidence.</p> <p>The original question #2 did not seem much different than the second half of the original question #1. The ET understands that the programmatic activities were also designed and implemented and for that reason, it is covered by the original question #1.</p> <p>The ET included a question #3 that seeks the relevance of the activities that targeted public managers and health, education and social service professionals' needs to promote healthy nutrition and information about breastfeeding.</p>
2 Coherence	<ul style="list-style-type: none"> ● 1. To what extent did the program have a coherent advocacy strategy (focusing on individuals, government, and the enabling environment)? ● 2. To what extent were capacity building activities (maternities, online course, and adolescents) adequate and beneficial to health professionals and targeted individuals (caregivers and adolescent parents)? ● 3. Are there any indications on how the Health Unit can ensure that the emergency response and contextual needs are aligned to the initial planning during longer term projects? 	<ul style="list-style-type: none"> ● 2.1. To what extent did the advocacy strategies within the program had synergies or trade-offs with UNICEF country program objective and activities? ● 2.2. To what extent the capacity building activities (maternities, online course, and adolescents) had synergies or trade-offs with other UNICEF Brazil (e.g., Seal UNICEF and Agenda Cidade) and partner initiatives? ● 2.3. To what extent communication activities (guides, pamphlets, social media communications, etc) had synergies or trade- 	<p>The definition of the DAC criteria for coherence involves verifying to what extent the initiative that is being evaluated is compatible with other interventions within the implementing organization (internal coherence) or with other institutions in a country, or sector. The main focus, according to the criteria is to find synergies and/or tradeoffs among other initiatives.</p> <p>The original question #1 does not seem to clearly translate that and the ET has reviewed for clarity purposes.</p>

Criteria	Evaluation Questions from the Evaluation ToR	Reviewed Evaluation Questions	Justification
		<p>offs with other UNICEF Brazil communication strategies?</p>	<p>The original question #2 seems to be more linked with the Relevance and Effectiveness criteria. However, the capacity building activities can be looked at from the perspective of coherence to understand if the activity had synergies and/or overlaps with other initiatives in the same maternities where Activity 2a took place. The ET reviewed question #2 according to this suggestion.</p> <p>The original question #3 is not clear to the ET. As previously mentioned, it does not seem to translate the coherence criteria and it tends to resonate more with the sustainability criteria. The question has been removed.</p>
<p>3. Effectiveness</p>	<ul style="list-style-type: none"> 1. To what extent have the programmatic activities been effective in achieving the proposal outcomes and indicators? What were the most effective interventions? When and why were these effective? 2. To what extent the new activities proposed in the context of the COVID-19 pandemic were effective in achieving the contextual identified needs? 	<ul style="list-style-type: none"> 3.1. To what extent have the programmatic activities achieved the proposal outcomes and indicators? What were the most effective interventions? When and why were these effective? 3.2. To what extent have the programmatic activities reached unintended results? 3.3. To what extent the new activities proposed in the context of the COVID-19 pandemic were effective in achieving the contextual identified needs? 	<p>The ET has included a question about unintended results, as advised by the OECD criteria guidelines.</p>
<p>4. Efficiency</p>	<ul style="list-style-type: none"> 1. Were the established partnerships (official and not official, such as Ministry of Health – MoH) efficient for developing results during the program? 2. How can UNICEF better deliver results in the next nutrition-related programs? (Priorities, 	<ul style="list-style-type: none"> 4.1. To what extent were the established partnerships (official and not official, such as Ministry of Health – MoH) for the implementation of activities efficient for developing results during the program? 4.2. To what extent did UNICEF’s and 	<p>The ET clarified which partnerships the original question #1 was referring to.</p> <p>The original question #2 was deleted in accordance with UNICEF as it was very broad, and it also encompassed effectiveness.</p>

Criteria	Evaluation Questions from the Evaluation ToR	Reviewed Evaluation Questions	Justification
	structure, budget prioritization)	implementation partner’s human, institutional and operational resources regarding the project were adequate to deliver planned results?	Instead, a new question was added regarding uses of human, institutional and operational resources.
5. Sustainability	<ul style="list-style-type: none"> 1. Where and when has institutional, individual and/or national capacity been developed promoting ownership and durability of effects so that UNICEF may realistically plan progressive disengagement? 	<ul style="list-style-type: none"> 5.1. To what extent were institutional, local, and individual capacity developed promoting ownership and durability? 5.2. To what extent were contextual factors (positive and negative) considered in interfering with the project's sustainability? 	<p>The ET removed the second half of the original question #1 since it has been clarified that it was not necessary to include planning disengagement or exit strategy.</p> <p>The ET has added a question about contextual factors that may interfere in the project’s sustainability since there were activities developed as part of an emergency response. Once the emergency response context fades, some activities may not need to be in place.</p>
6. Human rights approach and gender equality	<ul style="list-style-type: none"> 1. Did the intervention respect and address gender disparities within the target population? 2. Did the activities promote human rights among the target population? 	<ul style="list-style-type: none"> 6.1. To what extent did the project integrate gender and human rights as transversal themes along all of its phases? 6.2. To what extent the intervention respect and address disparities within the target population? 6.3. To what extent the activities promote human rights among the target population? 4. How did the program incorporate the "no one left behind" principle? 	<p>The ET has added two new questions to the ones initially proposed in the ToR. One question (#1) focuses on evaluating if the gender and human rights were part of all of the intervention phases and activities. Question #4 was added in accordance with the OECD criteria.</p>

Source: Plan Eval

Annex 6: Stakeholder Roles

Activities involved	Stakeholder name	Type	Description
Activity 1a Activity 1b	ACT Health	CSO	Idec's partner in the advocacy activities. Idec and UNICEF discussed strategies regarding the food labeling process, publicity aimed at children, and legislation for a healthy school environment.
Activity 2a Activity 2c	Adolescent mothers	Beneficiary	Adolescent mothers were direct beneficiaries of Activity 2c (target population of the Rango de Resposta app) and partly of Activity 2a (puerperal mothers at maternities).
Activity 1c Activity 2c	Adolescents	Beneficiary	Adolescents were direct beneficiaries of Activities 1c (Adolescents from NUCAS) and 2c (target population of the Rango de Resposta app). Adolescents are also the final beneficiaries of the advocacy activities and the healthy nutrition courses taken by health, education, and social service professionals.
Activity 1a Activity 1b	Aliança pela Alimentação Adequada e Saudável	CSO	Idec's partner in the advocacy activities.
Activity 1a Activity 1b	ANEPA	Organization	Pará State Nutrition Association Associação de Nutrição do Estado do Pará. Idec gathered with ANEP to mobilize them about the model bill.
Activity 1a Activity 1b	Bahia State Government	Government	Idec had dialogues with the State Secretariats to mobilize them about the model bill.
Activity 1a Activity 1b	Bahia's Legislative Assembly	Legislative	Strategic meetings with the state government, including a state deputy that has presented a bill that prohibits marketing in the state schools.
Activity 1a Activity 1b	Belém Municipal Government (PA)	Government	Government of the city of Belém (PA) Idec set a strategic agenda to offer technical support in presenting the bill in the municipality chamber.
Activity 1c	BemTV	Implementing partner	Idec's partner in engaging with adolescents at NUCAS to develop the "Comer para ter direitos!" game.
Activity 1a Activity 1b	CAISAN	Government	The Interministerial Chamber of Food and Nutritional Security is part of SISAN, the National System of Food and Nutritional Security. Its purpose is to promote the articulation of the public administration bodies and entities related to Food and Nutrition Security.
Activity 1a Activity 1b	Câmara Municipal de Belém (PA)	Legislative	Idec set a strategic agenda to offer technical support in presenting the bill in the municipality chamber. Idec partnered with Livia Duarte (PSOL), a local city councilor, to file the bill.

Activities involved	Stakeholder name	Type	Description
Activity 3b	Onomatopéia	Implementing partner	Onomatopéia was responsible for the conception and production of Campanha Papei.
Activity 1a Activity 1b	CEDCA	Organization	Pará State Council for Children and Adolescents was engaged to discuss the PL Modelo for the city of Belém
Activity 2c	CIEDS	CSO	Organization that promoted in-person encounters with 267 adolescents in Vitória (ES) about the promotion of breastfeeding and healthy nutrition habits.
Activity 2c	CINTERCOOP	Implementing partner	International Development Cooperation Center CINTERCOOP was the organization responsible for disseminating the Rango de Responsa app among other organizations that work directly with over 100K adolescents in Brazil.
Activity 2c	CMDCAs	Implementing partner	Indirect implementing partner 12 Municipal Councils for the Rights of Children and Adolescents e 24 Tutelary Councils from the following capitals: São Paulo, Rio de Janeiro, Salvador, Recife, Natal, Curitiba, Brasília, Belo Horizonte, Manaus, Campo Grande, Goiânia, São Luiz and Sergipe.
Activity 2c	Comer Pra Quê?	CSO	Engaged with adolescents at NUCAS to develop the "Comer para ter direitos!" game.
Activity 1a Activity 1b	CONSEA	Government	National Council for Food and Nutrition Security.
Activity 1a Activity 1b	CONSEANS	Government	State Council of Food Security and Nutrition (PA). Conselho Estadual de Segurança Alimentar e Nutricional (PA). Idec partnered with CONSEANS to mobilize local stakeholders in Pará about the model bill.
Activity 1a Activity 1b	COSAN	Government	Coordenadoria de Segurança Alimentar e Nutricional (BA).
Activity 1a Activity 1b	Dep. Est. Fabrício Falcão (PCdoB)	Legislative	Author of the law that bans advertising in schools in the state. Based on Idec's model PL, the deputy presented PL 24.678/22 in the Legislative Assembly of the State of Bahia (ALBA). Bahia State's version of the PL Modelo was submitted by Dep. Fabrício Falcão's office.
Activity 2b	Education professionals	Beneficiary	Target group for the online course developed by Faros Educacional.
Activity 2b	Faros Educacional	Implementing partner	Faros Educacional was responsible for developing the second edition of the online course (Breastfeeding and Healthy Eating in Early Childhood) for health, education and social service professionals.

Activities involved	Stakeholder name	Type	Description
Activity 1b	GEPPAAS/UFMG	Academia	In collaboration with the Ministry of Health and GEPPAAS/UFMG, Idec is participating in the PROTEJA workshops to train municipalities of the 26 states to elaborate their regulations based on Idec's model bill.
Activity 1a Activity 1b	GGEAL	Government	Gerência Geral de Alimentação Escolar.
Activity 1a Activity 1b	GGSAN	Government	Government Group for Food and Nutritional Security of the Civil House of the Bahia State Government. Supported Idec in articulating partnerships with the government, the legislative and the civil society.
Activity 1b	Grupo Técnico de Desenvolvimento Social e Combate à Fome do Gabinete de Transição do Governo	Government	Social Development and Fight Against Hunger Technical Group of the Government Transition Cabinet.
Activity 2a Activity 2b	Health professionals	Beneficiary	Health professionals were trained to distribute and offer information to puerperal mothers at maternities. They were also the target group for the online course developed by Faros Educacional.
Activity 3b	Id/TBWA	Implementing partner	Agency responsible for managing Campanha Papei's performance on social media (Instagram).
Activity 1a Activity 1b Activity 1c	Idec	Implementing partner	Brazilian Consumer Defense Institute. Responsible for implementing the mobilization and advocacy activities.
Activity 1a Activity 1b	Instituto Desiderata	CSO	Took part in the articulation to file the model bills where Idec was mobilizing local governments.
Activity 3d	Ipec	Implementing partner	Research Intelligence and Strategic Consulting Responsible for the study on primary and secondary impacts of Covid-19 on children and adolescents' nutrition and health.
Activity 2a	Maternities	Organization	10 Maternities from the Child Friendly Hospitals in 8 Agenda Cidade UNICEF municipalities.
Activity 1a Activity 1b Activity 3c	Ministry of Health	Government	With Idec: Participating in the PROTEJA workshops to train municipalities of the 26 states to elaborate their regulations based on Idec's PL Modelo. With UNICEF: design of the NutriSUS strategy.
Activity 1a Activity 1b	Municipal Governments	Government	At the executive level, Secretariats were mobilized to engage with Idec's model bill.

Activities involved	Stakeholder name	Type	Description
Activity 2c	Municipal Social Assistance services	Government	<p>Social welfare at the municipal level were indirect implementing partners. They Social Welfare units that were associated/partner with CINTERCOOP helped disseminating the Rango de Resposta app.</p> <p>43 Social Assistance and Health Projects and Programs of the Municipal Governments of São Paulo, Rio de Janeiro, Salvador, Recife, Natal, Curitiba, Brasília, Belo Horizonte, Manaus, Campo Grande, Goiânia, São Luiz and Sergipe.</p>
Activity 1a Activity 1b	Municipality of Recife (PE)	Government	<p>Municipality of Recife (PE)</p> <p>Idec has supported the municipality government in producing a Symposium to engage with local schools. There was the involvement of Gerência Geral de Alimentação Escolar (GGEAL), Coordenação do Programa Saúde na Escola da Secretaria de Saúde, Secretaria de Finanças e gestores de alimentação escolar.</p>
Activity 1a Activity 1b	Parliament	Legislative	Brazil's Federal Parliament (Chamber of Deputies + Senate).
Activity 3a	Plan Eval	Implementing partner	Consultancy responsible for the KAP study.
Activity 1c Activity 2c	Pregnant adolescents	Beneficiary	<p>Pregnant adolescents were direct beneficiaries of Activities 1c (Adolescents from NUCAS) and 2c (target population of the Rango de Resposta app)</p> <p>Adolescents could be indirect beneficiaries of the advocacy activities and the healthy nutrition courses taken by health, education, and social service professionals.</p>
Activity 2c	Primeiros Laços	Implementing partner	Research group hosted at the University of São Paulo. Responsible for developing the contents for the Rango de Resposta App. Initially, Primeiros Laços would develop in-person workshops with adolescents.
Activity 1a Activity 1b Activity 2b	Public managers Local government	Beneficiary	Direct beneficiaries of the Activities 1a and 1b. Potential beneficiaries of Activity 2b and 3d (when disseminated)
Activity 2a Activity 2c	Puerperal mothers	Beneficiary	Direct beneficiaries of the 10-step guides distributed in Child Friendly Maternity Hospitals (Hospital Amigo da Criança)
Activity 1a Activity 1b	Pulso Público	Organization	Idec's partner, responsible for tracking and identifying current legislative situation of bills regarding child nutrition; packaging and food marketing targeted at children.
Activity 2c	Redes de Atenção do CINTERCOOP	Implementing partner	CINTERCOOP member organizations.

Activities involved	Stakeholder name	Type	Description
Activity 1a Activity 1b	SINDNUT-BA	Organization	Union of Nutritionists of the State of Bahia.
Activity 2b	Social assistance professionals	Beneficiary	Target group for the online course developed by Faros Educacional.
Activity 1a Activity 1b	State Governments (Including Secretariats)	Government	Government Group on Food and Nutritional Security. Mobilized by Idec.
Activity 2c	Third Sector Ethical Connections Program	Organization	CINTERCOOP partner organizations
Activity 1a Activity 1b	Tocantins State Government	Government	Idec had dialogues with the State Secretariats to mobilize them about the model bill.
Activity 1b	UFBA	Academia	Federal University of Bahia
Activity 1a Activity 1b	Vereadora Cida Pedrosa (PCdoB)	Legislative Representative	City councilor in Recife, responsible for submitting the model bill in the city chamber.
Activity 1a Activity 1b	Vereadora Livia Duarte (PSOL)	Legislative representative	Councilwoman Livia Duarte (PSOL) presented the bill in the City Council of Belém.
Activity 2a	Vitolo MR	Implementing partner	Responsible for training health workers in maternity hospitals; responsible for developing the 10-step guide that was distributed among puerperal mothers.

Annex 7: Evaluation Matrix

OECD-DAC Criteria / Evaluation Questions	Judgement Criteria	Indicator/ Evidence	Sources of Information	Data Collection Method(s)
Plan Eval's Review of the Evaluation Questions	<i>The judgment criteria need to unpack in more detail what will be examined/assessed to answer the question</i>	<i>Indicators need to be further aligned with the judgment criteria</i>	<i>Where or with whom the necessary information and evidence can be found</i>	<i>Research techniques that can provide an answer</i>
1. Relevance	<i>Appropriateness of the project design, objectives, programming strategies and approaches and expected results, considering the context and the ability to respond and adapt to changes in context, the needs and priorities of the beneficiaries and their context.</i>			
1.1. To what extent has the program design and intervention strategies been relevant given the country context before and during the COVID-19 pandemic?	<p>The project was designed based on an analysis of the nutrition and feeding needs/priorities of the most vulnerable children</p> <p>The intervention strategies (such as advocacy, capacity building, evidence generation) address a critical gap to achieve the objectives and address the needs/priorities of their target population.</p>	<p>Documentation and indicators about the increasing malnutrition of children due to the high ultra-processed food consumption.</p> <p>Congruence between needs/priorities/causes identified in initial and evolving analysis and project objective</p> <p>Level of comprehension of the needs and priorities of target population among project partners</p> <p>Documentation and indicators about the increased malnutrition in the COVID-19 pandemic.</p>	<p>Project proposal</p> <p>Implementing partners' justification of their proposals</p> <p>National Survey of Children's Food and Nutrition</p>	<p>Desk research</p> <p>Key Informant Interviews</p> <p>Analysis of secondary data available</p>
1.2. To what extent have the project design and intervention strategies been relevant to the priorities and needs of the most vulnerable children (and their families) regarding the nutrition and feeding?	<p>The project objectives/final outcomes address the most critical needs/priorities of the most vulnerable children and the main causes of their nonfulfillment (both at start as well during project)</p> <p>Alignment with the adolescents and</p>	<p>Stakeholder needs and knowledge assessment for the activities offered to the referenced target population.</p> <p>Extent to which most vulnerable children have been identified and targeted by the project</p>	<p>UNICEF Brazil Project reports</p> <p>Implementing partners stakeholder assessments and strategy to reach target population</p> <p>Project's Situation Analysis</p>	<p>Desk research</p> <p>Key Informant Interviews</p> <p>Monitoring data from implementing partners</p>

OECD-DAC Criteria / Evaluation Questions	Judgement Criteria	Indicator/ Evidence	Sources of Information	Data Collection Method(s)
	<p>adolescent parents needs on information about nutrition and breastfeeding.</p> <p>Alignment with the needs of puerperal mothers needs on information about nutrition and breastfeeding.</p>			
<p>1.3. To what extent have the project design and intervention strategies been relevant to the needs of the public managers and workers from the health, education and social service sectors?</p>	<p>Alignment of project activities with the needs for information and training of the of the public managers and workers from the health, education and social service sectors.</p>	<p>Stakeholder assessment about their engagement with the promotion of healthy nutrition, healthy school environments and the actions to promote the importance of exclusive breastfeeding.</p>	<p>UNICEF Brazil Project reports</p> <p>Implementing partners stakeholder assessments and strategy to reach target population</p> <p>Project's Situation Analysis</p>	<p>Desk research</p> <p>Key Informant Interviews</p> <p>Monitoring data from implementing partners</p>
<p>2. Coherence</p>	<p><i>The compatibility and synergies (or trade-offs) of the intervention with other interventions of the UNICEF country program and policies in the country.</i></p>			
<p>2.1. To what extent did the advocacy strategies within the program had synergies or trade-offs with UNICEF country program objective and activities?</p>	<p>Alignment with other UNICEF Brazil advocacy strategies regarding child nutrition.</p>	<p>Existence of compatibilities between the advocacy strategy and other UNICEF Brazil advocacy strategies.</p>	<p>UNICEF Brazil Country Program Strategy</p> <p>Project documentation about advocacy strategy</p> <p>UNICEF staff in charge of designing and implementing the advocacy strategy</p> <p>Implementation partners</p>	<p>Desk Review</p> <p>Key Informant Interviews</p>
<p>2.2. To what extent the capacity building activities (maternities, online course, and adolescents) had synergies or trade-offs with other UNICEF Brazil (e.g., Selo UNICEF and Agenda Cidade) and partner initiatives?</p>	<p>Alignment with other UNICEF Brazil (Selo e Agenda Cidade) and implementation partners' initiatives.</p>	<p>Existence of compatibilities between the capacity building and other UNICEF interventions and strategies.</p>	<p>UNICEF Brazil Country Program Strategy</p> <p>Project documentation about capacity building strategy</p> <p>UNICEF staff in charge of designing and implementing the advocacy strategy</p> <p>Implementation partners</p>	<p>Desk Review</p> <p>Key Informant Interviews</p>

OECD-DAC Criteria / Evaluation Questions	Judgement Criteria	Indicator/ Evidence	Sources of Information	Data Collection Method(s)
2.3. To what extent communication activities (guides, pamphlets, social media communications, etc) had synergies or trade-offs with other UNICEF Brazil communication strategies?	Alignment with other UNICEF Brazil (Selo e Agenda Cidades) and implementation partners' communication activities.	Existence of compatibilities between the program's communication strategies and other UNICEF Brazil interventions and strategies.	UNICEF Brazil Country Program Strategy Project documentation about communication (SBCC) strategy UNICEF staff in charge of designing and implementing the advocacy strategy Implementation partners	Desk Review Key Informant Interviews
3. Effectiveness	<i>Extent to which the intended and unintended outputs and outcomes have been achieved (or are expected to be achieved) and which interventions were the most effective.</i>			
3.1. To what extent have the programmatic activities achieved the proposal outcomes and indicators? Sub-questions: What were the most effective interventions? When and why were these effective?	Activities able to fully reach their objectives The project contributed with the promotion of healthy school environments The project promoted the importance of healthy nutrition and breastfeeding	Activities' target indicators met Beneficiaries reporting positive effects of the activities, aligned with the activities' objectives Implementation partners reporting positive effects of the activities, aligned with the activities' objectives UNICEF staff reporting positive effects of the activities, aligned with the activities' objectives Advocacy, capacity building and communication activities promoted healthy school environments Advocacy, capacity building and communication activities promoted the importance of healthy nutrition and breastfeeding	Project documentation Implementation partners UNICEF staff in charge of implementation activities Project beneficiaries (policy managers, adolescents, puerperal mothers, health, education and social service professionals) Existing Literature	Desk Review Monitoring data Key Informant interviews Focus groups with beneficiaries

OECD-DAC Criteria / Evaluation Questions	Judgement Criteria	Indicator/ Evidence	Sources of Information	Data Collection Method(s)
3.2. To what extent have the programmatic activities reached unintended results?	Unintended outcomes are identified and explained	Such outcomes differ from the intended outcomes of the project	Project documentation Implementation partners UNICEF staff in charge of implementation activities Project beneficiaries (policy managers, adolescents, puerperal mothers, health, education and social service professionals)	Desk Review Key Informant interviews Focus groups
3.3. To what extent the new activities proposed in the context of the COVID-19 pandemic were effective in achieving the contextual identified needs?	New activities proposed in the context of the COVID-19 pandemic helped meeting the target group identified needs.	Evidence of the target group's needs being/having been met by the project activities	Project documentation Implementation partners UNICEF staff in charge of implementation activities Project beneficiaries (policy managers, adolescents, puerperal mothers, health, education and social service professionals)	Desk Review Key Informant interviews
4. Efficiency	<i>Extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. For this evaluation, the main focus is on how the established partnerships contributed or not to these results, and we formulated recommendations in terms of priorities, structure, and budget prioritization for the next nutrition-related programs.</i>			
4.1. To what extent were the established partnerships (official and not official, such as Ministry of Health – MoH) for the implementation of activities efficient for developing results during the project?	UNICEF's partnerships positively impacted the delivery of results.	Perception by project stakeholders on the collaboration between different actors	Implementation partners UNICEF implementation staff Project documentation	Key Informant Interviews Desk review

OECD-DAC Criteria / Evaluation Questions	Judgement Criteria	Indicator/ Evidence	Sources of Information	Data Collection Method(s)
4.2. To what extent did UNICEF's and implementation partner's human, institutional and operational resources regarding the project were adequate to deliver planned results?	<p>The project structure (human resources, governance structure, internal and external communications) supported the delivery of results in an economic and timely way.</p> <p>The project resources were used in accordance with the project's priorities.</p>	<p>Level of implementation over time (planned vs. actual) for each partnership</p> <p>Use of financial resources, per area of intervention</p>	<p>Project's financial data</p> <p>Progress reports from implementation partners</p> <p>Implementation partners</p> <p>UNICEF implementation staff</p>	<p>Desk review</p> <p>Key Informant Interviews</p>
5. Sustainability	<i>Extent to which the benefits of the intervention continue, and the project promoted ownership and durability of effects through the development of institutional, individual and/or national capacity.</i>			
5.1. To what extent were institutional, local, and individual capacity developed promoting ownership and durability?	Beneficiaries developed the necessary capacities and took ownership of the methodologies and knowledge shared (e.g., schools, maternities and its professionals keep sharing information and good practices)	<p>Number of project activities focused on developing capacities and promoting ownership</p> <p>Perception of project stakeholders on the level of institutional, individual and/or national ownership</p>	<p>Project documentation</p> <p>Implementation partners</p> <p>Project beneficiaries (policy managers, adolescents, puerperal mothers, health, education and social service professionals)</p>	<p>Desk Review</p> <p>Key Informant interviews</p> <p>Focus groups with beneficiaries</p>
5.2. To what extent were contextual factors (positive and negative) taken into account in interfering with the project's sustainability?	Potential positive and negative factors are identified and explained	Assessment on potential factors that could interfere in the project's sustainability	<p>Project documentation</p> <p>Implementation partners</p> <p>UNICEF implementation staff</p>	<p>Desk Review</p> <p>Key Informant Interviews</p>
6. Gender/human rights	<i>Extent to which the project respected and addressed gender disparities within the target population and promoted human rights.</i>			
6.1. To what extent did the project integrate gender and human rights as transversal themes along all of its phases?	The project has identified gender disparities within the target population and has developed a strategy to consider them	Evidence of an understanding of the existing gender disparities within the target population	<p>Project documentation</p> <p>UNICEF Staff in charge of project design</p> <p>UNICEF's gender focal person</p>	<p>Desk Review</p> <p>Key Informant Interviews</p>
6.2. To what extent the intervention respected and addressed disparities within the target population?	The project addressed the gender disparities within the target population.	Number of project activities and outcomes addressing gender disparities	<p>Project documentation</p> <p>UNICEF Staff in charge of project design</p>	<p>Desk Review</p> <p>Key Informant Interviews</p>

OECD-DAC Criteria / Evaluation Questions	Judgement Criteria	Indicator/ Evidence	Sources of Information	Data Collection Method(s)
6.3. To what extent the activities promote human rights among the target population?	<p>The project outputs are related to specific human rights and children's rights</p> <p>The project activities safeguards human rights among the target population.</p>	Selection of human rights to which the promoted activities relate to.	<p>UNICEF's gender focal person</p> <p>Project documentation</p> <p>UNICEF Staff in charge of project design</p>	<p>Desk Review</p> <p>Key Informant Interviews</p>
6.4. How did the program incorporate the "no one behind" principle?	<p>The project targeted vulnerable populations in vulnerable settings</p> <p>The project activities had strategies to include beneficiaries with disabilities</p>	<p>Vulnerable population were the target population</p> <p>Number of beneficiaries with disabilities</p> <p>Accessible online course, guides and communication materials</p>	<p>Project documentation</p> <p>UNICEF Staff in charge of project design</p> <p>Implementation partners</p>	<p>Desk Review</p> <p>Key Informant Interviews</p>

Annex 8: Initial Logical Framework

Title	Good nutrition for a healthy life of Brazilian children			
Main objective	Child nutritional status of children under five improved, and non-obesogenic environments promoted at the household, preschool, community and municipal levels.			
	Intervention logic	Objectively verifiable indicators (must be "SMART": Specific, Measurable, Achievable, Realistic and Time bound)	Sources of verification	Assumptions and risks
Specific Objective	1) Families, communities and civil society have increased knowledge on breastfeeding and healthy feeding for children under five.	Percentage of children under five from the Brazilian Cash Transfer program who are overweight.	SISVAN/MoH (Food and Nutrition Surveillance System)	Continuous commitment of municipalities enrolled in the UNICEF Seal and PCU with the prevention of childhood obesity and the promotion of healthy habits.
	2) Families, communities and civil society aware of the importance of changes in the regulation of foods and beverages industries.	# of people reached and engaged in advocacy campaigns and actions of mobilization.	Metrics – online advocacy campaign.	Low risk
	3) Federal government and the Parliament strengthening laws and legislation to improve regulation and monitoring related to food and beverages industries to prevent overweight and obesity in early childhood.	# of laws and legislation to prevent overweight and obesity in early childhood by 2022.	Official Federal government publications	Lack of engagement of the government with the changes of legislation/regulations of food labelling and food/beverage marketing due to great economic pressure from food and beverage industries.

Results	4) Health professionals and preschool teachers have increased knowledge on breastfeeding and healthy feeding for children under five and able to adopt healthy food good practices for children.	# of municipalities participating in UNICEF Seal and the Platform for Urban Centres (PCU) engaged in actions for the prevention of obesity through breastfeeding and healthy eating promotion.	- UNICEF Municipal Seal Records, progress reports and virtual platform. - PCU Records and progress reports.	Continuous commitment of municipalities enrolled in the UNICEF Seal and PCU with the prevention of childhood obesity and the promotion of healthy habits.
	5) Maternities participating at the Child Friendly Hospital Initiative with implemented methodology for training puerperal mothers on child complementary food.	# of maternities from the Child Friendly Hospital Initiative that adopted the methodology of the “10 steps for breastfeeding and complementary feeding” in their daily work.	Program administrative reports	Low risk
	Managers, health professionals and preschool teachers trained on breastfeeding and healthy feeding for children under five and able to adopt healthy food good practices for children.	# of managers, community health workers and pre-school teachers trained on breastfeeding and healthy feeding for children under five by 2022.	-UNICEF Municipal Seal Records, progress reports and virtual platform. - PCU Records and progress reports.	Low risk
	Knowledge on breastfeeding and healthy food disseminated in the 767 municipalities in the Legal Amazon and Semi-arid;	A total of 40 per cent of municipalities participating in the UNICEF Seal and PCU trained in the promotion of breastfeeding and health food for children under five by 2022.	- UNICEF Municipal Seal Records, progress reports and virtual platform. - PCU Records and progress reports.	Low risk

	Health workers at maternities from the Child Friendly Hospitals initiative trained on breastfeeding and healthy complementary feeding for children up to two years.	# of health professionals at maternities from the Child Friendly Hospitals Initiative who received training on breastfeeding and complementary food by 2022.	Program administrative reports.	Low risk
	Puerperal mothers benefiting from information on breastfeeding and complementary feeding at maternities from the Child Friendly Hospitals Initiative.	# of puerperal mothers at maternities reached with information on breastfeeding and complementary food for young children by 2022.	Program administrative reports.	Low risk
	Adolescents who are pregnant or parents (boys and girls) benefiting from information on breastfeeding and complementary feeding in large urban centres;	# of adolescents (pregnant or parents) living in large urban centers reached by information on child nutrition by 2022.	PCU Records and progress reports.	Low risk
	KAP Study on the cultural, economic and social drivers of the high consumption of sugary drinks and ultra-processed foods finalized and disseminated on our communication channels.	# of people reached and sharing the results by social channels by 2022.	Metrics from digital listening	Low risk
	Communication awareness campaign based on evidence of KAP study carried out.	# of people reached and sharing the results by social channels by 2022.	Metrics from digital listening	Low risk

	Population aware of the importance of changes in the regulation of foods and beverages industries.	# of people reached and engaged in the advocacy campaign and actions of mobilization on the importance of regulation and legislation of food and beverage industries by 2022.	Metrics from digital listening	Low risk
	Federal government and the Parliament mobilized to strengthen laws and legislations to improve regulation and monitoring related to food and beverages industries to prevent overweight and obesity in early childhood.	# of processing laws and legislation at the Parliament to prevent overweight and obesity in early childhood by 2022.	Monitoring of the Parliament activities and procedures throughout the year	Lack of engagement of the government with the changes of legislation/regulations of food labelling and food/beverage marketing due to great economic pressure from food and beverage industries.
Activities	<p>Enabling the Environment</p> <ul style="list-style-type: none"> • Advocacy with the Federal government and the Parliament to improve regulation and monitoring related to food and beverages industries to prevent overweight and obesity in early childhood; • Mobilization of the civil society regarding the importance of regulation and monitoring of food and beverage industries, and of reporting abusive marketing practices aimed at children; • Produce creative attractive cards advertising for healthy eating for children to be exposed at pre-schools and primary health care units; <p>Promotion of healthy food and prevention of childhood overweight/obesity</p> <ul style="list-style-type: none"> • Train health professionals at maternities participating in the Child Friendly Hospital Initiative to promote and facilitate exclusive breastfeeding and provide knowledge on healthy complementary feeding to mothers with newborn babies; • Train health professionals at the primary care on breastfeeding and healthy feeding habits for children under five and strengthen their capacity to provide information to families/caregivers and monitor the nutritional status of children living in their coverage areas. • Train teachers/caregivers from day care centers and pre-schools on child nutrition aiming to strengthen their communication skills to parents and caregivers, to reinforce nutrition as a learning topic for pre-school children, and to develop strategies to promote a non-obesogenic environment at their institutions. • Improve the knowledge of adolescents who are pregnant and of adolescent parents on breastfeeding and health food through social mobilization and peer-education activities; 			Continuous commitment of municipalities enrolled in the UNICEF Seal and PCU with the prevention of childhood obesity and the promotion of healthy habits.

	<ul style="list-style-type: none">● Develop a KAP study (Knowledge, Attitudes and Practices) to better understand the cultural, economic and social drivers for the high consumption of sugary drinks and ultra-processed foods for evidence-based strategies.● Based on the results of the study, raise awareness campaigns addressing families aimed at facilitating healthy feeding practices.● Run digital listening during the course of the campaign aiming to reach the targeted audience and identify their progress in terms of knowledge and behaviour related to healthy nutrition habits for their children.● Work together with the program area on the development of methodologies to assess the level of knowledge of municipal managers and adolescents participating at the capacity buildings moments	
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Annex 9: Provided documentation

File Name	Sub-File Name	Document	
Implementation	AXA Evaluation	01. UNICEF Brazil_Good nutrition_Technical Proposal	
	Campanha	Copy of Annex 7 - LRPS-2021-9168611	
	Campanha nutrição	video	
		plano de midia resumido- Papei	
		UNICEF - Spot Comer + Brincar 30 segs_Cris_29Janeiro	
	Curso Faros	Curso Amamentação 2021 (FILE)	
		> 10passos_ilustras.pdf	
		> APOSTILA_Alimentação_Final.pdf	
		> Curso IBFAN_Módulo final_FINAL_Módulo 4 (1)	
		> Esquema alimentar _ a partir dos 6 meses de idade	
		> Exercícios_Módulo 2	
		> GAME 3 - Questões ajustadas_Revisadas	
		> GAME M2 - Questões ajustadas_revisada	
		> Intro - História de Maria e sua família	
		> MATRIZ - UNICEF - Amamentação_v.3.2	
		> MATRIZ - UNICEF - Amamentação_v.5.1_revisão Marília	
		> MATRIZ - UNICEF - Amamentação_v.6_10_05	
		> Mensagem Inicial	

File Name	Sub-File Name	Document
		> Módulo 1 - Aleitamento Materno vs2_revisto_2021
		> Módulo 1_2021_08_04
		> Módulo 2_07.04.21
		> Módulo 2_2021_revisto_ML_SA
		> Módulo 2_2021
		> Módulo 2_módulo 2.1 -revisao FINAL_23JAN_(1)
		> Módulo 2_nova proposta
		> Módulo 3_Módulo 2.2_revisão FINAL_23JAN_(1)
		> Módulo 4_21_04
		> PROJETO_APOSTILA_V3.pdf
		> PROJETO_APOSTILA_V4.pdf
		> Questionário_Módulo2
		> Questões - Amamentação - Módulo 1
		> Questões Módulo 4 - Game
		UNICEF_Curso Amamentação_Apostila (005)
		Acordo de longo_Documents_Unknown Supplie_Plano de Trabalho_Faros
		Acordo de longo_Documents_Unknown Supplie_PORTFOLIO_Digital_Faros
		Carta_Apostila_Amamentação_Selo_Out_2022
		Proposta revisada Faros_LTA_Nutricao_EAD (004)

File Name	Sub-File Name	Document
		UNICEF_Book apresentação cards divulgação_FINAL_revisado Marília
		UNICEF_Book apresentação cards divulgação_FINAL_revisado_final
	Estudo CAP	Estudo KAP_UNICEF Brasil_BASE DE DADOS GERAL
		Produto04_PlanEval_EstudoKAP_UNICEF_Relatório Final_revisto_RM_LG_FCR
		Produto04_PlanEval_EstudoKAP_UNICEF_Relatório Final_revisto_vfinal_limpo_FCR
		Alterações CAP 31_11-mk
		Estrutura_editorial_coment
		PR Estudo CAP
		PR Estudo CAP_versao 1
		Produto02_PlanEval_EstudoKAP_UNICEF_rev_LG_PM_FCR_Revisado 01_02
		Produto03_PlanEval_EstudoKAP_UNICEF_Ques_22_02
		Produto03_PlanEval_EstudoKAP_UNICEF_Resultados_1705
		Produto04_PlanEval_EstudoKAP_UNICEF_Relatório Final_revisto
		Produto04_PlanEval_EstudoKAP_UNICEF_Relatório Final_revisto_completo
		Produto04_PlanEval_EstudoKAP_UNICEF_Relatório Final_revisto_PLAN
		Resultado_estudo_CAP_revisado_SA
		Resumo_ESTUDO CAP
	Estudo Ipec	211010_Impactos Covid19_questionário
		Questionário_Insegurança Alimentar_NOV2022

File Name	Sub-File Name	Document
		Materiais convite webinários_ AGO2022 (FILE)
		> Carta aos gestores
		> Carta parceiros implementadores Selo
		> factsheet 1.pdf
		> FactSheet Web 1
		> FactSheet Web 2
		> FactSheet Web 3
		> FACTSHEET_2
		> IDEC_FACTSHEET_3
	Idec	> IDEC_UNICEF_CARD_02
		> IDEC_UNICEF_STORY_02
		> IDEC_UNICEF_TWITTER_02
		> Proposta Webinários Ambiente Alimentar Saudável nas Escolas
		old (FILE)
		> 04 Program Document Template -Idec (Recuperação Automática).docx
		> 04 Program Document Template -Idec.docx
		> 06 Partner Declaration - Idec.docx
		> Projeto UNICEF -Idec 2021.docx

File Name	Sub-File Name	Document
		01 Non-PRC Submission & Approval Form - Idec
		04 Program Document Template -Idec-30.03
		Apresentação_IDEC
		Comentários webinários do Selo
		Guia para Gestores municipais - Alimentação saudável nas escolas
		Memoria de cálculo - IDEC_março2022
		Municípios Selo+Proteja
		TP_UNICEF_Webinar_13_SET_22
		TP_UNICEF_Webinar_13_SET_22-DESKTOP-AIQL34N
		VISITA PROGRAMATICA - Idec
		VISITA PROGRAMATICA - Idec
		VISITA PROGRAMATICA - out 2022 Idec_signed
		https://www.youtube.com/watch?v=-D1hRPyNLRQ
	Papei	Files site (FILE)
	Papei	Acompanhamento PAPEI
	Papei	Carta Influencers
	Papei	faixaPAPEIelementos
	Papei	Influencers
	Papei	landingpagePAPEI

File Name	Sub-File Name	Document
		personagens1
		personagens2
		personagens3
		personagens4
		personagens5
		personagens6
	Projeto maternidades	Emails pre licenca (FILE)
		Notas de Agradecimento (FILE)
		Contract_43322845_Vitolo_12may
		Copy of lista das mães IPERBA 17-02-21
		Nota de Agradecimento Maternidades
		Nota de Agradecimento Maternidades_primeira versão
		Proposta Maternidades Unicef_2021
		RELATORIO FEVEREIRO DE 2021
		RELATORIO SETEMBRO DE 2021
		Relatorio Fernando Magalhães
		Relatorio Fortaleza
		Relatorio Fortaleza
		Relatorio Fortaleza-DESKTOP-AIQL34N

File Name	Sub-File Name	Document
		Relatorio Fortaleza-DESKTOP-AIQL34N-2
		Relatorio IPERBA
		Relatorio LEILA
		Relatorio LEONOR
		Relatorio MACMA (1)
		Relatorio MACMA
		Relatorio MACMA
		Relatorio MACMA_Sao Luis
		Relatorio Recife
		Relatorio SP Interlagos_2022
		Relatorio SP Interlagos_2022
		Request for Contract Amendment - LTA maternidades
	Projeto USP	aplicativo (FILE)
		versão impressa (FILE)
		> alimentos_maes-adolescentes-03-12_final.pdf
		> ANEXO1_CARDS_final
		> ANEXO2_MITO-VERDADE2_final.pdf
		> ANEXO3_GESTANTE_NUTRIDA_BEBE_NUTRIDO2_final.pdf
		Alimentação adolescentes grávidos e pais-FINAL

File Name	Sub-File Name	Document
		Capacitações adolescentes_02.05
		Capacitações adolescentes_Vitoria
		CARDS DE ALIMENTAÇÃO (002)_26_04
		CARDS DE ALIMENTAÇÃO_revisão 20.4
		CARDS DE ALIMENTAÇÃO_revisão Marília
		CONTEÚDO APP UNICEF
		Ficha Técnica
		Marca aplicativo
		Plano de atividades Grupais Alimentação Saudável 21.05_Revisão 28_05
		Plano de atividades Grupais Alimentação Saudável junho
		plano de atividades_27_04
		plano de atividades_27_04_Vitória
		PROPOSTA DE ABORDAGEM GRUPAL ADOLESCENTES GESTANTES ALIMENTAÇÃO SAUDÁVEL _ revisto UNICEF
		PROPOSTA DE ABORDAGEM GRUPAL_Revisão 20.04
		PROPOSTA DE ABORDAGEM GRUPAL_Revisão Marília
		proposta ficha técnica
		PROPOSTAGRUP03_26_04
		Relatório de Acompanhamento Meio termo - Rango de Resposta
	Raiz da pasta	221818 - Impactos Covid-19_Saúde_Questionário_Insegurança Alimentar_11NOV2022 REVISADO_UNICEF

File Name	Sub-File Name	Document	
		relatorio de atividades setembro - Belem do Para.docx valendo	
Reports	2020	20200320_Report AXA and UNICEF Partnership	
		20200415_AXA Project in Brazil- First Update Summary 16.04	
		20200622_AXA Project in Brazil- Second Update Summary_23.06	
		20200625_Second update AXA	
		20200810_AXA Project in Brazil- Third Update Summary_08.10	
		20201222_newdatesreportAXABrazil	
	2021	202102_Anual_report_AXA_Brazil_Feb2021_SC190768	
		202102_Anual_report_AXA_Feb2021	
		20210119_AXA Project in Brazil- Fourth Update Summary	
		20210119_Forth Update Summary_AXA_Brazil_SC190768	
	2022	202201_Anual_report_AXA_Jan_2022	
		202206_Update_Summary AXA 2022	
	ToR		Annex 3 - TOR Template for Goods and Services
			TOR AXA 2022
		TOR AXA 2022_draft	
		ToR_AXA_Evaluation_simplificado_Rev1Proc	
		TOR_impressao Apostilas	

Annex 10: List of persons interviewed

Names were redacted for confidentiality.

	Name	Organization
1		UNICEF Brazil
2		UNICEF Brazil
3		UNICEF Brazil
4		UNICEF Brazil
5		UNICEF Brazil
6		UNICEF Brazil
7		UNICEF Brazil
8		Onomatopéia
9		id/tbwa
10		Agência CCQ
11		Instituto Desiderata
12		BemTV
13		Cintercoop
14		Idec
15		GGSAN
16		Plan Eval
17		Primeiros Laços
18		Idec
19		Vitolo MR
20		Gabinete Cida Pedrosa
21		Comer Pra Quê
22		Gabinete Cida Pedrosa
23		Comer Pra Quê
24		Faros Educacional

Annex 11 : Data Collection Tools

UNICEF Staff

UNICEF Staff (Design and Implementation)		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil.</p> <p>The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years.</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects.</p> <p>The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the interview without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time.</p> <p>Shall we start?</p>	2’
General information	<ul style="list-style-type: none"> • Please tell me a bit about your role on the “Good nutrition for a healthy life of Brazilian children” and its goals towards promoting healthy nutrition and prevention of childhood overweight/obesity. • Could you provide a general overview of your experience/impressions regarding the design of the activities and their implementation? <ul style="list-style-type: none"> ○ Look for: decisions/choices regarding the proposed activities and target population. 	8’

UNICEF Staff (Design and Implementation)		
Theme	Questions	Time
	<ul style="list-style-type: none"> • Could you please explore the main differences between the initial conception of the activities and the adaptations faced due to the Covid-19 pandemic? <ul style="list-style-type: none"> ○ Have the main objectives or activities changed? How? • How would you describe the relationship between UNICEF’s implementation team, the implementation partners, and other stakeholders throughout the project? <ul style="list-style-type: none"> ○ How were partner NGOs chosen? 	
General Context	<ul style="list-style-type: none"> • Based on your experience, could you please share about the general context in which the project happened? <ul style="list-style-type: none"> ○ Explore political, strategic or structural challenges at the local and country level. 	
Relevance (4)	<ul style="list-style-type: none"> • Based on your experience, did the project goals met the needs of the national and local context where it specifically took place, especially the needs of the most vulnerable families? Please explain. <ul style="list-style-type: none"> ○ How did the program assess the needs of the proposed beneficiaries (adolescents, puerperal mothers, public managers, health professionals)? ○ In your opinion, what needs were not met? • Based on your experience, how aligned were the advocacy activities with current discussions regarding food and beverages labeling/consumption in schools? Please explain. • In what ways has the COVID-19 pandemic affected the relevance of the project? • How did the implementation of the project respond to the changing context of pandemic and its restrictions? 	6’
Coherence (3)	<ul style="list-style-type: none"> • Based on your experience, to what extent have the project activities and results had synergies (or trade-offs) with other UNICEF Brazil (e.g., Selo UNICEF and Agenda Cidades) Country Program and partners’ initiatives? <ul style="list-style-type: none"> ○ Advocacy activities 	5’

UNICEF Staff (Design and Implementation)		
Theme	Questions	Time
	<ul style="list-style-type: none"> ○ Capacity building activities ○ Activities to disseminate information 	
Effectiveness	<ul style="list-style-type: none"> ● How would you define success of the “Good nutrition for a healthy life of Brazilian children” project? ● Based on your experience, to what extent was the project successful in creating an environment to influence policy change? Please explain. ● Based on your experience, to what extent was the project able to develop capacity to tackle poor nutrition /malnutrition in early childhood? ● To what extent did the project's main objectives present synergies with each other? ● What limitations or challenges have you observed towards reaching the goals of the project? ● Based on your observed experience, what were the most effective¹⁰³ activities of the project and how did they align with the proposed results? ● To what extent were the new activities proposed in the context of the Covid-19 pandemic effective in achieving the emergent needs? ● Based on your experience, to what extent has the project produced unintended outcomes (positive and negative)? 	12'
Efficiency	<ul style="list-style-type: none"> ● To what extent were the human, institutional and operational resources available to the project adequate to reach planned results? Explore: <ul style="list-style-type: none"> ○ Project Governance and partnerships ○ Internal and external communications ○ Monitoring systems ○ Adaptive and learning culture 	10'

¹⁰³ Extent to which the planned outputs and outcomes have been achieved (or are expected to be achieved) and which interventions were the most effective.

UNICEF Staff (Design and Implementation)		
Theme	Questions	Time
	<ul style="list-style-type: none"> ○ Financial and time management/efficiency 	
Sustainability	<ul style="list-style-type: none"> • To what extent were the capacities developed (institutional, local, and individual) promoted ownership and durability? • Were there contextual factors (positive and negative) could interfere in the project's sustainability? 	5'
Gender and Human Rights	<ul style="list-style-type: none"> • To what extent did the project integrate gender and human rights as cross-cutting themes along all of its phases? • How did the program incorporate the "no one behind" principle, making it accessible and inclusive? 	5'
Contribution Analysis	<ul style="list-style-type: none"> • Is it reasonable to conclude that the program has made a difference to the problem? • To what extent has the program caused the outcome? • What do we know about the nature and extent of the contribution expected from the program? • What would show that the program made an important contribution? • What would show that the program 'made a difference'? • What kind of evidence would be (or the funders or other stakeholders) accepted? • What are other factors that could have influenced the outcomes (external factors, events, interventions)? Are there other plausible explanations to the outcomes achieved? 	
Lessons Learned	<ul style="list-style-type: none"> • Was the UNICEF team able to adapt strategies according to the feedback from implementation partners and/or beneficiaries? (e.g., recommendations from The Disruption Company which analyzed the Campanha Papei performance) 	2'

UNICEF Staff (Design and Implementation)		
Theme	Questions	Time
	<ul style="list-style-type: none"> • Are there any key lessons learned or major takeaways that you would like to share based on your experience? • How can UNICEF better deliver results in the next nutrition-related program? (priorities, structure, budget prioritization) 	
Recommendations	<ul style="list-style-type: none"> • Do you have any recommendations or points of feedback that you think would help them develop actions, advocacy tools and policy documents to support future projects? • Are there additional areas of focus that should be addressed or prioritized moving forward? 	2'

Interview: Implementing Partners – Idec and partners

Implementing Partners		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil.</p> <p>The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years.</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects.</p> <p>The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the interview without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time.</p> <p>Can we start?</p>	2’
General information	<ul style="list-style-type: none"> • Please tell me a bit about your role on the “Good nutrition for a healthy life of Brazilian children” and its goals towards promoting healthy nutrition and prevention of childhood overweight/obesity. • Could you provide a general overview of your experience/impressions regarding the design of the activities and their implementation? <ul style="list-style-type: none"> ○ Look for: decisions/choices regarding the proposed activities and target population. • Could you please explore the main differences between the initial conception of the activities and the adaptations faced due to the COVID-19 pandemic? <ul style="list-style-type: none"> ○ Have the main objectives or activities changed? How? 	8’

Implementing Partners		
Theme	Questions	Time
Local Context	<ul style="list-style-type: none"> Based on your experience, could you please share about the general context in which the project happened? Explore political, strategic, or structural challenges at the local and country level. 	
Relevance	<ul style="list-style-type: none"> Based on observed experience, did the webinars met the needs of the participants (public managers, health, and education professionals)? Based on observed experience, did the project advocacy activities met the needs of/contributed to the discussion regarding ultra-processed food and sugary beverages consumption in schools? Please explain. In what ways have the COVID-19 pandemic affected the relevance of the activities? How did the implementation of the activity respond to the changing context of pandemic and its restrictions? How were the selected locations chosen? Which characteristics these aspects should have to be selected? 	6'
Coherence	<ul style="list-style-type: none"> Based on your observed experience, to what extent the project activities had synergies (or trade-offs) with other local initiatives from other organizations including the local and/or national government? 	5'
Effectiveness	<ul style="list-style-type: none"> How would you define success of the activities implemented by Idec? Which factors contributed/were decisive in the process of implementing the project and achieving goals? What limitations or challenges have you observed towards reaching the goals of the project? Based on you observed experience, to what extent was the project successful in creating an environment to influence policy change? Please explain. Which experiences have advanced the strategies towards transforming school environments towards healthy environments? 	12'

Implementing Partners		
Theme	Questions	Time
	<ul style="list-style-type: none"> Based on your observed experience, what were the most effective¹⁰⁴ strategies adopted to reach the proposed results? To what extent were the new activities proposed in the context of the COVID-19 pandemic effective in achieving their goals? Based on your observed experience, to what extent has the activity produced unintended outcomes (positive and negative)? 	
Efficiency	<ul style="list-style-type: none"> To what extent did the human, institutional and operational resources of the partnerships were adequate to reach planned results? Explore: <ul style="list-style-type: none"> Relationship with UNICEF (and other partners, if applicable) and local stakeholders Internal and external communications Monitoring systems Adaptive and learning culture Financial and time management 	10'
Sustainability	<ul style="list-style-type: none"> To what extent were institutional, local, and individual capacity developed promoting ownership and durability? Were there contextual factors (positive and negative) interfering in the project's sustainability? 	5'
Gender and Human Rights	<ul style="list-style-type: none"> To what extent did the project integrate gender and human rights as transversal themes along all of its phases? Explore: <ul style="list-style-type: none"> Design/Implementation Monitoring Results/Impact 	

¹⁰⁴ Extent to which the planned outputs and outcomes have been achieved (or are expected to be achieved) and which interventions were the most effective.

Implementing Partners		
Theme	Questions	Time
	<ul style="list-style-type: none"> How did the program incorporate the "no one behind" principle? To what extent did the activity was planned to be accessible and inclusive? 	
Contribution Analysis	<ul style="list-style-type: none"> Is it reasonable to conclude that the program has made a difference to the problem? To what extent has the project contributed to the observed outcomes? <ul style="list-style-type: none"> What would show that the program made an important contribution? What would show that the program 'made a difference'? What kind of evidence would be (or the funders or other stakeholders) accepted? What are other factors that could have influenced the outcomes (external factors, events, interventions)? Are there alternative plausible explanations to the outcomes achieved? What are the strengths and weaknesses of the alternative explanations? 	
Lessons Learned	<ul style="list-style-type: none"> Are there any key lessons learned or major takeaways that you would like to share based on your experience? How can UNICEF better deliver results in the next nutrition-related programs? (priorities, structure, budget prioritization) 	2'
Recommendations	<ul style="list-style-type: none"> Since this is a study being developed by UNICEF in partnership with government, do you have any recommendations or points of feedback that you think it would help them develop actions, advocacy tools and policy documents to support future projects? Are there additional areas of focus that should be addressed or prioritized moving forward? 	2'

Interview: Implementing Partners – Vitolo MR

Implementing Partners		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil.</p> <p>The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years.</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects.</p> <p>The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the interview without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time.</p> <p>Can we start?</p>	2’
General information	<ul style="list-style-type: none"> • Please tell me a bit about your role on the “Good nutrition for a healthy life of Brazilian children” and its goals towards promoting healthy nutrition and prevention of childhood overweight/obesity. • Could you provide a general overview of your experience/impressions regarding the design of the activities and their implementation? <ul style="list-style-type: none"> ○ Look for: decisions/choices regarding the proposed activities and target population. • Could you please explore the main differences between the initial conception of the activities and the adaptations faced due to the COVID-19 pandemic? <ul style="list-style-type: none"> ○ Have the main objectives or activities changed? How? 	8’

Implementing Partners		
Theme	Questions	Time
Local Context	<ul style="list-style-type: none"> Based on your experience, could you please share about the general context in which the project happened? Explore political, strategic, or structural challenges at the local and country level. 	
Relevance	<ul style="list-style-type: none"> Based on observed experience, did the 10-step guide met the needs of the puerperal mothers and health professionals? In what ways have the COVID-19 pandemic affected the relevance of the activities? How did the implementation of the activity respond to the changing context of pandemic and its restrictions? How were the selected locations chosen? Which characteristics these aspects should have to be selected? 	6'
Coherence	<ul style="list-style-type: none"> Based on your observed experience, to what extent the project activities had synergies (or trade-offs) with other local initiatives from other organizations including the local and/or national government? 	5'
Effectiveness	<ul style="list-style-type: none"> How would you define success of the activities implemented by Vitolo MR? Which factors contributed/were decisive in the process of implementing the project and achieving goals? What limitations or challenges have you observed towards reaching the goals of the project? Based on you observed experience, to what extent was the project successful in creating an environment to build capacity among puerperal mothers and health professionals? Please explain. Based on your observed experience, what were the most effective¹⁰⁵ strategies adopted to reach the proposed results? To what extent were the new activities proposed in the context of the COVID-19 pandemic effective in achieving their goals? 	12'

¹⁰⁵ Extent to which the planned outputs and outcomes have been achieved (or are expected to be achieved) and which interventions were the most effective.

Implementing Partners		
Theme	Questions	Time
	<ul style="list-style-type: none"> Based on your observed experience, to what extent has the activity produced unintended outcomes (positive and negative)? 	
Efficiency	<ul style="list-style-type: none"> To what extent did the human, institutional and operational resources of the partnerships were adequate to reach planned results? Explore: <ul style="list-style-type: none"> Relationship with UNICEF (and other partners, if applicable) and local stakeholders Internal and external communications Monitoring systems Adaptive and learning culture Financial and time management 	10'
Sustainability	<ul style="list-style-type: none"> To what extent were institutional, local, and individual capacity developed promoting ownership and durability? Were there contextual factors (positive and negative) interfering in the project's sustainability? 	5'
Gender and Human Rights	<ul style="list-style-type: none"> To what extent did the project integrate gender and human rights as transversal themes along all of its phases? Explore: <ul style="list-style-type: none"> Design/Implementation Monitoring Results/Impact How did the program incorporate the "no one behind" principle? To what extent did the activity was planned to be accessible and inclusive? 	
Contribution Analysis	<ul style="list-style-type: none"> Based on your experience, is it reasonable to conclude that the program has made a difference to the problem? To what extent has the project contributed to the observed outcomes? <ul style="list-style-type: none"> What would show that the project made an important contribution? 	

Implementing Partners		
Theme	Questions	Time
	<ul style="list-style-type: none"> ○ What would show that the project ‘made a difference’? ○ What kind of evidence would be (or the funders or other stakeholders) accepted? • What are other factors that could have influenced the outcomes (external factors, events, interventions)? Are there alternative plausible explanations to the outcomes achieved? What are the strengths and weaknesses of the alternative explanations? 	
Lessons Learned	<ul style="list-style-type: none"> • Are there any key lessons learned or major takeaways that you would like to share based on your experience? • How can UNICEF better deliver results in the next nutrition-related programs? (priorities, structure, budget prioritization) 	2’
Recommendations	<ul style="list-style-type: none"> • Since this is a study being developed by UNICEF in partnership with government, do you have any recommendations or points of feedback that you think it would help them develop actions, advocacy tools and policy documents to support future projects? • Are there additional areas of focus that should be addressed or prioritized moving forward? 	2’

Interview: Implementing Partners – Faros

Implementing Partners		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil.</p> <p>The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years.</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects.</p> <p>The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the interview without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time.</p> <p>Can we start?</p>	2’
General information	<ul style="list-style-type: none"> • Please tell me a bit about your role on the “Good nutrition for a healthy life of Brazilian children” and its goals towards promoting healthy nutrition and prevention of childhood overweight/obesity. • Could you provide a general overview of your experience/impressions regarding the design of the activities and their implementation? <ul style="list-style-type: none"> ○ Look for: decisions/choices regarding the proposed activities and target population. • Could you please explore the main differences between the initial conception of the activities and the adaptations faced due to the COVID-19 pandemic? <ul style="list-style-type: none"> ○ Have the main objectives or activities changed? How? 	8’

Implementing Partners		
Theme	Questions	Time
Local Context	<ul style="list-style-type: none"> Based on your experience, could you please share about the general context in which the project happened? Explore political, strategic, or structural challenges at the local and country level. 	
Relevance	<ul style="list-style-type: none"> Based on observed experience, did the course met the needs of the participants (public managers, health, education and social service professionals)? Based on observed experience, did the project activities met the needs of/contributed to the discussion regarding the importance of breastfeeding and the ultra-processed food and sugary beverages consumption? Please explain. In what ways have the COVID-19 pandemic affected the relevance of the activities? How did the implementation of the activity respond to the changing context of pandemic and its restrictions? 	6'
Coherence	<ul style="list-style-type: none"> Based on your observed experience, to what extent the project activities had synergies (or trade-offs) with other local initiatives from other organizations including the local and/or national government? 	5'
Effectiveness	<ul style="list-style-type: none"> How would you define success of the activities implemented by Faros Educacional? Which factors contributed/were decisive in the process of implementing the project and achieving goals? What limitations or challenges have you observed towards reaching the goals of the project? Based on you observed experience, to what extent was the project successful in educating the professionals about the importance of breastfeeding an healthy nutrition? Please explain. Based on your observed experience, what were the most effective¹⁰⁶ strategies adopted to reach the proposed results? To what extent were the new activities proposed in the context of the COVID-19 pandemic effective in achieving their goals? 	12'

¹⁰⁶ Extent to which the planned outputs and outcomes have been achieved (or are expected to be achieved) and which interventions were the most effective.

Implementing Partners		
Theme	Questions	Time
	<ul style="list-style-type: none"> Based on your observed experience, to what extent has the activity produced unintended outcomes (positive and negative)? 	
Efficiency	<ul style="list-style-type: none"> To what extent did the human, institutional and operational resources of the partnerships were adequate to reach planned results? Explore: <ul style="list-style-type: none"> Relationship with UNICEF (and other partners, if applicable) and local stakeholders Internal and external communications Monitoring systems Adaptive and learning culture Financial and time management 	10'
Sustainability	<ul style="list-style-type: none"> To what extent were institutional, local, and individual capacity developed promoting ownership and durability? Were there contextual factors (positive and negative) interfering in the project's sustainability? 	5'
Gender and Human Rights	<ul style="list-style-type: none"> To what extent did the project integrate gender and human rights as transversal themes along all of its phases? Explore: <ul style="list-style-type: none"> Design/Implementation Monitoring Results/Impact How did the program incorporate the "no one behind" principle? To what extent did the activity was planned to be accessible and inclusive? 	
Contribution Analysis	<ul style="list-style-type: none"> Based on your experience, is it reasonable to conclude that the program has made a difference to the problem? To what extent has the project contributed to the observed outcomes? <ul style="list-style-type: none"> What would show that the project made an important contribution? What would show that the project 'made a difference'? 	

Implementing Partners		
Theme	Questions	Time
	<ul style="list-style-type: none"> ○ What kind of evidence would be (or the funders or other stakeholders) accepted? • What are other factors that could have influenced the outcomes (external factors, events, interventions)? Are there alternative plausible explanations to the outcomes achieved? What are the strengths and weaknesses of the alternative explanations? 	
Lessons Learned	<ul style="list-style-type: none"> • Are there any key lessons learned or major takeaways that you would like to share based on your experience? • How can UNICEF better deliver results in the next nutrition-related programs? (priorities, structure, budget prioritization) 	2'
Recommendations	<ul style="list-style-type: none"> • Since this is a study being developed by UNICEF in partnership with government, do you have any recommendations or points of feedback that you think it would help them develop actions, advocacy tools and policy documents to support future projects? • Are there additional areas of focus that should be addressed or prioritized moving forward? 	2'

Interview: Implementing Partners – USP, CINTERCOOP, CIEDS and Agência CCQ

Implementing Partners		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil.</p> <p>The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years.</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects.</p> <p>The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the interview without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time.</p> <p>Can we start?</p>	2’
General information	<ul style="list-style-type: none"> • Please tell me a bit about your role on the “Good nutrition for a healthy life of Brazilian children” and its goals towards promoting healthy nutrition to adolescents • Could you provide a general overview of your experience/impressions regarding the design of the activities and their implementation? <ul style="list-style-type: none"> ○ Look for: decisions/choices regarding the proposed activities and target population. • Could you please explore the main differences between the initial conception of the activities and the adaptations faced due to the COVID-19 pandemic? <ul style="list-style-type: none"> ○ Have the main objectives or activities changed? How? 	8’

Implementing Partners		
Theme	Questions	Time
Local Context	<ul style="list-style-type: none"> Based on your experience, could you please share about the general context in which the project happened? Explore political, strategic, or structural challenges at the local and country level. 	
Relevance	<ul style="list-style-type: none"> Based on your observed experience, did the activities/app met the needs of the participants (adolescents, pregnant adolescents, adolescent parents)? Based on observed experience, did the project activities met the needs of/contributed to the discussion regarding the importance of breastfeeding and the healthy nutrition? Please explain. In what ways have the COVID-19 pandemic affected the relevance of the activities? How did the implementation of the activity respond to the changing context of pandemic and its restrictions? 	6'
Coherence	<ul style="list-style-type: none"> Based on your observed experience, to what extent the project activities had synergies (or trade-offs) with other local initiatives from other organizations including the local and/or national government? 	5'
Effectiveness	<ul style="list-style-type: none"> How would you define success of the activities implemented by CINTERCOOP and CIEDS? Which factors contributed/were decisive in the process of implementing the project and achieving goals? What limitations or challenges have you observed towards reaching the goals of the project? Based on you observed experience, to what extent was the project successful in educating the professionals about the importance of breastfeeding and healthy nutrition? Please explain. Based on your observed experience, what were the most effective¹⁰⁷ strategies adopted to reach the proposed results? To what extent were the new activities proposed in the context of the COVID-19 pandemic effective in achieving their goals? 	12'

¹⁰⁷ Extent to which the planned outputs and outcomes have been achieved (or are expected to be achieved) and which interventions were the most effective.

Implementing Partners		
Theme	Questions	Time
	<ul style="list-style-type: none"> Based on your observed experience, to what extent has the activity produced unintended outcomes (positive and negative)? 	
Efficiency	<ul style="list-style-type: none"> To what extent did the human, institutional and operational resources of the partnerships were adequate to reach planned results? Explore: <ul style="list-style-type: none"> Relationship with UNICEF (and other partners, if applicable) and local stakeholders Internal and external communications Monitoring systems Adaptive and learning culture Financial and time management 	10'
Sustainability	<ul style="list-style-type: none"> To what extent were institutional, local, and individual capacity developed promoting ownership and durability? Were there contextual factors (positive and negative) interfering in the project's sustainability? 	5'
Gender and Human Rights	<ul style="list-style-type: none"> To what extent did the project integrate gender and human rights as transversal themes along all of its phases? Explore: <ul style="list-style-type: none"> Design/Implementation Monitoring Results/Impact How did the program incorporate the "no one behind" principle? To what extent did the activity was planned to be accessible and inclusive? 	
Contribution Analysis	<ul style="list-style-type: none"> Based on your experience, is it reasonable to conclude that the program has made a difference to the problem? To what extent has the project contributed to the observed outcomes? <ul style="list-style-type: none"> What would show that the project made an important contribution? What would show that the project 'made a difference'? 	

Implementing Partners		
Theme	Questions	Time
	<ul style="list-style-type: none"> ○ What kind of evidence would be (or the funders or other stakeholders) accepted? • What are other factors that could have influenced the outcomes (external factors, events, interventions)? Are there alternative plausible explanations to the outcomes achieved? What are the strengths and weaknesses of the alternative explanations? 	
Lessons Learned	<ul style="list-style-type: none"> • Are there any key lessons learned or major takeaways that you would like to share based on your experience? • How can UNICEF better deliver results in the next nutrition-related programs? (priorities, structure, budget prioritization) 	2'
Recommendations	<ul style="list-style-type: none"> • Since this is a study being developed by UNICEF in partnership with government, do you have any recommendations or points of feedback that you think it would help them develop actions, advocacy tools and policy documents to support future projects? • Are there additional areas of focus that should be addressed or prioritized moving forward? 	2'

Interview: Service Providers – Ipec and Plan Eval

Implementing Partners		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil.</p> <p>The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years.</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects.</p> <p>The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the interview without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time.</p> <p>Can we start?</p>	2’
General information	<ul style="list-style-type: none"> • Please tell me a bit about your role on the “Good nutrition for a healthy life of Brazilian children” and its goals towards promoting healthy nutrition to adolescents • Could you provide a general overview of your experience/impressions regarding the design of the activities and their implementation? <ul style="list-style-type: none"> ○ Look for: decisions/choices regarding the proposed activities and target population. • Could you please explore the main differences between the initial conception of the activities and the adaptations faced due to the COVID-19 pandemic? <ul style="list-style-type: none"> ○ Have the main objectives or activities changed? How? 	8’

Implementing Partners		
Theme	Questions	Time
Local Context	<ul style="list-style-type: none"> Based on your experience, could you please share about the general context in which the project happened? Explore political, strategic, or structural challenges at the local and country level. 	
Relevance	<ul style="list-style-type: none"> Based on your observed experience, did the study met UNICEF’s needs? Based on observed experience, did the study contributed to the discussion regarding the importance of breastfeeding and the healthy nutrition? Please explain. In what ways have the COVID-19 pandemic affected the relevance of the activities? How did the implementation of the activity respond to the changing context of pandemic and its restrictions? 	6’
Effectiveness	<ul style="list-style-type: none"> Which factors contributed/were decisive in the process of implementing the project and achieving goals? What limitations or challenges have you observed towards reaching the goals of the activity? Based on you observed experience, to what extent was the study successful in promoting information about the importance of breastfeeding and healthy nutrition? Please explain. Based on your observed experience, to what extent has the study produced unintended outcomes (positive and negative)? 	12’
Efficiency	<ul style="list-style-type: none"> To what extent did the human, institutional and operational resources of the partnerships were adequate to reach planned results? Explore: <ul style="list-style-type: none"> Relationship with UNICEF (and other partners, if applicable) and local stakeholders Internal and external communications Monitoring systems Adaptive and learning culture Financial and time management 	10’
Gender and Human Rights	<ul style="list-style-type: none"> To what extent did the project integrate gender and human rights as transversal themes along the study? Explore: To what extent did the study was planned to be accessible and inclusive? 	

Implementing Partners		
Theme	Questions	Time
Contribution Analysis	<ul style="list-style-type: none"> Based on your experience, is it reasonable to conclude that the study has contributed towards informing UNICEF with evidence to produce campaigns about healthy nutrition and the importance of breastfeeding? 	
Lessons Learned	<ul style="list-style-type: none"> Are there any key lessons learned or major takeaways that you would like to share based on your experience? How can UNICEF better deliver results in the next nutrition-related programs? (priorities, structure, budget prioritization) 	2'
Recommendations	<ul style="list-style-type: none"> Since this is a study being developed by UNICEF in partnership with government, do you have any recommendations or points of feedback that you think it would help them develop actions, advocacy tools and policy documents to support future projects? Are there additional areas of focus that should be addressed or prioritized moving forward? 	2'

Interview: Service Providers – ID/TBWA and Carol Levy

Implementing Partners		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil. The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years.</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects. The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the interview without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time.</p> <p>Can we start?</p>	2’
General information	<ul style="list-style-type: none"> • Please tell me a bit about your role on the “Good nutrition for a healthy life of Brazilian children”. • Could you please explore the main differences between the initial conception of the activities and the adaptations faced due to the COVID-19 pandemic? 	8’
Local Context	<ul style="list-style-type: none"> • Based on your experience, could you please share about the general context in which the project happened? 	
Relevance	<ul style="list-style-type: none"> • Based on your observed experience, did the study met UNICEF’s needs? • Based on observed experience, did the study contributed to the discussion regarding the importance of breastfeeding and the healthy nutrition? Please explain. 	6’

Implementing Partners		
Theme	Questions	Time
	<ul style="list-style-type: none"> In what ways have the COVID-19 pandemic affected the relevance of the activities? How did the implementation of the activity respond to the changing context of pandemic and its restrictions? 	
Effectiveness	<ul style="list-style-type: none"> Which factors contributed/were decisive in the process of implementing the project and achieving goals? What limitations or challenges have you observed towards reaching the goals of the activity? 	12'
Efficiency	<ul style="list-style-type: none"> To what extent did the human, institutional and operational resources of the partnerships were adequate to reach planned results? 	10'
Gender and Human Rights	<ul style="list-style-type: none"> To what extent did the campaign integrate/analyzed gender and human rights as transversal themes? To what extent did the campaign was planned to be accessible and inclusive? 	
Contribution Analysis	<ul style="list-style-type: none"> Based on your experience, is it reasonable to conclude that the campaigns contributed towards informing UNICEF with evidence to produce campaigns about healthy nutrition and the importance of breastfeeding? 	
Lessons Learned	<ul style="list-style-type: none"> Are there any key lessons learned or major takeaways that you would like to share based on your experience? How can UNICEF better deliver results in the next nutrition-related programs? (priorities, structure, budget prioritization) 	2'
Recommendations	<ul style="list-style-type: none"> Since this is a study being developed by UNICEF in partnership with government, do you have any recommendations or points of feedback that you think it would help them develop actions, advocacy tools and policy documents to support future projects? Are there additional areas of focus that should be addressed or prioritized moving forward? 	2'

Interview: Beneficiaries – Councilor offices

UNICEF Staff (Design and Implementation)		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil.</p> <p>The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years.</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects.</p> <p>The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the interview without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time.</p> <p>Shall we start?</p>	2’
General information	<ul style="list-style-type: none"> • Please tell me a bit about how did Idec approached the office about the “Good nutrition for a healthy life of Brazilian children” and its goals towards promoting healthy nutrition and prevention of childhood overweight/obesity. • Could you provide a general overview of your experience/impressions regarding what was being proposed by Idec? <ul style="list-style-type: none"> ○ Look for: decisions/choices regarding the proposed activities and target population. • How would you describe the relationship between UNICEF’s implementation team? 	8’

UNICEF Staff (Design and Implementation)		
Theme	Questions	Time
General Context	<ul style="list-style-type: none"> • Based on your experience, could you please share about the general context in which the project happened? <ul style="list-style-type: none"> ○ Explore political, strategic or structural challenges at the local and country level. • Did the COVID-19 pandemic had any interference into executing what being proposed? 	
Relevance (4)	<ul style="list-style-type: none"> • Based on your experience, did the project goals met the needs of the national and local context where it specifically took place, especially the needs of the most vulnerable families? Please explain. <ul style="list-style-type: none"> ○ In your opinion, what needs regarding the promotion of healthy school environments were not met? • Based on your experience, how aligned were the advocacy activities with current discussions regarding food and beverages labeling/consumption in schools? Please explain. • In what ways has the COVID-19 pandemic affected the relevance of the project? • How did the implementation of the project respond to the changing context of pandemic and its restrictions? 	6'
Coherence (3)	<ul style="list-style-type: none"> • Based on your experience, to what extent have the project activities and results had synergies (or trade-offs) with other UNICEF Brazil (e.g., Selo UNICEF and Agenda Cidades) Country Program and partners' initiatives? <ul style="list-style-type: none"> ○ Advocacy activities ○ Capacity building activities ○ Activities to disseminate information 	5'
Effectiveness	<ul style="list-style-type: none"> • Based on your experience, to what extent was the project successful in creating an environment to influence policy change? Please explain. • Based on your experience, to what extent was the project able to develop capacity to tackle poor nutrition /malnutrition in early childhood? 	12'

UNICEF Staff (Design and Implementation)		
Theme	Questions	Time
	<ul style="list-style-type: none"> • What limitations or challenges have you observed towards reaching the goals of the project? • Based on your observed experience, what were the most effective¹⁰⁸ activities of the project and how did they align with the proposed results? • Based on your experience, to what extent has the project produced unintended outcomes (positive and negative)? 	
Efficiency	<ul style="list-style-type: none"> • To what extent were the human, institutional and operational resources from Idec available to you in order to advance towards reaching planned results? Explore: <ul style="list-style-type: none"> ○ Project Governance and partnerships ○ Internal and external communications ○ Monitoring systems ○ Adaptive and learning culture ○ Financial and time management/efficiency 	10'
Sustainability	<ul style="list-style-type: none"> • To what extent were the capacities developed (institutional, local, and individual) promoted ownership and durability about the topic to the office? • Were there contextual factors (positive and negative) interfered in the durability of the project's proposal? 	5'
Gender and Human Rights	<ul style="list-style-type: none"> • To what extent did the project integrate gender and human rights as cross-cutting themes along all of its phases? 	5'

¹⁰⁸ Extent to which the planned outputs and outcomes have been achieved (or are expected to be achieved) and which interventions were the most effective.

UNICEF Staff (Design and Implementation)		
Theme	Questions	Time
	<ul style="list-style-type: none"> How did the project and its actions incorporated the "no one behind" principle, making it accessible and inclusive? 	
Contribution Analysis	<ul style="list-style-type: none"> Is it reasonable to conclude that the project made a difference to promote healthy school environments? To what extent has the program helped on the submission/approval of the model bill? What are other factors that could have influenced the outcomes (external factors, events, interventions)? Are there other plausible explanations to the outcomes achieved? 	
Lessons Learned	<ul style="list-style-type: none"> Was the Idec/UNICEF team able to adapt strategies according to the feedback from implementation partners and/or beneficiaries? Are there any key lessons learned or major takeaways that you would like to share based on your experience? How can UNICEF better deliver results in the next nutrition-related program? (Priorities, structure, budget prioritization) 	2'
Recommendations	<ul style="list-style-type: none"> Do you have any recommendations or points of feedback that you think would help them develop actions, advocacy tools and policy documents to support future projects? Are there additional areas of focus that should be addressed or prioritized moving forward? 	2'

Interview: Beneficiaries – Ministry of Health

UNICEF Staff (Design and Implementation)		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil.</p> <p>The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years.</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects.</p> <p>The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the interview without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time.</p> <p>Shall we start?</p>	2’
General information	<ul style="list-style-type: none"> • Please tell me a bit about your involvement in the “Good nutrition for a healthy life of Brazilian children” and its goals towards promoting healthy nutrition and prevention of childhood overweight/obesity. • Could you please explore how the partnership with UNICEF/Idéc came about? • Could you provide a general overview of your experience/impressions with the project? • Could you please explore the main differences between the initial conception of the activities and the adaptations faced due to the Covid-19 pandemic? <ul style="list-style-type: none"> ○ Have the main objectives or activities changed? How? • How would you describe the relationship between UNICEF’s/Idéc’s implementation team, and other stakeholders throughout the project? 	8’

UNICEF Staff (Design and Implementation)		
Theme	Questions	Time
General Context	<ul style="list-style-type: none"> Based on your experience, could you please share about the general context in which the project happened? <ul style="list-style-type: none"> Explore political, strategic, or structural challenges at the local and country level. 	
Relevance (4)	<ul style="list-style-type: none"> Based on your experience, did the project goals met the needs of the national and local context where it specifically took place, especially the needs of the most vulnerable families? Please explain. <ul style="list-style-type: none"> How did the program assess the needs of the proposed beneficiaries (adolescents, puerperal mothers, public managers, health professionals)? In your opinion, what needs were not met? Based on your experience, how aligned were the communication about NutriSUS with current discussions regarding food and beverages labeling/consumption in schools? Please explain. In what ways has the COVID-19 pandemic affected the relevance of the communication? How did the implementation of the project respond to the changing context of pandemic and its restrictions? 	6'
Effectiveness	<ul style="list-style-type: none"> Based on your experience, to what extent was the project successful in creating a compelling communication strategy about NutriSUS? Please explain. Based on your experience, to what extent was the project able to develop capacity to tackle poor nutrition/malnutrition in early childhood? What limitations or challenges have you observed towards reaching the goals of the communication strategy? 	12'
Efficiency	<ul style="list-style-type: none"> To what extent were the human, institutional and operational resources available to the project adequate to develop the communication strategy? Explore: <ul style="list-style-type: none"> Project Governance and partnerships Internal and external communications with UNICEF 	10'
Gender and Human	<ul style="list-style-type: none"> To what extent did the communication strategy integrated gender and human rights as cross-cutting themes along all of its phases? 	5'

UNICEF Staff (Design and Implementation)		
Theme	Questions	Time
Rights	<ul style="list-style-type: none"> • How did the communication strategy incorporate the "no one behind" principle, making it accessible and inclusive? 	
Lessons Learned	<ul style="list-style-type: none"> • Was the UNICEF team able to adapt strategies according to the feedback from implementation partners and/or beneficiaries? • Are there any key lessons learned or major takeaways that you would like to share based on your experience? • How can UNICEF better deliver results in the next nutrition-related program? (priorities, structure, budget prioritization) 	2'
Recommendations	<ul style="list-style-type: none"> • Do you have any recommendations or points of feedback that you think would help them develop actions, advocacy tools and policy documents to support future projects? • Are there additional areas of focus that should be addressed or prioritized moving forward? 	2'

Focus group: Beneficiaries – Health professionals that were trained by Vitolo MR

Beneficiaries - Health professionals		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil.</p> <p>The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years. You’ve been invited to this discussion because you took a training about a 10-step guide to inform puerperal mothers about the importance of breastfeeding and healthy nutrition during</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects.</p> <p>The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the discussion without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time. Shall we start?</p> <p><Round of presentations></p> <ul style="list-style-type: none"> • Please tell me a bit about your role in the health system/health unit. 	2’
General information and local context	<ul style="list-style-type: none"> • Could you provide a general overview of your experience/impressions regarding the training? • Could you briefly explore the main challenges to participate in the activities while facing the COVID-19 pandemic? How did the activities adapt to the changing context of pandemic and its restrictions? 	8’

Beneficiaries - Health professionals		
Theme	Questions	Time
Relevance	<ul style="list-style-type: none"> • Based on your observed experience, did the training/information shared met your needs as a health professional? Please explain. <ul style="list-style-type: none"> ○ Could you provide an example of applying the content shared? ○ What needs you had that were not met? • In what ways have the COVID-19 pandemic affected the relevance of the activities provided? 	6'
Coherence	<ul style="list-style-type: none"> • Based on your observed experience, to what extent the training had synergies/trade-offs with other local initiatives from other organizations including the local government? 	5'
Effectiveness	<ul style="list-style-type: none"> • Based on your observed experience, to what extent was the project able to develop capacity to promote exclusive breastfeeding up to six months and promote healthy nutrition? • Based on your observed experience, what were the most effective¹⁰⁹ strategies adopted during the training? • Based on your experience, where is the value of participating on the training? • Based on your observed experience, to what extent has the activity produced unintended outcomes (positive and negative)? Can you provide an example? • What limitations or challenges have you observed towards reaching the goals of the project? • To what extent were the new activities proposed in the context of the COVID-19 pandemic effective in achieving your needs as a health professional? • To what extent do you observe that the information you provided made a difference to puerperal mothers? 	12'
Efficiency	<ul style="list-style-type: none"> • To what extent did the human, institutional and operational resources available regarding the project were adequate? 	10'

¹⁰⁹ Extent to which the planned outputs and outcomes have been achieved (or are expected to be achieved) and which interventions were the most effective.

Beneficiaries - Health professionals		
Theme	Questions	Time
Sustainability	<ul style="list-style-type: none"> To what extent the activities helped strengthen health strategies regarding breastfeeding and healthy nutrition in the Maternities? To what extent you identify the continuation of positive effects of the activities in the daily work of the participants? To what extent were the institutional, local, and individual capacities developed promoting ownership and durability? Were there contextual factors (positive and negative) interfering in the project's sustainability? What resources are required to the continuation of the positive effects of the activity? 	5'
Gender and Human Rights	<ul style="list-style-type: none"> To what extent did the project integrate gender and human rights as transversal themes during the activities? 	5'
Contribution Analysis	<ul style="list-style-type: none"> To what extent the training contributed to your daily practice? How to you attribute changes in your daily practice to this training? Were there other factors or contextual influences that contributed to changes in your daily practice? What were they? 	
Lessons Learned	<ul style="list-style-type: none"> Are there any key lessons learned or major takeaways that you would like to share based on your experience? How can UNICEF better deliver results in the next nutrition-related programs? (Priorities, structure, budget prioritization) 	2'
Recommendations	<ul style="list-style-type: none"> Since this is a study being developed by UNICEF in partnership with government, do you have any recommendations or points of feedback that you think it would help them develop actions, advocacy tools and policy documents to support future projects? Are there additional areas of focus that should be addressed or prioritized moving forward? 	2'

Focus group: Beneficiaries – Professionals who took the online course/Webinar attendees

Beneficiaries - Education professionals		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil.</p> <p>The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years.</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects.</p> <p>The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the interview without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time.</p> <p>Can we start?</p> <p><Round of presentations></p> <ul style="list-style-type: none"> • Please tell me a bit about your role on the education system/education unit. 	2’
General information and local context	<ul style="list-style-type: none"> • Could you provide a general overview of your experience/impressions regarding the “Amamentação e Alimentação Saudável na Primeira Infância” course? 	8’

Beneficiaries - Education professionals		
Theme	Questions	Time
	<ul style="list-style-type: none"> • Could you briefly explore the main challenges, if any, to participate in the course while facing the COVID-19 pandemic? 	
Relevance	<ul style="list-style-type: none"> • Based on observed experience, did the course/webinar shared met your needs as a policy manager/health/education/social service professional? Please explain. <ul style="list-style-type: none"> ○ Could you provide an example of applying the content of the course on your daily practice? ○ What needs you have that were not met? • In what ways have the COVID-19 pandemic affected the relevance of the course/webinar provided? How did the course adapt to the changing context of pandemic and its restrictions? 	6'
Coherence	<ul style="list-style-type: none"> • Based on your observed experience, to what extent the course/webinar had synergies/trade-offs with other local initiatives from other organizations including the local government? 	5'
Effectiveness	<ul style="list-style-type: none"> • Based on you observed experience, to what extent was the course/webinar able to develop capacity to tackle poor nutrition /malnutrition in early childhood/incentivize breastfeeding? • Based on your observed experience, what were the most effective¹¹⁰ aspect of the course/webinar offered? • Based on your observed experience, to what extent has the course/webinar produced unintended outcomes (positive and negative)? Can you provide an example? • Based on your experience, what is the value of participating on the course/webinar? • What limitations or challenges have you observed towards reaching the goals of the project? 	12'
Sustainability	<ul style="list-style-type: none"> • To what extent you identify the continuation of positive effects of the activities in the daily work of the participants? • To what extent you were able to take ownership of the content shared? • Were there contextual factors (positive and negative) interfering in the project's sustainability? 	10'

¹¹⁰ Extent to which the planned outputs and outcomes have been achieved (or are expected to be achieved) and which interventions were the most effective.

Beneficiaries - Education professionals		
Theme	Questions	Time
	<ul style="list-style-type: none"> • What resources are required to the continuation of the positive effects of the activity? 	
Gender and Human Rights	<ul style="list-style-type: none"> • To what extent did the course/webinar integrated gender and human rights as transversal themes during the activities? 	5'
Contribution Analysis	<ul style="list-style-type: none"> • How did the course/webinar specifically contribute on your daily practice? • Was there any other initiative or factors that contributed to changes in your practice? 	
Lessons Learned	<ul style="list-style-type: none"> • Are there any key lessons learned or major takeaways that you would like to share based on your experience? • How can UNICEF better deliver results in the next nutrition-related programs? (Priorities, structure, budget prioritization) 	5'
Recommendations	<ul style="list-style-type: none"> • Since this is a study being developed by UNICEF in partnership with government, do you have any recommendations or points of feedback that you think it would help them develop actions, advocacy tools and policy documents to support future projects? • Are there additional areas of focus that should be addressed or prioritized moving forward? 	2'

Focus group: Beneficiaries – Puerperal mothers

Beneficiaries - Education professionals		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil.</p> <p>The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years.</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects.</p> <p>The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the interview without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time.</p> <p>Can we start?</p> <p><Round of presentations></p> <ul style="list-style-type: none"> • Please tell me a bit about yourself. 	2’
General information and local context	<ul style="list-style-type: none"> • Could you provide a general overview of your experience/impressions regarding the “10-step guide for healthy eating and healthy habits, from birth to 2 years old”? 	8’

Beneficiaries - Education professionals		
Theme	Questions	Time
Relevance	<ul style="list-style-type: none"> • Based on observed experience, did the guide shared met your needs as a puerperal mother? Please explain. <ul style="list-style-type: none"> ○ Could you provide an example of applying the content of the course on your daily practice? ○ What needs you had that were not met? • In what ways have the COVID-19 pandemic affected the relevance of the guide provided? 	6'
Effectiveness	<ul style="list-style-type: none"> • Based on you observed experience, to what extent was the guide able to develop capacity to tackle poor nutrition/malnutrition in early childhood/incentivize breastfeeding? • Based on your observed experience, what were the most helpful aspect of the guide offered? • Based on your observed experience, was the guide helpful beyond informing about breastfeeding and healthy nutrition? Can you provide an example? <ul style="list-style-type: none"> ○ Check if they disseminated the information or given the guide to someone else. • Did you feel any limitations or challenges in understanding the guide? 	12'
Sustainability	<ul style="list-style-type: none"> • To what extent you were able to take ownership of the content shared? 	10'
Gender and Human Rights	<ul style="list-style-type: none"> • To what extent did the course/webinar integrated gender and human rights as transversal themes during the activities? 	5'
Contribution Analysis	<ul style="list-style-type: none"> • How did the guide specifically contribute on your puerperal phase and during food introduction to your children? 	
Lessons Learned	<ul style="list-style-type: none"> • Are there any key lessons learned or major takeaways that you would like to share based on your experience? • How can UNICEF better deliver results in the next nutrition-related programs? 	5'

Beneficiaries - Education professionals		
Theme	Questions	Time
Recommendations	<ul style="list-style-type: none"> • Do you have any recommendations or points of feedback that you think it would help them develop actions, advocacy tools and policy documents to support future projects? • Are there additional areas of focus that should be addressed or prioritized moving forward? 	2'

Focus group: Beneficiaries – Governmental organizations and civil society organizations

Beneficiaries - Decision makers (Municipal legislators, public policy managers)		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil.</p> <p>The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years.</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects.</p> <p>The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the interview without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time.</p> <p>Can we start?</p>	2’
General information and local context	<ul style="list-style-type: none"> • Please tell me a bit about your role on the _____ (municipality/state government). • Could you provide a general overview of your experience/impressions regarding the “Good nutrition for a healthy life of Brazilian children” project and its goals towards promoting healthy nutrition and prevention of childhood overweight/obesity? <ul style="list-style-type: none"> ○ Please describe the activities you participated. 	8’

Beneficiaries - Decision makers (Municipal legislators, public policy managers)		
Theme	Questions	Time
	<ul style="list-style-type: none"> • How were you approached by or was informed about the project? 	
Relevance	<ul style="list-style-type: none"> • Based on observed experience, did the workshops/information shared met your needs as a decision-maker? Please explain. <ul style="list-style-type: none"> ○ Could you provide an example of applications of the content shared? ○ What needs were not met? • In what ways has the Covid-19 pandemic affected the relevance of the activities and content provided? How did the activities adapt to the changing context of pandemic and its restrictions? 	6'
Coherence	<ul style="list-style-type: none"> • Based on your observed experience, to what extent did the project had synergies/trade-offs with other local initiatives from other organizations from the local government? 	5'
Effectiveness	<ul style="list-style-type: none"> • Based on you observed experience, to what extent was the project able to develop capacity to promote and ensure healthy school environments and policy change? • What would you say were the main effects of the mobilization of public managers? • What would you say were the main effects of the mobilization of municipal council representatives? • Based on your observed experience, to what extent has the project produced unintended outcomes (positive and negative)? Can you provide an example? • Based on your experience, what has been the main value of participating on the activities? 	12'
Sustainability	<ul style="list-style-type: none"> • To what extent the activities helped strengthen health strategies regarding breastfeeding and healthy nutrition? • To what extent you identify the continuation of positive effects of the project? • To what extent has the promotion of health school environments become a priority for the legislators? • What contextual factors (positive and negative) could interfere in the project's sustainability? • What resources are required to the continuation of the positive effects of the activity? 	10'

Beneficiaries - Decision makers (<i>Municipal legislators, public policy managers</i>)		
Theme	Questions	Time
Gender and Human Rights	<ul style="list-style-type: none"> To what extent are gender and human rights as transversal themes integrated with the Projeto de Lei? 	5'
Contribution Analysis	<ul style="list-style-type: none"> What are the specific contributions of this project to you? What are other factors that could have influenced this outcomes (external factors, events, interventions)? Are there alternative plausible explanations to the outcomes achieved? What are the strengths and weaknesses of the alternative explanations? 	
Lessons Learned	<ul style="list-style-type: none"> Are there any key lessons learned or major takeaways that you would like to share based on your experience with this project? How can UNICEF better deliver results in the next nutrition-related programs? (Priorities, structure, budget prioritization) 	2'
Recommendations	<ul style="list-style-type: none"> Since this is a study being developed by UNICEF in partnership with government, do you have any recommendations or points of feedback that you think it would help them develop actions, advocacy tools and policy documents to support future projects? Are there additional areas of focus that should be addressed or prioritized moving forward? 	2'

Focus group: Beneficiaries – Adolescents from NUCAS

Beneficiaries - Adolescent and Adolescent mothers		
Theme	Questions	Time
Introduction and purpose of the interview	<p>Hello! My name is _____ and I am a researcher conducting an evaluation for UNICEF Brazil.</p> <p>The UNICEF Brazil along with its partners and donors developed the project “Good nutrition for a healthy life of Brazilian children” aiming to address some of the major trends that have been affecting the health of Brazilian children and adolescents in recent years.</p> <p>The purpose of the evaluation is to (i) assess whether the project has effectively reached its goals and strategic objectives and (ii) identify lessons learned and areas of improvement for future projects.</p> <p>The information we discuss here will be very valuable to support UNICEF’s projects. As a professional researcher, I guarantee confidentiality of everything we talk about and your name will not be mentioned in the report, except in an annex in a list of people consulted. This information will be shared exclusively with UNICEF and the project donor.</p> <p>With your consent, I would like to record this conversation for analysis and report writing purposes only. The recordings will be destroyed once we complete our analysis. However, if you don’t feel comfortable with recording, we can carry on the interview without it. Participation is voluntary, so you are free to decline responding any questions and stopping this interview at any time.</p> <p>Can we start?</p>	2’
General information and local context	<ul style="list-style-type: none"> • Presentations and introductions • Could you provide a general overview of your experience/impressions regarding the workshops you participated? 	8’
Relevance	<ul style="list-style-type: none"> • Based on observed experience, did the workshop approached a relevant theme for the school environment? <ul style="list-style-type: none"> ○ Could you provide an example of applying the content shared? • Are there any information that you wished it was shared with you back then? 	6’

Beneficiaries - Adolescent and Adolescent mothers		
Theme	Questions	Time
Effectiveness	<ul style="list-style-type: none"> To what extent was the project able to inform about healthy nutrition? What did you learn besides healthy nutrition and breastfeeding? Can you provide an example? What has been the main value of participating on the activities? How would your experience in breastfeeding be like if it wasn't for the 10-step guide? What difference did it make? 	10'
Sustainability	<ul style="list-style-type: none"> To what extent have you retained the information shared? To what extent have you shared the information you learned? 	10'
Contribution Analysis	<ul style="list-style-type: none"> What have you specifically learned and applied from the workshop? Have you participated in similar activities or had access to information that could have taught you similar things? 	
Lessons Learned	<ul style="list-style-type: none"> Are there any key lessons learned or major takeaways that you would like to share based on your experience with this project? Is there something that could have been different? How can UNICEF better deliver results in the next nutrition-related programs? (priorities, structure, budget prioritization) 	5'
Recommendations	<ul style="list-style-type: none"> Since this is a study being developed by UNICEF in partnership with government, do you have any recommendations or points of feedback that you think it would help them develop actions, advocacy tools and policy documents to support future projects? Are there additional areas of focus that should be addressed or prioritized moving forward? 	5'

Annex 12: Primary Data Collection Protocol

Primary Data Collection Protocol

1. Introduction

This Primary Data Collection Protocol sets out how Plan Eval's offices in Belgium and Brazil ("we", "our", "us") ensure the safety of the subjects participating in their research and ensure the protection of the subjects' identity and data.

This protocol applies to all human subject research conducted by the company.

2. Definitions¹¹¹

- 2.1. A human research data set constitutes a body of informational elements, facts, and statistics about a living individual obtained for research purposes. This includes information collected by an investigator through intervention/interaction with the individual or identifiable private information obtained without intervention/interaction with the individual.
- 2.2. Private information includes information about behaviour that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (e.g., a medical or school record).
- 2.3. Identifiable Information means information that can be linked to specific individuals either directly or indirectly through coding systems, or when characteristics of the information are such that by their nature a reasonably knowledgeable and determined person could ascertain the identities of individuals.
- 2.4. Personal identifiers are any data elements that singly or in combination could be used to identify an individual, such as an identity or national registration number, name, street address, demographic information (e.g., combining gender, race, job, and location), student identification numbers, or other identifiers (e.g., hospital patient numbers). Email addresses are often personally identifiable but not in all cases. Other data elements, such as Internet IP addresses, have varying degrees of potential for identifying individuals, depending on context. These elements require consideration as to whether they should be treated as personal identifiers.
- 2.5. A de-identified data set refers to data that has been stripped of all elements or combinations of elements (including, but not limited to, personal identifiers and coding systems) that might enable a reasonably knowledgeable and determined person to deduce the identity of the subject. For example, while not directly identifiable, a dataset may include enough information to identify an individual if elements in the dataset are combined.

¹¹¹ UC Berkeley HRPP. *Research data security: protecting human subjects' identifiable data*. Supersedes: CPHS Policies and Procedures. 10/23/2015.

- 2.6. A coded data set refers to data that has been stripped of identifiers and assigned an identity code (typically a randomly generated number) which is associated with and unique to each specific individual; the code can be used to link data elements to the identity-only data set. This identity code should not offer any clue as to the identity of an individual.
- 2.7. An identity-only data set contains any and all personal identifiers absolutely necessary for future conduct of the research and the key to the identity code that can be used to link or merge personal identifiers with the coded set.
- 2.8. Secure data encryption refers to the algorithmic transformation of a data set to an unrecognizable form from which the original data set or any part thereof can be recovered only with knowledge of a secret decryption key of suitable length and using a suitable algorithm.

3. Ensuring subject's safety

- 3.1. Subject safety is a primary concern for every research project conducted by the company.
- 3.2. Subject safety is ensured through the following three ethical principles:
 - 3.2.1. Respect for subjects: protecting the autonomy of all people and treating them with courtesy and respect and allowing for informed consent. Researchers must be truthful and conduct no deception.
 - 3.2.2. Beneficence: The philosophy of "Do no harm" while maximizing benefits for the research project and minimizing risks to the research subjects. Subjects are treated in an ethical manner not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being.
 - 3.2.3. Justice: ensuring reasonable, non-exploitative, and well-considered procedures are administered fairly — the fair distribution of costs and benefits to potential research participants — and equally to each person an equal share
- 3.3. Human research subject protection is ensured by/through:
 - 3.3.1. Minimizing the project risks: At the start of every project, the project teams use all available information to identify potential risks related to the project, including risks related to the research subjects (such as psychological, physical, legal and social risks, as well as economic hardship) and strategies are identified and discussed with the client to address each of these risks. Following the "Do no harm" philosophy, the research teams seek to maximize the research benefits, while minimizing the risks to the research subjects.
 - 3.3.2. Ensuring that the selection of subjects is fair: In accordance with the principle of Justice, the project teams use reasonable, non-exploitative, and well-considered procedures to ensure that the selection of subjects is fair.
 - 3.3.3. Voluntary and informed consent: In order to collect data from the research subjects, each subject needs to formally agree to participate to the research beforehand. Depending on the

local context and requirements from the client, participants might be asked to sign an informed consent form. By the start of the interview, the respondents are aware of the fact that they can refuse to answer to any question and can at any time put an end to the interview, without losing any program services or benefits. When interviewing underaged individuals, voluntary and informed consent must be obtained not only from the individual in question, but also from the subject's parents or guardians.

- 3.3.4. Confidentiality: The subject data is strictly confidential and is only shared with authorized individuals. Names and other identifiable characteristics are not used in reports and the information provided by the research subjects is not linked to them. The provided answers are never shared with local judiciary or police authorities, unless there is a clear safety concern. The reporting and disclosure of cases of abuse are done in accordance with the project protection protocols and local legislation. Informing the subjects of the confidential nature of the interview and collected data is required as part of obtaining their informed consent.
- 3.3.5. Protecting human subjects' identity: A set of measures are taken to protection human subjects' identity during and after the research project, as described in point "4. Protecting human subjects' identity" of this protocol.
- 3.3.6. Transparency: The project teams' approach should be transparent throughout the whole evaluation process. This implies being transparent regarding the use of financial resources for conducting the evaluation, as well as regarding any issues that might have occurred during the data collection activities that might compromise the quality of the collected data. In order to avoid potential conflicts of interest, the company doesn't hire consultants who have not completed a cooling-off period of at least four months. If consultants suspect that that their former work experience might constitute a potential conflict of interest to their participation in a certain project, they are requested to notify Plan Eval prior to engaging in contractual activities.
- 3.3.7. Specific procedures and directives when interviewing children and adolescents: Specific directives and principles should be considered when interviewing underaged subjects, in line with UNICEF's guidelines for interviewing children and young people¹¹². Those principles include: Do no harm; Do not discriminate; No staging; Informed consent from the child and its parents or guardians for all types of interaction (interview; recording; picture/video); Pay attention to where and how the children are being interviewed.
- 3.3.8. Provision of proper training in human subjects' protections for project personnel: All project team members involved in primary data collection activities should be trained on how to properly ensure human subjects' safety, in accordance with the present protocol.

¹¹² Reporting Lines, UNICEF:

https://resourcecentre.savethechildren.net/node/13739/pdf/unicef_guidelines_for_interviewing_children.pdf

4. Protecting human subjects' identity

A set of measures are taken to protection human subjects' identity during and after the research project. The level of security necessary is relative to the risk posed to the subject should personally identifiable information be inadvertently disclosed or released as a result of malfeasance.

The following measures are taken to ensure the human subjects' identity:

- 4.1. All collected data is securely stored on an external cloud server called Google Drive, which only authorized personnel have access to, in accordance with the company's Privacy Policy.
- 4.2. Collect the minimum identity data needed. Identifiers should only be collected if they serve a legitimate purpose in the context of the research.
- 4.3. De-identify data as soon as possible after collection and/or separate data elements into a coded data set and an identity-only data set. Coded data and identity-only data should always be stored separately in a secure location. Raw identity data should be destroyed in accordance with predetermined timeframes for storage and inquiries.

Not all research data sets can reasonably be de-identified (for example, in a video or audio recorded interview the subject may be readily identifiable). In this case, the original research data set must be considered personally identifiable and treated accordingly.

- 4.4. Secure data encryption must be used if identifiable information is: (1) stored on a networked computer or device; (2) transmitted over a network; and/or (3) stored on a removable medium (e.g., laptop computer or a USB flash drive).
- 4.5. Limit access to personally identifiable information. The opportunity for human error should be reduced through limiting the number of people (both users and administrators) with access to the data and ensuring their expertise and trustworthiness. During the project implementation, access to the collected data will be limited to the members of the research team working directly with this data. After the project's implementation, access to the collected data is limited to internal members of the company and all consultants are explicitly asked to delete any locally saved version of the collected data sets.

5. Data Protection

Each research project abides by the company's Privacy Policy, which in turn abides by the EU General Data Protection (EU 2019/679) Regulation and the Brazilian Personal Data Protection Act (Lei Federal nº 13.709/2018).

The company's Privacy Policy applies to all Personal Data we process regardless of the media on which that data is stored or whether it relates to past, present and prospective employees, service providers, clients or suppliers, website users or any other Data Subject.

This protocol presents the Privacy Policy measures applicable to primary data collection activities.

5.1. What type of data do we collect?

The information collected during the interviews carried out for projects managed and developed by Plan Eval varies according to the type of assignment, and may include personal information, such as income, housing, or any other information that is relevant to the effectiveness of the work in question.

5.2. How do we collect the data?

Voluntary response to a survey/interview linked to a project.

5.3. How do we use the collected data?

We use the data collected to fulfil any contractual agreements between the subject and Plan Eval, as well as for administrative purposes related to our operation, as well as current and potential queries raised by third parties, such as clients or public authorities

5.4. How do we store the collected data?

Plan Eval securely stores the collected data on its internal database and servers which authorized personnel only have access to.

5.5. Subjects' Data Protection Rights

Data subjects are endowed with the following rights (among others provided for in the relevant legislation):

- 5.5.1. The right to access: the right to request Plan Eval for copies of the subject's personal data.
 - 5.5.2. The right to rectification: the right to request that Plan Eval corrects any information the subject believes is inaccurate. The subject also has the right to request us to complete information he/she/they believe is incomplete.
 - 5.5.3. The right to erasure: the right to request that Plan Eval erases the subject's personal data if he/she/they feel there is no reason for us continuing to process them – under certain conditions, it may not be possible to fully erase the subject's data due to contracting, auditing or legal obligations. The subject will be informed of whether this is the case.
 - 5.5.4. The right to data portability: the right to request that Plan Eval transfers the data that we have collected to another organization or directly to the subject in an easily readable format.
- 5.6. All company computers have an antivirus and login password, and all external consultants are required to provide proof of updated anti-virus protection on the personal computers used during the project.

Any questions or requests for further information related to the company Primary Data Collection Protocol can be addressed to:

Plan Eval Ltda

Rua Dr. Cândido Espinheira, 396, cj. 121

05004-000 São Paulo - SP

Brazil

Email: info@Plan Eval.com

Phone: +55 1132307509

Plan Eval SRL

Avenue du Kersbeek 308

1180 Uccle

Belgium

Email: info@Plan Eval.com

Phone: +32 492941075