

# Evaluation of UNICEF Work to present overweight and obesity in children and adolescents

## Terms of Reference – 10 October 2022

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## 1. Background

The UNICEF Evaluation Office located in New York Headquarters (HQ) provides global leadership and oversight of the evaluation function in the organization. As such, it manages independent, corporate evaluations and evaluation syntheses, provides technical assistance and quality assurance for evaluations commissioned at the decentralized level (country and regional offices), develops evaluation methods, and reports to the UNICEF Executive Board.<sup>1</sup>

The work of the Evaluation Office is guided by the Plan for global evaluations<sup>2</sup>, an Executive Board-approved document. As part of that plan for the period 2022-2025, the Evaluation Office will conduct an evaluation of UNICEF work to prevent overweight and obesity in children and adolescents. Per the Plan for global evaluations, 2022-2025, this evaluation should be delivered in 2022. However, this evaluation will be submitted to the UNICEF's Executive Board in 2023.

## 2. Context

The face of malnutrition, in all its forms, is rapidly changing, with childhood overweight an escalating epidemic of global proportions. The prevalence of overweight is increasing in almost all age groups, regions and country-income groups.<sup>3</sup> Overweight and obesity is no longer considered a high-income country problem, as overweight and obesity are now on the rise in low- and middle-income countries, particularly in urban settings.<sup>4</sup>

Some concerning trends can be observed: There are now **38.9 million children under 5 with overweight globally**, an increase of nearly 6 million since 2000<sup>5</sup>, which represents almost 6 per cent of this age group. Among children under five, current levels of overweight have persisted for twenty years (see Figure 1). Among **children aged 5 to 19 years, it is estimated that more than 340 million have overweight**<sup>6</sup>, almost 18 per cent of this age group, for whom it is reported that 81 per cent do not get enough physical activity.<sup>7</sup> A Global Commission study the issues and making recommendations concluded that progress in tackling childhood obesity has been slow and inconsistent<sup>8</sup>.

Overweight and obesity are defined as *abnormal or excessive fat accumulation that may impair health*.

Overweight is a form of malnutrition. It does not happen in isolation and nor does it occur only in certain people or certain countries. Different forms of malnutrition (stunting, wasting, micronutrient deficiencies, overweight and diet-related noncommunicable diseases) can coexist in the same country, the same community and even in the same family or individual.

The mechanism of obesity development is believed to be a disorder with multiple causes. Environmental factors, lifestyle preferences, and cultural environment play pivotal roles in the rising prevalence of obesity

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<sup>1</sup> United Nations Children's Fund, <<https://www.unicef.org/evaluation>>, accessed 10 December 2020.

<sup>2</sup> United Nations Children's Fund. Plan for global evaluations, 2022–2025 Executive Board First regular session 2022 8–11 February 2022

<sup>3</sup> UNICEF, WHO, World Bank Group, Levels and trends in child malnutrition - Joint Child Malnutrition Estimates - Key findings of the 2021 edition, 2021.

<sup>4</sup> World Health Organization, Overweight and Obesity, 21 June 2021, <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight#:~:text=The%20prevalence%20of%20overweight%20and,19%25%20of%20boys%20were%20overweight,> consulted on 5 July.

<sup>5</sup> UNICEF, WHO, World Bank Group, Levels and trends in child malnutrition - Joint Child Malnutrition Estimates - Key findings of the 2021 edition, 2021.

<sup>6</sup> United Nations Children's Fund, UNICEF Programme Guidance Prevention of Overweight and Obesity in Children and Adolescents. August 2019.

<sup>7</sup> World Health Organization, Physical Activity, <[https://www.who.int/health-topics/physical-activity#tab=tab\\_1](https://www.who.int/health-topics/physical-activity#tab=tab_1)>

<sup>8</sup> World Health Organization, Report of the Commission on ending Childhood obesity, 2016.

worldwide.<sup>9</sup> Childhood overweight and obesity is the result of a growing number of children living in obesogenic environments<sup>10</sup> with greater availability of processed foods and a more sedentary lifestyle.<sup>11</sup> Recent events, such as the pandemic of COVID-19 have negatively impacted childhood overweight. The pandemic is expected to exacerbate all forms of malnutrition due to deteriorations in household wealth; constraints in the availability and affordability of nutritious food; disruptions in essential nutrition services; and limited opportunities for physical activity<sup>12</sup>. In settings where food choices and physical activity have been negatively influenced by COVID-19 and its mitigation strategies, the pandemic may lead to increases in childhood overweight.

These influences, and potential impact on overweight/obesity may persist over the lifetime of those affected, with poor dietary and physical activity habits (shaped by restrictions during COVID-19) that continue through adolescence and adulthood. While data are limited, deteriorations in children’s diet quality during the pandemic and decreases in physical activity have been observed/reported.

Childhood overweight and obesity should be tackled even more seriously as patterns of behaviour developed during childhood do not affect just the health and well-being of children, but their future health in adulthood, and the health of the next generation.

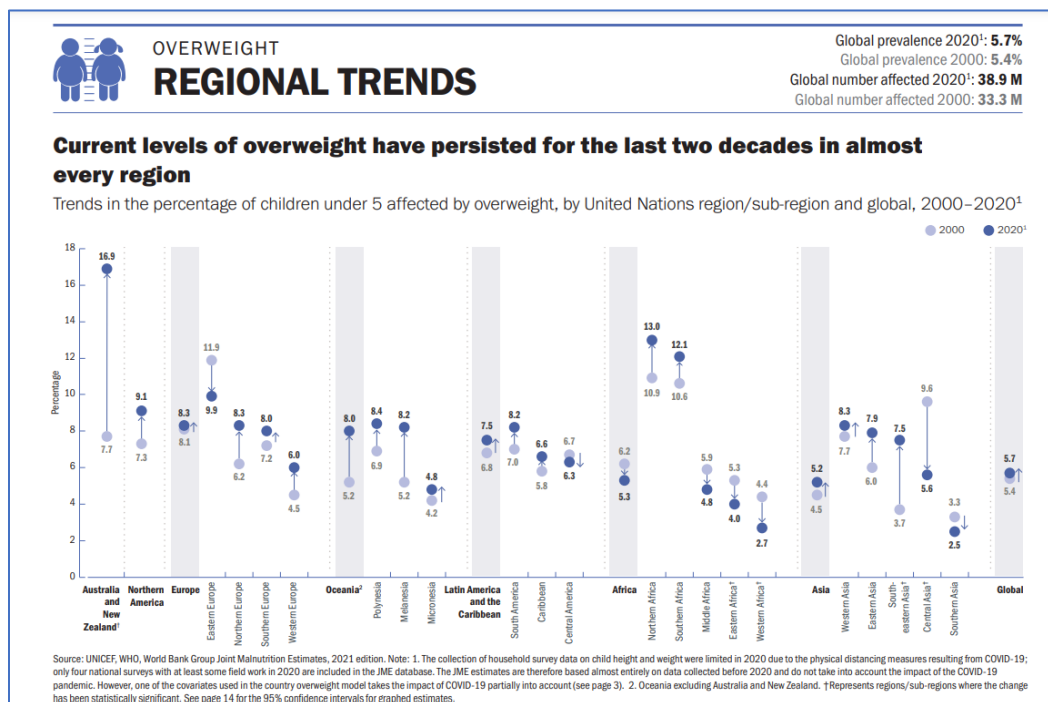


Figure 1 Regional trends in overweight among children under five years, 2000-2020

Overweight and obesity in childhood are known to have significant impact on both physical and psychological health. The *Global Burden of Disease* estimates that overweight and obesity contribute to an

<sup>9</sup> Sahoo K, Sahoo B, Choudhury AK, Sofi NY, Kumar R, Bhadoria AS. Childhood obesity: causes and consequences. J Family Med Prim Care. 2015 Apr-Jun;4(2):187-92. doi: 10.4103/2249-4863.154628. PMID: 25949965; PMCID: PMC4408699.

<sup>10</sup> Environments that promote high energy intake and sedentary behavior.

<sup>11</sup> United Nations Children’s Fund, Child Nutrition <<https://data.unicef.org/topic/nutrition/child-nutrition/>>, October 2019.

<sup>12</sup> UNICEF, WHO, World Bank Group, Levels and trends in child malnutrition - Joint Child Malnutrition Estimates - Key findings of the 2021 edition, 2021

estimated 4.7 million annual deaths (8% of all deaths)<sup>13</sup>. Overweight and obese children are likely to stay obese into adulthood and more likely to develop non-communicable diseases at a younger age. Risk of obesity and diet-related noncommunicable diseases include type 2 diabetes and cardiovascular disease, the leading cause of death worldwide. Many co-morbid conditions like metabolic, orthopedic, neurological, hepatic, pulmonary, and renal disorders are also seen in association with childhood obesity. Being overweight may also profoundly affect children's social and emotional well-being and bring other risks such as stigmatization, low self-esteem and mental health problems, including depression. It is also associated with poor academic performance and a lower quality of life experienced by the child.<sup>14</sup>

Overweight and obesity carry important economic costs, estimated globally in US\$500 billion per year.<sup>15</sup> The most obvious direct costs of obesity are related to comorbid conditions and the medications needed to treat these diseases. Studies also found that obesity reduces the employment rate, and increases early retirement, absenteeism and presenteeism.<sup>16</sup>

### Global goals for the prevention of overweight

In 2012, the World Health Assembly (WHA) adopted the *Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition*, which goals include preventing increased prevalence of overweight among children under five by 2025.<sup>17</sup> The following year, the Member States of the WHA agreed to a set of voluntary targets to reduce NCDs by 2025, including to halt the rise in obesity at 2010 levels.

Other initiatives, such as the *Commission on Ending Childhood Obesity* was established shortly after to review, build upon and address gaps in existing mandates and strategies. In 2016, following a large consultation and review process, the commission released a set of recommendations to successfully tackle childhood and adolescent obesity in different contexts around the world.<sup>18</sup>

The reduction of overweight is prioritized in the Sustainable Development Goals (SDGs) as a key objective to protect children, adolescents and adults against obesity and diet-related non-communicable diseases with a related indicator on the prevalence of overweight in children under five. However, The Joint Malnutrition Estimates (JME) report released in April 2021 reveal insufficient progress to reach the WHA targets set for 2025 and the Sustainable Development Goals (SDGs) set for 2030. **Few countries are expected to achieve the 2030 target of 3 per cent prevalence for overweight, with just 1 in 6 countries considered 'on track'.**<sup>19</sup> Another report revealed that **most countries have less than 10% chance of meeting the 2025 target for halting the rise in obesity.**<sup>20</sup>

At the request of the World Health Assembly, WHO has provided updated recommendations for the prevention and management of obesity, as well as new intermediate and process targets, to better chart

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<sup>13</sup> Hannah Ritchie and Max Roser, "Obesity". *Published online at OurWorldInData.org*, retrieved from: <https://ourworldindata.org/obesity>, 2017

<sup>14</sup> Sahoo K, Sahoo B, Choudhury AK, Sofi NY, Kumar R, Bhadoria AS. Childhood obesity: causes and consequences. *J Family Med Prim Care*. 2015 Apr-Jun;4(2):187-92. doi: 10.4103/2249-4863.154628. PMID: 25949965; PMCID: PMC4408699.

<sup>15</sup> Diaz-Bonilla, Eugenio; Paz, Flor; and Biermayr-Jenzano, Patricia. 2020. Nutrition policies and interventions for overweight and obesity: A review of conceptual frameworks and classifications. LAC Working Paper 6. Washington, DC: International Food Policy Research Institute (IFPRI). <https://doi.org/10.2499/p15738coll2.133584>

<sup>16</sup> OECD, The Heavy Burden of Obesity : The Economics of Prevention, <<https://www.oecd-ilibrary.org/sites/6cc2aacc-en/index.html?itemId=/content/component/6cc2aacc-en>>

<sup>17</sup> World Health Organization, *Comprehensive implementation plan on maternal, infant and young child nutrition*, Geneva, WHO, 2012.

<sup>18</sup> World Health Organization, *Report of the Commission on ending Childhood obesity*, 2016.

<sup>19</sup> UNICEF, WHO, World Bank Group, *Levels and trends in child malnutrition - Joint Child Malnutrition Estimates - Key findings of the 2021 edition*, 2021.

<sup>20</sup> World Obesity, *Obesity: missing the 2025 global targets Trends, Costs and Country Reports*, March 2020

the way forward. The recommendations are now accompanied by the forthcoming *WHO Acceleration Plan to Stop Obesity* which describes how to accelerate action to implement the recommendations, based on individual country needs and priorities.

### 3. UNICEF’s work in preventing overweight and obesity

Nutrition has long been at the core of UNICEF’s work. The prevention and treatment of malnutrition are central to the intended outcome of the agency’s Goal Area 1: “that all children, especially those who are marginalized and those living in humanitarian crises, have access to high-impact health, nutrition, HIV and early childhood interventions from pregnancy to adolescence.” UNICEF prioritizes interventions to prevent all forms of malnutrition, including stunting, wasting, micronutrient deficiencies, overweight, obesity and diet-related noncommunicable diseases. UNICEF has taken important steps and actions to prevent overweight and obesity over the past years.

Over the 2018-2021 Strategic Plan cycle, a total of US \$ 9.7 million expenses linked to the prevention of overweight and obesity were captured through the UNICEF expenditure tracking system (Figure 2). The average annual spend during the strategy cycle was US \$ 2.4 million. The majority expenses are linked to activities in early childhood as compared to children 5 to 9 years or 10 to 19 years. Those expenses are further reported to be largely allocated to advocacy and public engagement (Figure 3) activities, with 47% of expenditures reported in this area. Spending categories for institutional/national systems strengthening (21%) and policy engagement (15%) were also notable.

Over the period 2018-2021, UNICEF monitored the proportion of children overweight at impact level, that is as a result achievable through joint effects of UNICEF and partners. Progress in implementation was tracked at the output level through the number of countries offices that supported policy actions or programmes for the prevention of overweight and obesity in children and adolescents. That number of countries has recently expanded from 65 (in 2019 and 2020) to 73 COs in 2021. The range of activity that these COs engage in are reflected in Annex II for select set of countries.

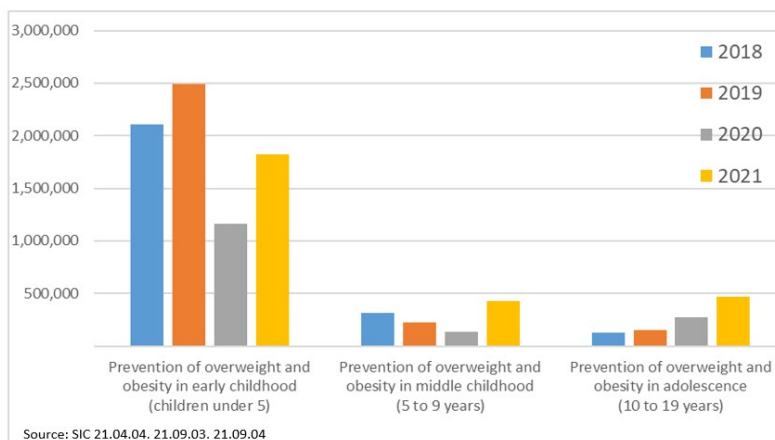


Figure 2: UNICEF expenses in preventing overweight and obesity, 2018-2021, in US \$

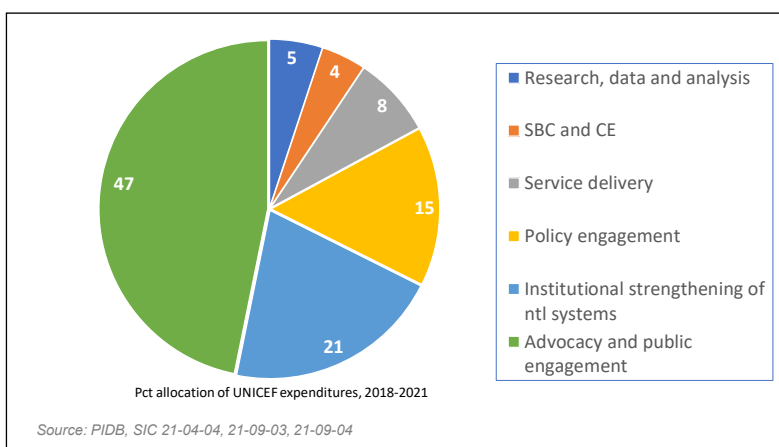


Figure 3: UNICEF expenditures to prevent overweight and obesity, by specific intervention

Preventing overweight and obesity is reflected in both health and nutrition sector strategies as well as the UNICEF Strategic Plan 2022-20205.

In 2020, UNICEF released a ten-year **Nutrition Strategy 2020-30** that acknowledges the evolving face of child malnutrition and explicitly focuses on addressing child malnutrition in all its forms. Preventing overweight and obesity is integrated in the strategy through results areas related to early childhood nutrition and nutrition in middle childhood and adolescence. The UNICEF Strategy for Health (2016-2030) aimed to increase UNICEF's focus on challenges of over-nutrition and obesity, particularly among older children, by working to raise awareness and change social norms and policies. This focus was chosen due to the high disease burden and evidence indicating a significant correlation between obesity and a wide range of health complications. The work also recognized as linked to UNICEF's efforts around malnutrition.

The **Strategic Plan 2022-2025** cites the triple burden of malnutrition that children face – undernutrition in the form of stunting and wasting, micronutrient deficiencies, and a rapidly increasing prevalence of overweight and obesity. Prevention of overweight and obesity is included Goal Area 1 (Result Areas 6 and 7). As part of the associated Integrated Results and Resources UNICEF continues to gauge impact through the percentage of children (a) under 5 years of age (SDG 2.2.2) and (b) 5 to 9 years of age, who are overweight. Progress in that Results Area will be tracked at output level through the following: number of countries with programmes to prevent overweight and obesity in school-age children and adolescents.

UNICEF's approach to preventing childhood and adolescent overweight and obesity is a multisectoral undertaking. As depicted in the conceptual framework<sup>21</sup> below (Figure 4), the approach is centered on population measures complemented by targeted interventions throughout the life cycle. Implementation is carried out with and through other sectors such as health, education, social and behavioral change, early childhood development, social policy, adolescent development and participation, advocacy or WASH. The approach aims at implementing interventions across the life cycle, specifically during pregnancy, the early childhood period (under age 5), school age (5-9 years of age), and adolescents (10-19 years of age) and creating supportive environments and interventions throughout the life course.

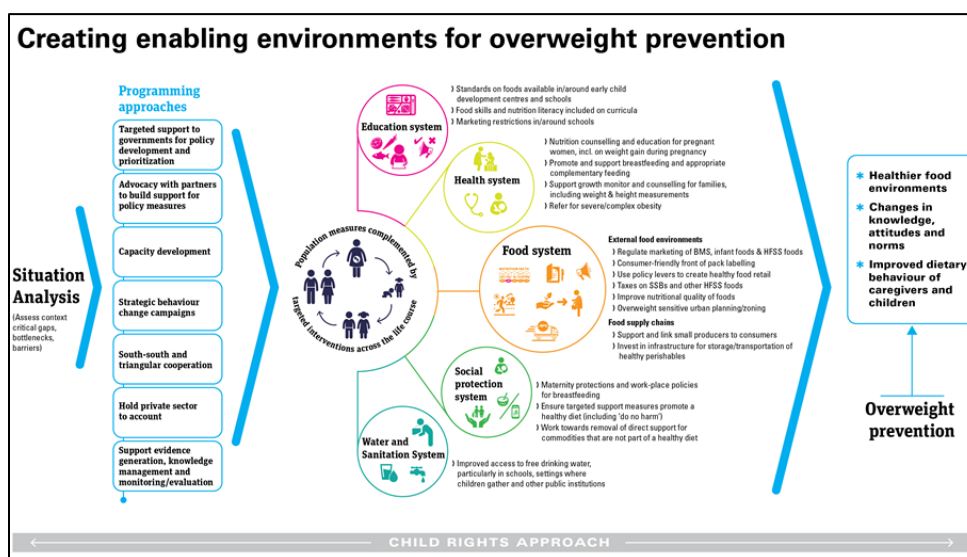


Figure 4: UNICEF approach in creating enabling environments to prevent overweight and obesity

<sup>21</sup> Source: Jo Jewell, David Clark and France Bégin, UNICEF's approach to preventing overweight through childhood, PowerPoint presentation, n.d.

In most low- and middle-income countries, child overweight conditions co-exist with a larger/similar burden of child undernutrition (stunting, wasting and micronutrient deficiencies), a reality referred to as the double burden of malnutrition. To address this double burden, a UNICEF frames a set of double-duty actions which need to be integrated and complement actions that are specifically addressing the issue of overweight. Double-duty actions fall into three categories as follows:

1. *Do no harm with existing actions*: Existing policies and programmes that aim to reduce one type of malnutrition should not inadvertently increase the risk of other types of malnutrition. For example, cash transfer programmes to reduce poverty and undernutrition could contribute to increased overweight if targeting of vulnerable groups is not done adequately, supplementary foods are not designed carefully, and supplementation is not accompanied by guidance on healthy diets.

2. *Retro-fit or design new actions to be double duty*: These are actions that are reexamined or pro-actively designed to deal with the double burden of maternal and child malnutrition. For example, the promotion of adequate infant and young child feeding is traditionally aimed at reducing child undernutrition but the messaging needs to adapt to make sure the reduction of overweight in children is also seen as an integral part of adequate nutrition.

3. *Overweight-specific actions*: These actions are important to create supportive environments for childhood overweight prevention. They have been referred to as "de novo" double duty actions and include:

- health-related taxes on sugary drinks and other unhealthy foods and beverages
- regulating the marketing of unhealthy foods and beverages to children
- implementing front-of-pack labelling; and requiring childcare settings, schools and events for children to ensure healthy food environments. Of particular importance here enacting and enforcing national legislation aligned with WHO's Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children (2010).

In 2019, UNICEF released a **programme guidance<sup>22</sup> for the prevention of overweight and obesity in children and adolescent** that offers a step-by-step framework intended to guide country level interventions and recommends actions for UNICEF country programmes to support government efforts to develop policies, strategies and programmes for the prevention of overweight in children and adolescents. The recommended actions for implementation by UNICEF programmes include:

1. Improve the enabling environment, including policies, regulatory frameworks and strategies and accompanying monitoring and enforcement measures.
2. Implement interventions across the life cycle, specifically during pregnancy, the early childhood period (under age 5), school age (5-9 years of age), and adolescents (10-19 years of age) as a multisectoral undertaking and use a systems approach, engaging the food, health, wash, education, and social protection systems, as well as communities and having an appropriate involvement of the private sector.
3. Knowledge generation and use by country offices, HQ and regional offices. Data collection and surveillance systems need to be established for documenting overweight in children at the national and global level.
4. Monitoring and reporting of interventions and progress is crucial.

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<sup>22</sup> UNICEF. Prevention of overweight and obesity in children and adolescents: UNICEF programming guidance, New York: UNICEF, 2019 .

**Partnerships** are a core implementing strategy for UNICEF in pursuit of all its goals and objectives. To prevent all forms of malnutrition in children under 5 years of age and their mothers, UNICEF works with governments to improve children's and women's access to nutritious, safe and affordable diets; support good-quality nutrition, health, water and sanitation services; and promote optimal feeding, hygiene and care practices.

In engaging and supporting governments on overweight and obesity prevention, UNICEF sees overweight and obesity as an issue that is multifactorial and requires a multi-sectoral response by government. Governments choose to organize their work on childhood overweight and obesity prevention in different ways, depending on traditions and context. While the ministry of health is often a key partner, collaborations with ministries responsible for education, planning, transportation, agriculture and food, social protection and finance, can be as important.

Consistent with overall strategic approach, UNICEF partners and coordinate actions with other UN agencies at all levels (global, regional, country), depending on their regional and in-country presence. For the prevention of overweight, partnerships of particular relevance include WHO, with responsibility for setting guidelines, norms and standards, including for the prevention of NCDs, the Food and Agriculture Organization (FAO) with focus on nutrition-sensitive agriculture, Codex Alimentarius (jointly with WHO) and agrifood systems, and World Food Programme (WFP) with interventions in schools.

The Interagency Task Force on Non-communicable Diseases (IATF-NCD) brings together about 25 agencies at the global level. The task force has established a Nutrition Working Group under coordination of the United Nations Standing Committee for Nutrition and it has representation from FAO, IAEA, IFAD, OCHA, UNEP, UNICEF, UNDESA, UNHCR, UN Women, WFP and WHO.

Engagement with the private sector can be strategic for specific goals and in this regard, UNICEF has developed guidance for country offices on engaging with business. The UNICEF Programming Guidance offers guidance on effectively engaging with business programmatically, including consideration of benefits and risks.

#### 4. Purpose and Objectives

The evaluation serves both purposes of learning and accountability. Accountability comes in the form of demonstrating whether UNICEF has conducted its work to prevent overweight and obesity in children in line with agreed rules and standards, be they internal (e.g. programme guidance) or multi-agency (WHO Acceleration Plan to Stop Obesity). Organizational learning is intended to be served through credible evidence on lessons emerging from UNICEF implementation progress, opportunities, challenges and barriers to preventing overweight and obesity in children and adolescents and to inform future programming and intended to improve performance.

Objectives are framed in a summative and formative manner:

1. Assess the relevance, efficiency, effectiveness, coherence and sustainability of UNICEF's work in the prevention of overweight and obesity in children and adolescents
2. Understand how UNICEF's positioning, organizational structures and leadership affect programmes, for example, how agency priorities to engage business and partner with the private sector may affect actions to prevent overweight and obesity
3. Based on evidence gathered, identify lessons, produce clear conclusions and provide actionable recommendations that support and inform decision-making.

This evaluation is being done at this time per the Plan for Global Evaluations. Recognizing that an increasing number of Country Offices are working in the area, the evaluation is timely in that it can take

stock of existing programming (2018-2021), identify, and consider key issues, and potentially inform decisions during the current strategy cycle.

The primary users of the evaluation results are UNICEF management at HQ, regional and country levels associated with the performance of Goal Area 1. In addition, the findings and recommendation will be of interest to partners including programme country counterparts, implementing partners and other international organizations (e.g. WHO, FAO, WFP) and other stakeholders in the activities being evaluated.

## 5. Scope

Key aspects of evaluation scope are summarized below:

*Table 1 Evaluation scope*

Variable	In-scope
<b>Timeframe</b>	The evaluation will primarily focus on the last 2018-2021 strategy cycle. The priorities established in the current cycle 2022-2025 and implementation to date are considered in scope.
<b>Levels</b>	Given UNICEF's decentralized structure, organizational units at HQ, regional (RO) and country levels (CO) are included.
<b>Organizational unit(s)</b>	Units with direct or indirect involvement supporting obesity and overweight prevention programming. At HQ, the Nutrition and Health Sections of the Programme Group are key stakeholders, other HQ divisions including Data, Analytics, Planning and Monitoring, the Division of Private Sector Fundraising and Partnerships, and Public Partnership Division plays important role as well.
<b>Geographic</b>	As a global evaluation, all regions are addressed. By design, some regions and countries will be of particular focus based on factors such as UNICEF expenditures and activity level or prevalence of childhood and adolescence overweight.
<b>Programme context</b>	The primary focus will be on the low- and middle-income countries where UNICEF works to address malnutrition in all its forms, notably those countries where UNICEF supports policy actions or programmes for the prevention of overweight and obesity. In several high-income countries, UNICEF engages with national committees on these programmes. These efforts are within scope but do not constitute a primary focus.

## 6. Evaluation criteria and questions

The proposed main areas of inquiry for the evaluation are guided by Economic Co-operation and Development's Development Assistance Committee (OECD-DAC) criteria for evaluation. Five criteria, relevance, effectiveness, efficiency, coherence and sustainability, will be used throughout the exercise. Applicable criteria and questions were developed based on a review of documentation and scoping interviews with key staff. The questions are expected to be reviewed and refined during the inception period.

*Table 2 Criteria for evaluative judgement*

Criteria	Basis for judgement
Relevance	<i>UNICEF support for policy action and programmes to prevent overweight and obesity is consistent with the needs of key stakeholders including intended beneficiaries, uses</i>

	<i>evidence to identify vulnerable groups, and adapts to remain suited to the conditions of the context over time.</i>
Efficiency	<i>UNICEF support for policy action and programmes to prevent overweight and obesity achieves results/value for resources in the operating context and are achieved within the intended timeframe.</i>
Effectiveness	<i>UNICEF support for policy action and programmes to prevent overweight and obesity helps create an enabling environment that directly contributes to achieve or expected achievement of results and achieves results towards to intended objective.</i>
Coherence	<i>UNICEF support for policy action and programmes to prevent overweight and obesity is designed and implemented in coherence with policies and programming related to that of other key partners and actors in this space.</i>
Sustainability	<i>Policy action and programmes supported by UNICEF to prevent overweight and obesity and resulting effects are likely to continue after external support has come to an end.</i>

6.1.1 Relevance

- To what extent has UNICEF responded to the needs of key stakeholders including intended beneficiaries?
- To what extent were analyses conducted or used to understand key stakeholder (including intended beneficiaries) needs in the context? Were specific needs of vulnerable/excluded groups disaggregated in any analysis and applied in design?
- Were objectives, intended results and activities (both planned and achieved) consistent with needs?
- To what extent are UNICEF programmes aligned with context and are able to adapt to remain suited to the conditions and context?
- Were there any gaps/areas of non-alignment between UNICEF programme design and identified features of the surrounding context?

6.1.2 Efficiency

- To what extent have UNICEF-supported activities achieved results in relation to the resources available?
- To what extent did UNICEF apply strategies to maximize value for resources applied? (e.g. use of partnerships, application of learning, innovation)
- Was the stated timeframe realistic for the achievement of intended results, considering the conditions of the surrounding context/nature of the implementing agency/partnership?
- Did any delays arise from internal (implementing agency- or partnership-related) or external (context-related) barriers? If so, how well were any such delays managed/mitigated?

6.1.3 Effectiveness

- To what extent has UNICEF programming achieved (or expects to achieve) results that contribute to the intended objectives?
- To what extent has UNICEF contributed to reduced inequalities, directly addressed the most vulnerable or increased inclusion?
- To what extent has UNICEF contributed to improving an enabling environment?

- To what extent has UNICEF invested in evidence to inform the enabling environment? It is possible to trace specific actions or decisions?

#### 6.1.4 Coherence

- To what extent has UNICEF designed and implemented in relation to/coherent with the broader actions of UNICEF including through Goal Areas, and strategies related to partner engagement including the private sector? To what extent are 'double-duty' actions being implemented in the manner intended?
- To what extent are UNICEF actions coherent with policies and programming in relation to that of other key partners and actors in this space (WHO, PAHO, FAO)?

#### 6.1.5 Sustainability

- To what extent have positive effects of UNICEF's contributions continued after support has ended?
- What steps have been taken to adequately prepare for the continuation of positive effects after the programme/resources have ceased?

## 7. Evaluation approach

The evaluation approach is a summative assessment (e.g. using theory-based analysis of the intended outcomes, outputs, activities, and the contextual factors) to make judgements about actions and results during the period 2018-2021. Using formative methods and tools, the approach is aimed at providing lessons for future programming, ideally which informs the current strategy cycle and have a strong utilization focus.

## 8. Evaluation methods

The evaluation will use a mix of qualitative and quantitative methods to answer the proposed evaluation questions. *Qualitative data* will provide the evaluation with insight into roles that UNICEF plays and key influencing factors in varied contexts and from differing perspectives. *Quantitative data* will help to unpack and assess UNICEF's operations and associated trends in outputs and likely outcomes, especially at national level. These include surveys and secondary data analysis. *Case studies* will use a mix of qualitative and quantitative methods to maximize the depth of insights into the evaluation questions, provide a comprehensive and granular picture of the actions of UNICEF and partners and their effects, and extract lessons that can be applied more broadly to programming. The proposed methods are detailed below and will be finalized during the inception period. An evaluation matrix will map each method to the relevant evaluation question.

- *Desk review*: a comprehensive review of financial data, performance monitoring data, progress reports, strategic documents, and review. The review will also examine previous studies, landscape analyses as part of the desk review.
- *Key informant interviews*: semi-structured interviews conducted remotely or in-person with internal and external stakeholders at the global, regional and country level, including staff, UN partners, national partners, donors, and non-UN partners. Around 25-30 key informant interviews are expected to cover global and regional stakeholders, and 15-20 are expected for each of the country case studies. Interviews will allow for in-depth examination of perceptions, relationships, context and key contributing factors.
- *Online surveys* of relevant UNICEF staff in country offices supporting prevention of overweight and obesity. Other forms of remote data collection will be employed as appropriate
- *Case studies* of 5 countries, selected according to clearly-stated criteria. Please see Annex II for candidate case study selection guided by criteria including prevalence of overweight and status of

SDG progress, UNICEF expenditures, and range of UNICEF activity types taken to prevent overweight. Case studies will provide both an input to the evaluation and act as standalone documents for learning. Each case study will follow a common protocol and rely on multiple sources and types of evidence to increase the depth and validity of findings and resulting conclusions, including key informant interviews, focus group discussions, site visits and desk review. As travel to case study locations may be limited by COVID-19-related regulations, the use of local consultants is expected.

## 8.1 Data analysis

Data analysis will proceed with consolidation of information drawn from each method through use of an evidence matrix which also serves for triangulation. Triangulation both across and within categories of data sources will be a key analytical technique for this evaluation – for example, the results of the online surveys will be compared and triangulated with the opinions and experiences related by key informants in the field case studies. UNICEF welcomes the use of diverse and innovative evaluation methods and this will be considered in the selection of evaluation proposals. Qualitative Comparative Analysis or process tracing, for instance, could be considered. This said, the following methods of data analysis and synthesis are encouraged to be used:

Expected areas of analysis include:

- Content analysis of documents to identify common trends, themes and patterns in documents, interviews and focus group discussions, using coding and other qualitative analysis methods.
- Descriptive analysis to identify the contexts, interventions and characteristics of programming.
- Quantitative analysis of closed-ended online survey questions and secondary data sources, including descriptive statistics and analysis of performance monitoring data.
- Contribution analysis to determine the extent to which UNICEF contributes to outcomes on preventing overweight accounting for the role of partners, examine influencing factors, and identify gaps and reasoning for gaps.

Each component analyzed will be synthesized to form the evaluation findings and conclusions. The inception paper will detail the analysis plan for each method as well as the overall approach to the triangulation and synthesis.

## 8.2 Methodological limitations

There are several limitations expected for this evaluation, which are described below. Mitigation strategies are to be discussed and detailed in the evaluation inception paper.

- Limitation to travel/remote data collection: the COVID-19 pandemic has necessitated a new way of working, with heavier reliance on remote data collection. This has limited the ability to obtain community-level perspectives, and also prevents evaluation teams from conducting direct observation at the national and sub-national level. The use of local evaluation capacity in case study countries is strongly encouraged as a mitigation strategy, if travel restrictions remain in place during the data collection period. Use of innovate remote monitoring methods will also be expected.
- Limited outcome data: the amount, quality and comparability of outcome-level data is expected to be low, meaning the evaluation will rely on utilization of output data in conjunction with the primary data collected through the proposed methods.

## 9. Ethical considerations

Case study work is not expected to involve data collection from vulnerable children and community members. Nonetheless, consistent with United Nations Evaluation Group (UNEG) norms and standards, the UNEG Ethical Guidelines and UNEG Code of Conduct and the UNICEF Procedure on Ethical Standards in Research, Evaluation and Data Collection and Analysis the evaluation will ensure:

- Respect for rights of individuals and institutions: The evaluation team will accord informants the opportunity to participate voluntarily while maintaining their anonymity, and to make an independent decision to participate without pressure or fear of penalty (informed consent/assent). Also, interviewers will assure respondents that information would be confidential, and that reports would be written such that responses/contributions would not be traced back to them. Interview notes and any recordings will be accessible to the team members only.
- Respect for cultural identities and sensitivities: Variances in ethnicities, culture, religious beliefs, gender, disability, age will be respected. As a result, evaluation processes will be mindful of cultural settings, developmental status and evolving capacities/ages of children and other stakeholders, and the needs of the respondents and rights-holders that programmes are supposed to serve.
- Professional responsibilities and obligations of evaluators: The evaluation team will exercise independent judgement and operate in an impartial and unbiased manner. During data collection, any sensitive issues and concerns will be addressed through the appropriate mechanisms and referral pathways. A protection protocol will be in place for each setting where data collection involves children and community members.

As noted above, and as per Evaluation Office standard procedure, the evaluation design will undergo ethical review during the inception phase. Ethical approval will be sought from the UNICEF Institutional Review Board or designated subsidiary prior to implementation. The possibility of seeking in-country approval by the competent national authorities will be studied.

## 10. Evaluation management structure

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

The evaluation manager is the primary interface between the Evaluation Office and the evaluation team. The manager role involves day-to-day support to all aspects of the evaluation process, including facilitating access to data, providing input to key methodological and strategic choices, and managing the evaluation budget. The evaluation manager may participate in key informant interviews and other activities during implementation. The evaluation manager provides a first quality review (i.e. zero draft) of all evaluation tools and deliverables presented by the evaluation team before key deliverables are shared with the Evaluation Reference Group or other stakeholders.

Staff of the UNICEF Evaluation Office are independent from UNICEF management and operations. As part of their guidance and quality assurance role, Evaluation Office will provide quality assurance on all evaluation tools and documents based on the UNEG's and UNICEF's norms, standards, ethical guidelines, processes and tools. This includes assessment of gender, equity and human rights responsiveness of the evaluation. The evaluation team will be familiarized with these and is expected to observe them during the entire evaluation process

An Evaluation Reference Group will be created to serve as an advisory organ for the evaluation. These Reference Groups bring together a mix of UNICEF managers, advisors and external experts (to be confirmed) from among the key stakeholders. Members will provide substantive technical inputs, will

facilitate access to documents and informants, and will ensure the high technical quality of the evaluation products as well as organizational learning and ownership of the exercise. The Evaluation Reference Group may play a role in implementation of management response actions.

The selected firm will conduct quality control of all outputs (including drafts) prior to submission to the evaluation manager.

Levels of quality assurance:

- The first level of quality assurance of all evaluation deliverables (including drafts) will be conducted by the **contractor** prior to submitting the deliverables to the review of the evaluation management group.
- The second level of quality assurance of the evaluation deliverables will be conducted by the UNICEF Evaluation Office, this is considered as the ‘zero draft’ report.
- The third level of quality assurance of the evaluation report will be conducted by the evaluation reference group, this is considered as ‘shareable draft’ per the deliverables.

Once approved, the final evaluation report will be submitted to the UNICEF’s global evaluation reports oversight system for an independent quality review. The report and the review will be made publicly available.

## 11. Timeframe and deliverables

The evaluation will unfold over an eleven-month period, starting in November 2022. An indicative timeline with the main stages of the evaluation appears below. Further description of individual deliverables appears below. This timeline currently assumes recruitment and selection of the evaluation team via call for technical and financial offers from among existing Long-Term Agreements (LTAS) for the provision of high-quality technical expertise to UNICEF in the area of Child Poverty and Social Protection.

An updated timeline should be presented in the inception report.

Table 3: Indicative timeline

<b>I – Preparatory Phase</b>	
November-December 2022	Scoping for the evaluation (document review, scoping interviews, stakeholder consultations) and finalization of the Terms of Reference
	Setting up governance structure for the evaluation: Evaluation Reference Group
	1 <sup>st</sup> Evaluation Reference Group meeting – Inception meeting
<b>II – Inception Phase</b>	
January-February 2023	Finalize questions, stakeholder mapping, develop evaluation framework and evaluation matrix, data collection tools, work plan, and use and influence plan
	Deliverable: Inception report
	2 <sup>nd</sup> Evaluation Reference Group meeting – Discussion of inception report
<b>III – Data Collection and Analysis Phase</b>	
March – May 2023	Document review (continued); online surveys; global key informant interviews field visits with key informant interviews, focus group discussions, remote data collection
June 2023	Data analysis and triangulation (using the triangulation matrix)
	Deliverable: Preliminary Findings workshop / 3 <sup>rd</sup> ERG meeting
	Further analysis and drafting based on feedback from the workshop
<b>IV – Reporting Phase</b>	

July 2023	Zero draft to Evaluation Office
	Deliverable: Draft evaluation report /shared with ERG
August 2023	– Receipt of ERG feedback and discussion/ refine recommendations
September 2023	Final round of reviews, fully integrated and indicated in accompanying comments matrix
	Deliverable: Final draft evaluation report inclusive of master PPT
<b>V – Dissemination, follow-up and management response phase</b>	
October 2023	Finalization of report (final revisions, annexes, copy-editing, design, etc.)
	4 <sup>th</sup> Evaluation Reference Group meeting – dissemination, use and influence of evaluation
	Release for Management Response
October 2023 onwards	Creation of management response by UNICEF management
	Sharing of findings, conclusions and recommendations from the report in various fora: blogs, social media, conferences, regional and thematic network meetings, local events in the region, evaluation conferences, etc.

## 12. Payment schedule

Table 4: Payment schedule

Deliverable	Due Date	%
Inception Report	13 February 2023	20
Workshop for preliminary findings	09 June 2023	25
Shareable draft evaluation report (3 <sup>rd</sup> QA)	15 July 2023	25
Final evaluation report	30 September 2023	30

## 13. Qualification requirements

Bidders may propose their own combination of experts to carry out the proposed work. For each category of expert, bidders are requested to provide both a daily rate and the indicative number of days required for personnel in each category.

It is estimated that a team of three individuals could complete the evaluation within this time frame, with in-country and back-office support. The table below includes an illustrative distribution of days across the phases.

Table 5: Illustrative allocation of level of effort across phases

	Inception	Data collection	Analysis	Report/ Finalize	Total
Team Leader	10	17	15	18	60
Senior Expert	5	15	10	13	43
Mid-level Expert	10	20	18	18	66
In-country support (National consultants)	10	65	---	15	100
Back-office support	10	8	2	8	28
<b>Total</b>	<b>45</b>	<b>125</b>	<b>45</b>	<b>72</b>	<b>297</b>

The evaluation will be carried out by a highly qualified, multi-disciplinary team with extensive knowledge and experience in evaluation of humanitarian and development programming. Specific experience in evaluating programming to prevent malnutrition, particularly overweight and obesity is required.

The team leader should have extensive experience in leading and conducting complex global evaluations, excellent project management skills, and demonstrated experience in implementing and/or evaluating in the relevant fields mentioned above. The team leader is expected to be fully engaged and available throughout the evaluation process. The senior expert should be an expert in preventing overweight and obesity, with a degree in a policy, economics, nutrition or health-related field as well as monitoring & evaluation competencies.

The evaluation team will collectively bring the below expertise and experience:

- Extensive experience in conducting complex evaluations for international development organizations with a specific focus on preventing malnutrition of any form, but notably overweight and obesity
- In-depth knowledge of evaluation methodologies and mixed-method approaches
- Demonstrable experience conducting global evaluations as evidenced by previous assignments with focus on policy dialogue and public advocacy/engagement
- In-depth knowledge of and thematic expertise in the following areas: actions to create enabling environments through (1) health-related taxes, (2) regulating the marketing of unhealthy foods and beverages to children, (3) implementing front-of-pack labelling or (4) requiring childcare settings, schools and events for children to ensure healthy food environments.
- Strong ability to interact with a wide range of stakeholders, particularly on issues that are politically sensitive
- Ability to collect data remotely; presence and use of in-country evaluation capacity is strongly desirable
- Knowledge of the UN system and UN programming at the country level, will bring additional points.
- Demonstrable analytical, communication and drafting writing skills in English.
- Fluency in language, notably Spanish or Portuguese, where cases studies are likely to occur and will be required for team members leading on the remote interviews

## 14. Annex I – EISI evidence base

Type	Region	Office	Title	Year	Status	Language
Study	LACR	Cuba	Estudio evolutivo CAP de prevención de sobrepeso y obesidad en escolares de primaria.	2021	Constrained /delayed	Spanish
Study	LACR	LACRO, Panama	Review of current labelling regulations and practices for food and beverage targeting children and adolescents in Latin America countries (Mexico, Chile, Costa Rica and Argentina) and recommendations for facilitating consumer information	2016	Completed	English
Study	WCAR	Liberia	Study on the effectiveness of IFA supplementation, deworming, and nutrition education in addressing anaemia among adolescent girls in two counties in Liberia	2021	On-track	English
Study	WCAR	Mali	Enquête/etude de base (CAP) sur le programme ANJE (régions prioritaires de Mopti et Sikasso)	2019	Completed	French
Study	LACR	Mexico	Estudio sobre el nivel de competencias del personal de salud en temas de obesidad y sobrepeso en menores de 5 años	2021	Constrained /delayed	Spanish
Study	LACR	Mexico	Estudio sobre estrategias de marketing digital de sucedaneos de leche materna, alimentos y bebidas, durante la etapa de lactancia materna y alimentación complementaria	2020	Completed	Spanish
Study	ECAR	North Macedonia	Assess the acceptability of obesity prevention policies in North Macedonia and generate early insights on the potential effectiveness of nutrition labelling	2022	On-track	English
Research	MENAR	Palestine, State of	Barrier Analysis of Exclusive Breastfeeding, Continued Breastfeeding, Feeding Frequency, Minimum Dietary Diversity, Consumption of High Heme Foods, and Coffee and Tea Spacing in East Jerusalem, Hebron (H2) and Area C in the State of Palestine	2020	Completed	English
Study	EAPR	Philippines	Landscape Analysis of Overweight and Obesity Management and Prevention in the Philippines	2020	Completed	English
Research	ESAR	South Africa	Dietary Habits and Eating Practices and Their Association with Overweight and Obesity in Rural and Urban Black South African Adolescents	2018	Completed	English
Evaluation	LACR	Uruguay	Evaluability of the effectiveness of food education materials on families' attitudes and behaviours	2021	On-track	Spanish
Study	EAPR	Vietnam	National Nutrition Survey	2021	Completed	English
Study	EAPR	Vietnam	Landscape analysis on child overweight and obesity in Viet Nam	2021	Completed	English
Study	ESAR	Zimbabwe	Urban Study on Adolescent and Young Children Food Environment	2021	On-track	English
Study	EAPR	Malaysia	Nutrition key behaviour assessment (exclusive breast feeding and healthy eating habit among children and adolescent)	2019	On-track	English
Research	ESAR	South Africa	Dietary Habits and Eating Practices and Their Association with Overweight and Obesity in Rural and Urban Black South African Adolescents	2018	Completed	English
Research	SAR	Bangladesh	Exploration of eating behaviors among adolescent girls from two selected districts of Bangladesh: a Formative Research	2016	Completed	English

## 15. Annex II – Potential country case studies

Country name	Prevalence rate of overweight in % (2020) <sup>23</sup>	JME color-coding of trends <sup>*24</sup>	Total expenditures over the period 2018-2021	Previous study from EISI evidence base	SMQ-21-04-1.d.4-7 Has your country office supported policy actions or programmes for the prevention of overweight in children and/or adolescents during the year of reporting?								
					i) Nutrition education for children, school-age children and/or adolescents	ii) Standards for food in pre-school settings that make healthy food available and restrict the availability of unhealthy food, including guidelines for meals or snacks	iii) Standards for food in school settings that make healthy food available and restrict the availability of unhealthy food, including guidelines for meals or snacks provided, rules on foods sold in tuck shops, restrictions on vending machines	iv) Initiatives to make specific healthy foods available in schools (healthy school meals, fruit and vegetable provision, school gardens, etc.)	v) Subsidies including targeted food vouchers or social protection schemes that explicitly aim to improve access to nutritious foods among low-income parents with young children	vi) Regulation of unhealthy food marketing to children, school-age children, and/or adolescents, e.g. restrictions on TV advertising for unhealthy foods, bans on marketing in and around schools	vii) Health-related food and beverage taxes	viii) Nutrition labels with some form of interpretative front of pack, warning symbol or nutritional rating system to identify foods high in saturated fats, trans-fatty acids, free sugars and/or salt	ix) Other
Argentina	12.9%		27,775		Yes	Yes	Yes	Yes		Yes		Yes	
Brazil	7.3%		779,405		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes
China	8.3%		615,715		Yes		Yes	Yes	Yes	Yes			Yes
Colombia	5.8%		288,244		Yes		Yes	Yes				Yes	Yes
Cuba	10.0%		50,822	not completed	Yes	Yes		Yes					Yes
Indonesia	11.1%		4,081		Yes								Yes
Iran	9.4%		624		Yes	Yes	Yes			Yes	Yes	Yes	Yes
Iraq	9.0%		65,197		Yes	Yes	Yes	Yes	Yes	Yes		Yes	
Jamaica	6.8%		43,477		Yes		Yes						Yes
Liberia	4.7%		481,861	not completed	Yes			Yes	Yes	Yes		Yes	
Maldives	4.6%		49,856		Yes	Yes	Yes	Yes		Yes			
Mali	2.1%		10,127	completed	NA	NA	NA	NA	NA	NA	NA	NA	NA
Mexico	6.3%		1,170,467	1/2 completed	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mongolia	10.1%		325,507		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes
Myanmar	1.5%		42,067		Yes			Yes	Yes	Yes	Yes		Yes
Nigeria	2.7%		3,725,380		NA	NA	NA	NA	NA	NA	NA	NA	NA

<sup>23</sup> United Nations Children's Fund (UNICEF), World Health Organization, International Bank for Reconstruction and Development/The World Bank. Levels and trends in child malnutrition: key findings of the 2021 edition of the joint child malnutrition estimates. New York: United Nations Children's Fund; 2021. Licence: CC BY-NC-SA 3.0 IGO.

<sup>24</sup> Ibid.

Serbia	10.8%		14,634										Yes
Uruguay	10.3%		144,676	not completed	Yes	Yes	Yes	Yes		Yes		Yes	
Vietnam	6.0%		36,446	2/2 completed			Yes			Yes	Yes		Yes
Zimbabwe	3.6%		1,055,649	not completed	Yes		Yes	Yes		Yes			