

Inception report

Evaluation of UNICEF Work to Prevent Overweight and Obesity in Children and Adolescents

**Submitted to the UNICEF Evaluation Office
by the Economic Policy Research Institute (EPRI)**

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List of Acronyms

ASEAN	Association of Southeast Asian Nations
COAR	Country Office Annual Reports
CPA	Programme Cooperation Agreements
CPD	Country Programme Document
COs	Country Offices
EAP	East Asia and Pacific
EAPRO	East Asia and Pacific Regional Office
ECA	Europe and Central Asia
ECD	Early Childhood Development
EPRI	Economic Policy Research Institute
ESA	Eastern and Southern Africa
ESARO	Eastern and Southern Africa Regional Office
HQ	Headquarters
KIIs	Key Informant Interviews
LAC	Latin America and the Caribbean
LACRO	Latin America and the Caribbean Regional Office
MENA	Middle East and North Africa
NC	National Committee
NCD	Non-communicable diseases
RAMs	Results Assessment Modules
ROs	Regional Offices
SA	South Asia
SBC	Social and Behaviour Change
SDG	Sustainable Development Goals
SMQ	Strategic Monitoring Questions
SSB	Sugar-Sweetened Beverage
UN	United Nations
UNICEF	United Nations Children's Fund
VNR	Voluntary National Review
WASH	Water, Sanitation and Hygiene
WCA	West and Central Africa
WHO	World Health Organization

1. Introduction

Overweight and its more severe form- obesity, once considered challenges faced exclusively by high-income countries and households, are emerging as key nutrition and health issues among children and adolescents in lower- and middle-income countries. Poor feeding practices in early childhood (inadequate breastfeeding and inappropriate complementary feeding in the first two years of a child) are common in lower-income countries. This, combined with a simultaneous rise in sales and affordability of ultra-processed foods, relatively unaffordable healthy foods and beverages, and limited access to space for physical activity, is making children of poorer households more vulnerable to having overweight. In addition, negative cultural and gender norms like appreciating overweight in children, discouraging girls from participating in sports and physical activity, etc., make some groups and countries more susceptible to higher childhood and adolescent overweight prevalence. Currently, this crisis affects approximately 380 million children worldwide, with low- and middle-income countries accounting for more than 80% of children having overweight and obesity.¹ Currently, 38.9 million children under age five have overweight, with seven out of 10 living in Asia and Africa.² In 2016, more than 338 million children aged 5-19 years had overweight, representing a concerning 18.4% of the population in that age group.³ Overweight trends among children (early childhood: under-five age, middle childhood: five to nine years and adolescence: 10 to 19 years) have been worsening since the year 2000 across almost all regions. Overweight and particularly obesity among children, can have a long-lasting impact on an individual's physical and psychological health as they transition into adults. A reversal in trajectory is needed to achieve the UN Sustainable Development Agenda target of 2030.⁴

The COVID-19 pandemic has further exacerbated this emerging public health crisis. Supply shocks, loss of family income, restrictions on movement and disruptions in nutrition services are factors likely to impair children's access to nutritious diets and physical exercise for prolonged periods. The pandemic also underlined the urgency of addressing overweight and obesity, identifying linkages to increased mortality risk among adults having obesity and non-communicable diseases with COVID-19 and other infections.

¹ UNICEF. (2022). Shifting the Narrative: A Playbook for Effective Advocacy on the Prevention of Childhood Overweight and Obesity. Retrieved from

<https://www.unicef.org/media/129741/file/Shifting%20the%20Narrative%20on%20Childhood%20Overweight%20&%20Obesity:%20A%20new%20playbook%20for%20effective%20advocacy.pdf>

² FAO, IFAD, UNICEF, WFP & WHO. (2021). The State of Food Security in the World. Retrieved from <https://www.fao.org/3/cb4474en/online/cb4474en.html>

³ UNICEF. (2019). UNICEF Programming Guidance: Prevention of Overweight and Obesity in Children and Adolescents. Retrieved from <https://www.unicef.org/media/92336/file/Programming-Guidance-Overweight-Prevention.pdf>

⁴ UNICEF. (2020). Nutrition, for Every Child: UNICEF Nutrition Strategy 2020-2030. Retrieved from <https://www.unicef.org/reports/nutrition-strategy-2020-2030>

In 2012, the World Health Assembly adopted the *Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition*. One of its goals was to prevent an increase in the prevalence of overweight among children under-five by 2025 and reduce prevalence to 3% by 2030.⁵ Currently, less than 17%, only one in six countries, is on track to achieve this WHA 2030 target, posing a threat to children’s rights to happy childhoods and opportunities for healthy development and the transition to a healthy and more productive lifestyle in adulthood.⁶

For decades, UNICEF has been undertaking child rights-based and context-specific work on nutrition to prevent child and maternal malnutrition and address its treatment where prevention fails. Traditionally, the discourse on malnutrition, generally and within UNICEF, has been limited to its most apparent forms: stunting, wasting and micronutrient deficiencies. However, in recognition of the global trend of rising rates of overweight and obesity among children and adolescents, UNICEF has formally expanded its focus to include the prevention of overweight and obesity in 2019. UNICEF’s global position and mandate have evolved in the past 5-6 years to acknowledge the emerging evidence on the intertwining nature of different forms of malnutrition, especially the link between overweight and obesity and early childhood undernutrition. The new nutrition strategy (2020-2030) and the latest strategic plan (2022-2025⁷) have made clear references to the growing double and triple burden of malnutrition (undernutrition, micronutrient deficiencies and overnutrition) in low- and middle-income countries and articulated a compelling case for integrated and multisectoral approaches within UNICEF to address growing overweight and obesity among children. The previous strategic plan (2018-2021⁸) also included overweight and obesity prevention related output and impact indicators.

To provide organisational direction on creating an enabling environment for successful overweight and obesity prevention programming and meet the prevailing need for evidence on what works for future decision-making, the UNICEF Headquarters Evaluation Office has commissioned the Economic Policy Research Institute, a global not-for-profit organisation based in Cape Town, South Africa, to conduct a summative evaluation of the organisation’s approaches, programming and policy actions during the period 2018-2021, along with a formative inquiry to identify evidence-based forward-looking recommendations. This global evaluation will primarily focus on UNICEF’s work in low- and middle-income countries, with some consideration of high-income settings. It

⁵ World Health Organization. (2014). *Comprehensive implementation plan on maternal, infant and young child nutrition*. Retrieved from

https://apps.who.int/iris/bitstream/handle/10665/113048/WHO_NMH_NHD_14.1_eng.pdf

⁶ UNICEF, WHO & IRBD/World Bank Group. (2021). *Levels and trends in child malnutrition: key findings of the 2021 edition of the joint malnutrition estimates*. Retrieved from <https://www.who.int/publications/i/item/9789240025257>

⁷ UNICEF. (2021). *UNICEF Strategic Plan 2022-2025*. Retrieved from <https://www.unicef.org/reports/unicef-strategic-plan-2022-2025>

⁸ UNICEF. (2017). *UNICEF Strategic Plan 2018-2021*. Retrieved from <https://www.unicef.org/executiveboard/documents/final-results-framework-unicef-strategic-plan-20182021>

will conduct an in-depth assessment of the progress and results achieved in five key programme/policy action areas (front-of-pack nutrition labelling, restrictions on marketing of food and beverages to children, national strategies/guidelines on overweight and obesity prevention, improving school food environments and increased taxes on snacks and sugar-sweetened beverages) across nine countries in 5 regions, namely, Malaysia and Philippines (East Asia and the Pacific), Argentina and Mexico (Latin America and the Caribbean), South Africa and Kenya (East and Central Africa), Ghana (West and Central Africa) and Greece and the Netherlands (Europe and Central Asia). This document serves as the evaluation's inception report. After a brief introductory background on the growing discourse on childhood overweight and obesity prevention within UNICEF and the inception of its formalisation as a focus area in the last decade, the document will further outline the evaluation's purpose, objectives, subject and scope, along with the evaluation criteria and questions. Subsequently, the document presents the evaluation methodology, potential limitations, and ethical considerations. Next, the report will present the forthcoming activities, deliverables, and an updated work plan.

This evaluation aims to examine the effectiveness, efficiency, relevance, sustainability, and coherence of UNICEF's approaches, programming and policy actions in preventing and reducing overweight and obesity during the 2018-2021 strategic cycle primarily. The evaluation will also reflect on the priorities set out in the 2022-2025 strategic plan and assess implementation during 2022 and 2023 against them. By doing so, this evaluation seeks to provide actionable recommendations to UNICEF to improve, adapt and scale its future work on overweight and obesity prevention among children and adolescents.

2. Background

2.1. Inception Approach

The evaluation team at the Economic Policy Research Institute conducted inception interviews with key UNICEF stakeholders at HQ and RO levels during the inception phase between February and April 2023. The objective was to collect inputs to understand the evaluation scope (particularly the nature and progression of UNICEF's work across regions) and inform its framework (particularly evaluation criteria and questions) and methodology (particularly case study areas and sample design) to make the evaluation design as relevant and useful as possible for the evaluation report's final users. An important element of this early data collection exercise was to understand the background of the inception of UNICEF's work to contextualise the evaluation's temporal scope (in terms of change process results that UNICEF can be expected to achieve given the time and resource investment made to date).

EPRI conducted two inception interviews at the HQ level and five at the RO level covering the following regions: Latin America and the Caribbean (LAC), Eastern and Southern Africa (ESA), East

Asia and the Pacific (EAP), Middle East and Northern Africa (MENA) and South Asia (SA). The interview protocol used for these interviews is attached in **Annex 1**. The insights gathered on methodology, learning needs, and expectations are included in subsequent report sections.⁹ The list of key informants interviewed during the inception phase is attached in **Annex 2**.

2.2. Key take-aways from the inception phase

Findings on Inception of UNICEF’s Childhood Overweight and Obesity Prevention Work at the Global Level

Globally, the World Health Organization (WHO) has been the leading UN agency raising public awareness and undertaking advocacy with governments on childhood overweight and obesity as a public health issue. WHO’s Global Strategy on Diet, Physical Activity and Health, adopted by the 2004 World Health Assembly, set out global guidance on improving diets and physical activity for children. In 2012, the World Health Assembly set 2025 and 2030 as targets for countries to achieve reductions in childhood overweight. Since then, WHO has published various technical packages to support countries with policies and programmes to address obesogenic environments and develop and evaluate lifestyle interventions to reduce childhood overweight and obesity. UNICEF has partnered with WHO and the World Bank to publish joint child malnutrition (including overweight and obesity) statistics since 2012. However, the effort to frame childhood overweight and obesity as a development and child rights issue in the UNICEF agenda and narrative is less than a decade old. In response to particularly concerning regional and local country trends, UNICEF began work in some regions (predominantly Latin America and the Caribbean, and East Asia and the Pacific) in 2014/2015. UNICEF’s initial response was mostly region-specific and fragmented (activities didn’t follow a larger UNICEF global strategy or action framework). In 2015, EAPRO published a holistic early childhood nutrition toolkit that integrated overweight prevention into its programme options for the country offices. LACRO also published multiple studies on nutrition labelling and marketing of unhealthy foods to children in 2015 and 2016.

In 2016, the Nutrition section at UNICEF organised a formal meeting of in-house and external nutrition experts to discuss its programmatic focus on childhood overweight and obesity prevention. This meeting was convened partly because of the ground-up demand for technical assistance from some regional offices on this issue. In addition, the preparatory data analysis for the then-upcoming 2020-2030 Global Nutrition Strategy revealed an unexpected but nonetheless alarming insight regarding the changing face of malnutrition; if current trends prevail, children with overweight and obesity will exceed the number of under-nourished children in five years. In

⁹ Please note that the data collected on the type and nature of downstream and upstream support provided by the HQ and ROs will be analysed and reported upon in the final evaluation report

response to this finding and potentially some external pressure to adapt its currently more silo-ed approach to addressing malnutrition, the Nutrition section socialised childhood overweight and obesity as a development issue with key UNICEF stakeholders and undertook internal advocacy to make it a programming focus. The decision to address overweight and obesity **prevention** through improvements in children’s and women’s diets through food environment changes and integrated (double-duty) life-cycle interventions emerged from this meeting. As a next step, the UNICEF Strategic Plan (2018-2021) included overweight prevention as a target under its Goal Area 1: Every Child Survives and Thrives and two specific strategic monitoring indicators in the results framework. While the HQ published some guidance documents on standalone policy actions in 2017 and 2018, the office formally initiated the development of the overall strategy in early 2019 with the hiring of its first-ever focal point (and dedicated staff) on childhood overweight and obesity prevention. Through global evidence review and consultations with internal experts, HQ and RO staff and technical experts from the Government of the Netherlands, UNICEF’s programming guidance was published in 2019. The document provided homogenised guidance on UNICEF’s positioning and multisectoral programmatic approach to prevention at the global, regional and country office levels. In parallel, UNICEF’s multisectoral NCD Core Group developed a programming guide on the early life prevention of Non-Communicable Diseases. This technical document guides UNICEF’s overall work on NCD prevention, including overweight and obesity prevention across the maternal, child and adolescence cycle. The launch of the guides and the 2020-2030 Nutrition Strategy in 2019 marked the inception of UNICEF’s organised global effort towards addressing the triple burden of malnutrition. EAPRO and LACRO made significant contributions to the shaping of UNICEF’s global positioning and strategy on this issue. Finally, in the playbook for effective advocacy published in 2022, UNICEF HQ has clarified a key guiding principle for UNICEF’s work on the issue: externalise the issue and prioritise policy changes in the food environment and, in addition, **support** direct life cycle interventions on prevention by supporting governments through different activities.

In 2019, UNICEF HQ formally initiated implementation by providing funding and technical support to ROs to organise and expand actions already ongoing in some COs (in LAC and EAP since 2015) and mobilising additional countries to work on this issue. The HQ and ROs undertook an organic approach to geographical expansion by tapping into the ‘low-hanging fruits’, i.e., countries with existing interest and initial experience on childhood overweight and obesity prevention UNICEF’s local to a global approach to programming is very clearly reflected in all its technical guides: country office actions should follow the blueprint for programmatic approaches in the global strategy but prioritise actions and interventions that respond to the country’s needs and context (cultural, political, regulatory etc.). In the first five years of implementation (2019-2024), the HQ’s focus is on building a critical mass of countries undertaking comprehensive and integrated work

on addressing overweight and obesity and using evidence and momentum from this initial wave to scale UNICEF's presence and impact in more regions and countries.

Findings on Inception of UNICEF's Childhood Overweight and Obesity Prevention Work at the Regional Level

Latin America and the Caribbean (LAC)

UNICEF unanimously acknowledges this region as a front-runner in childhood overweight and obesity prevention. One of the primary reasons for the RO's proactiveness in undertaking this work has been the alarming increase in the percentage of school-age children and adolescents (age 5-19) who have overweight in this region. The region ranked second only to North America among UNICEF regions in this category as per 2016 estimates. The prevalence of overweight among children under the age of five in 20 out of 25 LAC countries is categorised as medium or high risk by the 2020 joint malnutrition estimates. Given the concerning trends, many governments (Mexico, Brazil, Peru, Ecuador etc.) had initiated work on front-of-pack labelling and other legislations as early as 2014, some without UNICEF's support (like Chile).

Since 2015, the LAC regional office has been engaging in evidence generation, resource mobilisation and capacity building of UNICEF staff on the issue of overweight and obesity prevention. With the RO's support, many Country Offices have been advocating for and supporting upstream policies and legislative actions nationally, especially on nutrition labelling and improving school food environments. For instance, UNICEF established a USD 1 million partnership with Beko in 2018 with the aim of scaling up the work on overweight and obesity prevention in six COs (Brazil, Colombia, Costa Rica, Cuba, Ecuador and Mexico) during the period 2019-2020. This project enabled UNICEF's support to governments on developing and strengthening relevant national policies and legislation, improving school food standards and raising awareness on healthy diets and physical exercise among children.

Since 2018, seven countries within the LAC region reported specific expenditure on childhood overweight and obesity, which is available for only twenty countries in total within the Programme Information Database. Fourteen countries in the region reported programming on this issue in 2019, and the footprint increased to 16 countries in 2021 (as per SMQ data). The Country Offices of Argentina, Brazil, Ecuador, Mexico and Uruguay have already documented early wins on policy changes related to nutrition labelling in the region. Given the region's early start and relatively extensive experience on this issue, LACRO made significant contributions to the development of the global programming guidance in 2019.

The RO has received funding in 2021 to expand its work to include Social Behaviour Change activities with the objective of increasing awareness and knowledge of school-going children, caregivers and school staff on healthy lifestyles in Brazil, Chile, Colombia, Mexico, and Peru LACRO

currently has two staff dedicated to the nutrition portfolio, one of whom is a nutrition specialist acting as a focal point for overweight and obesity prevention in the region.

Eastern and Southern Africa (ESARO)

ESARO's nutrition section began work on overweight and obesity prevention in a structured manner in 2020 with the recruitment of a focal person following the socialisation of the topic with the regional management to gain buy-in and support for the work. Given the region's relatively low prevalence rate of overweight among children under-five (marginally higher than South Asia and West and Central Africa¹⁰) in a context of drastically high rates of early childhood stunting (highest across all regions), the inception of overnutrition-specific programming has been recent. The prevalence of overweight among children shows a downward trend in this region, with rates falling from 5.6% in 2000 to 4% in 2020. Only 9 out of 21 ESA countries have been categorised as medium or high prevalence by the 2020 joint nutrition estimates.

The bulk of the work in the region to date has been around evidence generation to understand the current policy and food environment to identify priority policy actions and programmes as well as entry points for UNICEF's work. The regional office first conducted an informal regional analysis to identify countries with high overweight prevalence and increasing footprint of 'Big Food' (multi-national food corporations) and sales of highly processed packaged and fast foods. Subsequently, COs in Tanzania, Botswana, Kenya, Zimbabwe and South Africa have undertaken landscape analyses as well as other research studies to utilise for advocacy. In 2021, 11 ESARO countries responded yes to the SMQ question on supporting policy actions/programmes on overweight and obesity prevention among children and adolescents. However, most activities focused on improving children's diets' overall nutritional adequacy, especially through school programmes. The RO recognises the need for going beyond life cycle interventions towards more specific policy actions to create less obesogenic food environments in the region's countries. Youth advocacy groups are also being activated to consolidate public demand for regulatory changes, especially controls on marketing junk foods. The funding for overweight/obesity prevention compared to undernutrition is much lower in the region. Despite the relatively lower investment required for this programming, the RO is in the process of raising funds to support leadership and a stronger advocacy voice by UNICEF in the region.

Middle East and Northern Africa (MENA)

Middle East and Northern Africa (MENA) is, at present, laying the foundation to integrate action on childhood overweight and obesity prevention within their broader nutrition work. Given the region's predominantly humanitarian and fragile context (12 countries in the region are facing

¹⁰ The proportion of overweight children under five in ESA was 4.5% in 2020 compared to 3.4% in WCA and 2.2% in SA.

humanitarian crises¹¹), the region's main focus has historically been on undernutrition. Donor funding in the region has typically prioritised interventions to reduce stunting and wasting. However, the burden of overweight in the region has been steadily increasing, with more than 5.9 million children under-five affected by overweight, in relative terms representing the highest percentage of children having overweight compared to any other UNICEF region. This region is also characterised by high rates of obesity among school-age children (5-19 years), second only to North America and the LAC. The high variability of economic growth and political stability between countries in the region makes MENA a complex and heterogeneous setting for addressing malnutrition.

As part of the 2018-2021 strategic plan, the regional office invested in resources to improve children's diets to prevent all forms of malnutrition. Within this initiative, UNICEF has supported advocacy on improving child feeding practices and launching school initiatives on food and physical exercise in some countries like the State of Palestine. In Iran, UNICEF has been supporting the effective implementation of the existing traffic light-based food labelling legislation, the current adherence to which is limited. UNICEF has also provided technical assistance to governments in Egypt, Kuwait and Jordan to include overweight and obesity prevention in their national nutrition strategies. While seven countries from the region reported having worked on overweight and obesity prevention in 2021, as per SMQ data, only Iran and Iraq reported any dedicated, albeit low, expenditure on the issue during the 2018-2021 period. However, as of 2023, the region has formally initiated work on overweight/obesity prevention with clear commitments made under the new strategic cycle of 2022-2025. The regional office is in the process of receiving funding for prevention work in four middle-income countries (Lebanon, Egypt, Iran and Jordan) to conduct a situation analysis and develop programming in the countries. The learnings from this early-stage implementation will inform the regional narrative and strategy for UNICEF's work in the coming years.

East Asia and the Pacific (EAP)

EAPRO, like LACRO, has been one of the pioneering offices in advancing the overweight and obesity prevention agenda within UNICEF. As of 2020, EAP has the highest burden of overweight children under five years across all regions, with over 12 million children at risk of long-term physical, social and psychological setbacks during their lifetime. The rate of increase in the proportion of school-age children and adolescents with overweight has also been the steepest in the two decades since the year 2000. This drastic upward trend is particularly visible in the Pacific region, with some islands reporting that more than 65% of children between 5-19 years having overweight.

¹¹ Saleh S., & Fouad F. (2021). Political economy of health in fragile and conflict-affected regions in the Middle East and North Africa region. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9373566/>

Owing to these concerning statistics, EAPRO independently commenced a regional analysis of the problem and supported implementing policy actions at country office levels between 2015 and 2016. The UNICEF CO, in partnership with WHO and other allies, significantly contributed towards the adoption of the SSB tax in Malaysia as early as 2018. EAPRO hired its focal point on overweight and obesity prevention in 2019, making it one of the first offices to do so. The regional office has been developing many regional guides and toolkits for its country offices (for ex, School Nutrition Environment Assessment etc.) and has forged many regional and country-level partnerships to optimise its efforts. UNICEF is viewed as a legitimate voice on the topic in the region. Most countries in the region have already conducted landscape analyses and identified overarching priority actions to implement in the coming years. In the last 2-3 years, EAPRO has identified four main action areas for maximising its impact, especially on reducing school-age overweight, a critical issue in the region: front of pack nutrition labelling, school food environments, sugar sweetened beverage taxes and marketing restrictions on unhealthy foods. As per SMQ data until 2021, UNICEF COs in Cambodia, China, Fiji, Vanuatu, Solomon Islands, Papua New Guinea, Marshall Islands, Indonesia, Malaysia, Mongolia, Myanmar, Philippines, Thailand and Vietnam have reported specific policy actions and programmes on overweight and obesity prevention including the provision of technical assistance on nutrition strategies, commissioning studies and doing advocacy on front of pack nutrition labelling, marketing of unhealthy food and drink to children etc. The regional office has also successfully raised donor financing on the issue.

South Asia

Stunting and wasting are a predominant part of UNICEF's nutrition agenda in the region, given the high historical and existing prevalence and burden of undernutrition (including micro-nutrient deficiencies). As per 2020 Joint Malnutrition Estimates, more than 30% of the children under-five in the region face stunting compared to a drastically lower 2.2% experiencing obesity. In addition, this region carries the lowest prevalence of overweight among all three groups: early childhood (under five years), middle childhood (5-9 years) and adolescence (10-19 years). However, given its higher population density, South Asia supersedes some regions in terms of the burden.

While some country offices initiated the integration of overweight and obesity prevention within the nutrition section's work by 2018-2019, India was the first CO to undertake a specific action on this issue through a landscape analysis. This was part of the HQ's global efforts to catalyse the overweight and obesity prevention agenda in new regions. Shortly after, ROSA formally established a specific focus on the issue in 2021. Since then, ROSA has been strengthening the region's evidence mobilisation wave by supporting country-level landscape analyses in 5 of the remaining seven countries: Bhutan, Pakistan, Sri Lanka, Bangladesh and Nepal (in partnership with Deakin University, Australia). In light of the high undernutrition burden in the region, the regional strategy heavily relies on advocating for and supporting the implementation of double-duty life

cycle interventions. In addition, the RO is providing technical assistance to some countries to initiate work on food environment reforms. However, such policy actions are presently limited in the region.

The evaluation team was not able to conduct inception interviews with all ROs. However, it will maintain contact with all regional offices during the data collection phase and include Country Offices from all regions in the sample for quantitative data collection.¹² Furthermore, the evaluation team has collated a few relevant documents produced by the various ROs and COs during the inception phase, including some documents shared by the regional advisors. The list of these documents is attached in **Annex 3**. In the case of the Middle East and Northern Africa (MENA) and South Asia regions, the evaluation team is still collating regional and country-level documents for desk review.

3. Purpose, objectives, subjects and scope

3.1. Purpose

UNICEF's programming focus on this topic is recent, with the organisation working on it only for the past four years. The early stages of the design and implementation process offer strategic opportunities for UNICEF to reflect on key achievements and challenges in programming and finetune the organisation's approach and positioning for long-term success. In addition, early demonstration of results can also help the nutrition section to mobilise more internal and external resources to scale its capacities and efforts on the issue.

The UNICEF Evaluation Office has commissioned this evaluation to achieve dual purposes:

- To ensure accountability of UNICEF's investments in overweight and obesity prevention among children and adolescents through assessments of the nature and value of work undertaken at the HQ, RO and CO levels to date.
- To reinforce evidence-based organisational learning within UNICEF through reflections on the evaluation's key findings to improve future programming, implementation and overall performance.

¹² **Europe and Central Asia Regional Office:** While a nutrition advisor for the region has been recently instated, we did not conduct an inception interview with them in recognition of other more important priorities for the nutrition section given the ongoing Ukraine crises.

Western and Central Africa Regional Office: Based on initial consultations with the HQ and desk review, we determined the region to be characterised by low rates of childhood overweight and obesity and hence limited work on o/o prevention. However, upon further consultations with the Evaluation Reference Group, Ghana from this region was identified as undertaking noteworthy work on school food environments and was thus included in the sample for the case study on this topic.

Thus, the evaluation is summative and formative in nature. The **summative evaluation** component focuses on documenting and evaluating UNICEF's programmes and policy actions (activities) and results (outputs and outcomes) aiming to contribute towards the ultimate impact outlined in the strategic plans since 2018: SDG 2.2.2: Reducing percentage of children (age 0- 19 years) who have overweight.

The **formative evaluation** components are forward-looking, identifying key opportunities and risks for scaling UNICEF's future impact and leadership in this focus area. The evaluation will provide actionable and practical recommendations on how UNICEF can further strengthen its internal capacities, programming, partnerships, and positioning during the current and future strategic cycles.

3.2. Objectives

As part of inception interviews, EPRI gathered insights from key informants on their learning objectives and expectations from the evaluation. This has been done to maximise the usefulness of evaluation outputs for key decision-makers at HQ and RO levels. These insights have formed the basis of the evaluation's objectives, evaluation questions and data collection tools.

- Understanding the 'right' (comprehensive-enough) mix of life cycle interventions (mainly through government programmes) and policy actions on food environment reforms to meaningfully move the needle on overweight and obesity prevention with a focus on lessons from countries and regions with more mature programming.
- Understanding the bottlenecks (contextual and internal) preventing the overweight and obesity prevention agenda to flourish in some countries despite UNICEF efforts.
- Understanding the current nature of UNICEF's engagements with the food and beverages industry on this issue across regions and countries and resulting opportunities and risks for UNICEF's impact and image.
- Understanding the specific nature of skills and capacities required for undertaking advocacy and providing technical assistance on overweight and obesity prevention and the existing gaps among staff working on this issue.
- Understanding how UNICEF has leveraged partnerships with academia, civil society and other UN organisations to build evidence, strengthen advocacy and legitimise its identity as a technical partner on overweight and obesity prevention.
- Understanding to what extent UNICEF regional and country offices are utilising a multisectoral approach on overweight and obesity prevention, i.e., involving all relevant sectors to the maximum extent in concrete actions.

Overall, the evaluation aims to achieve the following objectives:

1. Assess the relevance, efficiency, effectiveness, coherence and sustainability of UNICEF's work in the prevention of overweight and obesity in children and adolescents (summative).
2. Understand how UNICEF's positioning, organisational structures and leadership affect overweight and obesity prevention approaches and programmes at the HQ, RO and CO levels (summative).
3. Based on the evidence gathered, identify lessons, produce clear conclusions and provide actionable recommendations that support and inform decision-making at the HQ, RO and CO levels (formative).

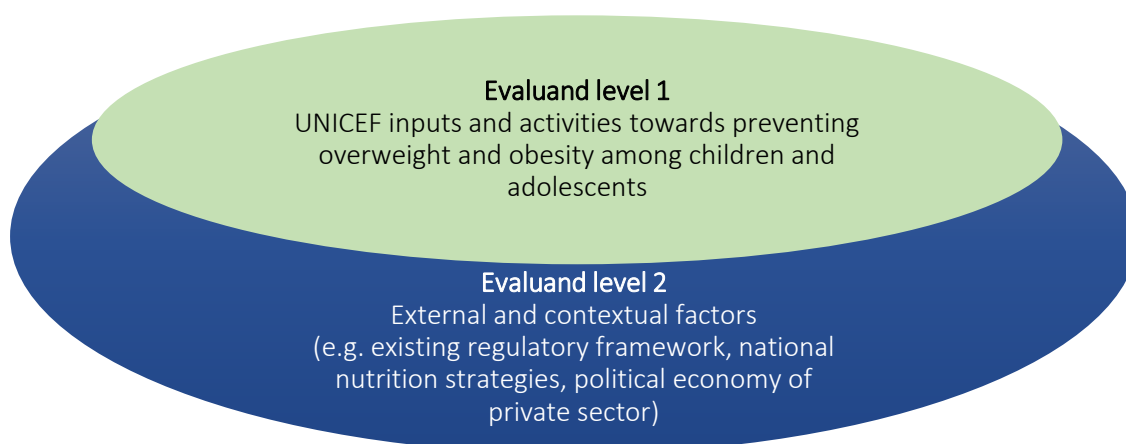
3.3. Subject

In response to the purpose and objectives of the evaluation, the subject of the evaluation, i.e., the evaluand, can be classified into two levels, as illustrated below in Figure 1. The **primary level of the evaluand** focuses on UNICEF's activities to prevent overweight and obesity among children and adolescents. This framework will guide the decision-making on which activities should be subject to evaluation.

The **secondary level of the evaluand** focuses on the role of the broader policy context, such as the existing plans, policies and programmes within the focal countries, child overweight rates, regulatory framework, business context and political economy determinants, among other factors. This level acknowledges the relevance of external factors and how they shape and influence the results of UNICEF's actions towards this goal, thereby translating inputs into results.

While the focus of the evaluation largely lies on the primary level of the evaluand, the analysis will draw specific factors of relevance in each case study country under evaluation from the secondary evaluand, allowing for an adequate and comprehensive assessment of the role of context and UNICEF's work in this area. UNICEF is fully accountable at the primary evaluand level, with more limited accountability at the secondary level.

Figure 1: Two levels of the evaluation



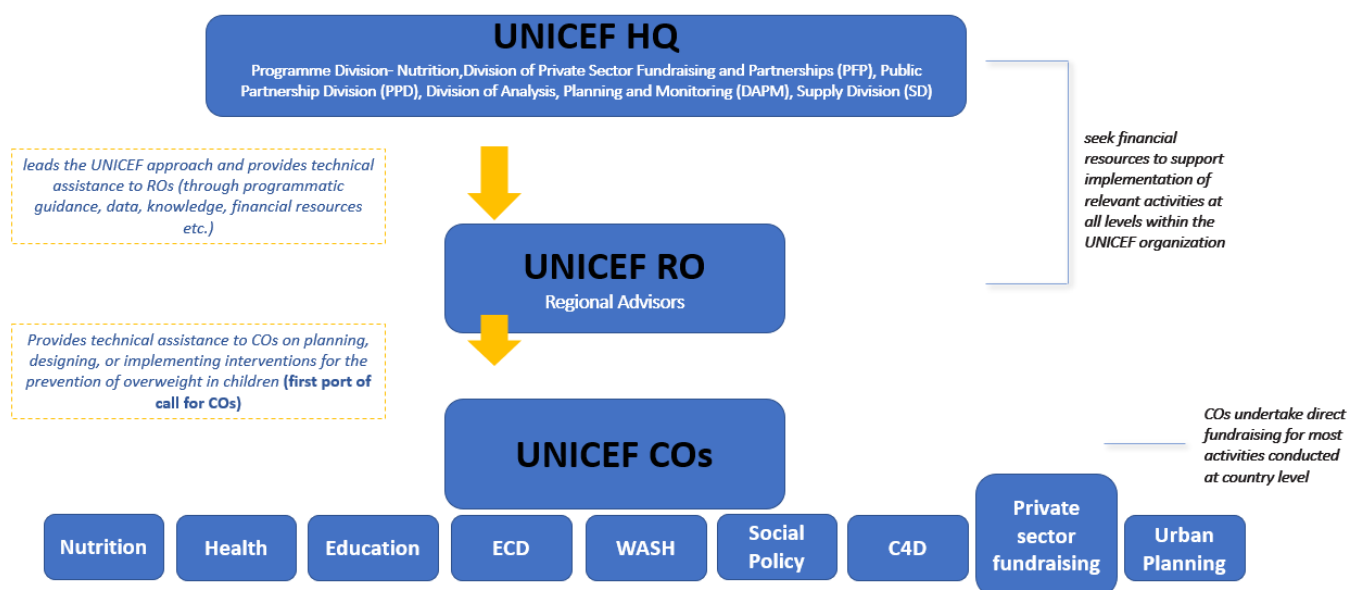
3.4. Scope

Temporal Scope: The evaluation will cover UNICEF’s actions and results for the period of the strategic cycle 2018-2021 and actions till date under the new strategic cycle 2022-2025¹³

Organisational Scope: EPRI’s approach will cover all three of UNICEF’s organisational levels—HQ, RO and CO—with in-depth case studies and quantitative data collection (via online surveys) focused on the country office level. In line with the guidance in the Terms of Reference, EPRI’s approach will encompass the relevant organisational units, including health, education, ECD, WASH, Child Rights in Business (CRB), Public Partnerships and Private Sector Fundraising and Partnerships (PFP), among others. In particular, EPRI will focus on the interaction among these units, as success depends critically on inter-sectoral collaboration. In addition, EPRI will conduct interviews with various government actors representing health, education, NCD prevention, WASH, and other UN and civil society organisations.

¹³ EPRI’s evaluative judgement on the results achieved will be sensitive to the varying inception timelines across regions.

Figure 2: Interaction among UNICEF offices and sections for integrated programming and implementation



Source:
1. 2020 UNICEF Advocacy Strategy and Guidance: Prevention of Overweight and Obesity in Children and Adolescents
2. 2019 UNICEF Programming Guidance: Prevention of Overweight and Obesity in Children and Adolescents

Geographic scope: While the evaluation has a global outlook and hence is not limited to a specific region, primary qualitative data collection activities and an integrated analysis with secondary data are limited to nine countries from six regions across five case studies: (1) LAC: Argentina and Mexico (2) ESA: South Africa and Kenya (3) EAP: the Philippines and Malaysia (4) WCA: Ghana, (5) ECA: Greece and the Netherlands. South Asia (SA), given the lower prevalence rates of childhood and adolescent obesity in the region, has not been included for in-depth inquiry for case studies. While high overweight/obesity rates characterise the MENA region, UNICEF’s work on the issue is more nascent given the coexisting high undernutrition rates and economic and social fragility. Hence no countries from MENA have been included in case studies. However, all UNICEF regions are represented in a quantitative survey being conducted to complement the comparative case studies and inform the global perspective of the evaluation. The following sections provide the rationale and further details on the geographical scope for the evaluation outputs (global report and five programme/policy action-based case studies). The case study and survey samples include high and upper-middle-income countries with high prevalence rates, given that the issue is prevalent globally and the UNICEF 2020-2030 strategy has made commitments to strengthen UNICEF’s work in high-income countries (through country offices and National Committees) to advocate for and support policies that protect every child’s right to nutrition.

4. Evaluation Questions, Theory of Change and Propositions

4.1. Evaluation Questions

The evaluation is guided by six overarching questions (listed in table 1 below) to assess UNICEF’s work on preventing overweight and obesity. These evaluation questions speak to the evaluation objectives. To systematically structure and categorise these six overarching questions, the questions were further broken down into sub-questions and categorised according to these five selected OECD-DAC criteria for this evaluation – **relevance, coherence, effectiveness, efficiency and sustainability**. By definition, **relevance** is concerned with the extent to which the activity to be evaluated is suited to the priorities of the target group and the institution; **coherence** assesses how well the activities align with other interventions in the country or institution; **effectiveness** measures the extent to which the activities attain results at the output and outcome level; **efficiency** measures the outputs in relation to the inputs, hence assesses whether the least costly resources are employed to achieve desired results; **sustainability** is concerned with measuring whether the benefits of the programme are likely to continue and are financially stable. Please note that the OECD-DAC criterion of ‘impact’ has not been included in this evaluation frame, as UNICEF’s work on this issue is in the preliminary phase. Hence, the results to date are limited to outputs and early-stage outcomes.

Along with the six overarching questions, the table below recommends specific research questions per the above OECD-DAC criteria. These questions were developed based on the questions outlined in the evaluation's TOR and further informed by the Theory of Change and documents review during the inception phase. EPRI reviewed the comprehensive set of questions in the TOR and identified and refined pointed evaluation sub-questions concretely aligned to the objectives and criteria. The evaluation matrix for each evaluation question and sub-question can be found in Annex 11.

Table 1: Category-wise evaluation guiding questions and sub-questions

Relevance	<p>1. How relevant have UNICEF's interventions been in preventing overweight and obesity among children and adolescents?</p> <ul style="list-style-type: none"> a) To what extent has UNICEF mobilised evidence (on the nature of the problem and solutions) to understand key stakeholder (including intended beneficiaries) needs? b) To what extent are UNICEF's interventions responsive to the specific needs of key stakeholders and identified features of the surrounding context?
Coherence	<p>2. How coherent are UNICEF's interventions with country priorities to prevent overweight and obesity among children and adolescents?</p> <ul style="list-style-type: none"> a) To what extent are the various UNICEF's strategies and actions under Goal Areas mutually reinforcing (or standalone/contradictory) with regard to preventing overweight and obesity? b) To what extent are UNICEF's interventions coherent with policies and programmes of other partners working on overweight/obesity prevention at global, regional and national levels? c) To what extent is UNICEF's programming on overweight and obesity prevention coherent with the national government's policies and strategies?
Effectiveness	<p>3. How effective are UNICEF's interventions in achieving long-term outcomes towards preventing overweight and obesity among children and adolescents?</p> <ul style="list-style-type: none"> a) To what extent are UNICEF's policy actions/programmes effective in changing motivations, attitudes and behaviours at individual and family levels? b) To what extent are UNICEF's policy actions/programmes effective in creating less-obesogenic environments that enable healthier diets and more physical activity?
Efficiency	<p>4. How efficient has UNICEF's interventions been in achieving intended results within an expected timeframe and in a cost-effective manner?</p> <ul style="list-style-type: none"> a) What strategies/activities has UNICEF undertaken to ensure resources are allocated efficiently? b) To what extent are the interventions implemented in a timely manner and how are delays arising from internal and external barriers mitigated/managed?
Sustainability	<p>5. How sustainable are UNICEF's interventions to prevent overweight and obesity?</p> <ul style="list-style-type: none"> a) What actions does UNICEF take to embed sustainability in its programming to ensure ownership and resourcing in the long run? b) To what extent have these approaches resulted in the sustainability of programmes?

UNICEF Positioning and Leadership	6. How has UNICEF’s positioning, organisational structures and leadership affected programmes and policy actions to prevent overweight and obesity?
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4.2. Theory of Change

A theory of change explains how the activities are understood to contribute to a chain of results that will produce the intended outcomes and impacts. The evaluation team will utilise this ToC to identify the programmatic approaches and specific activities (pathways) undertaken by different country and regional offices and assess the relevance and effectiveness of these actions in contributing towards overall impact. These pathways are influenced by UNICEF's actions (evaluand level 1) but also those of national actors and broader contextual factors (evaluand level 2). In addition to identifying success along the causal chain, the TOC also helps to define and test alternative causal pathways.

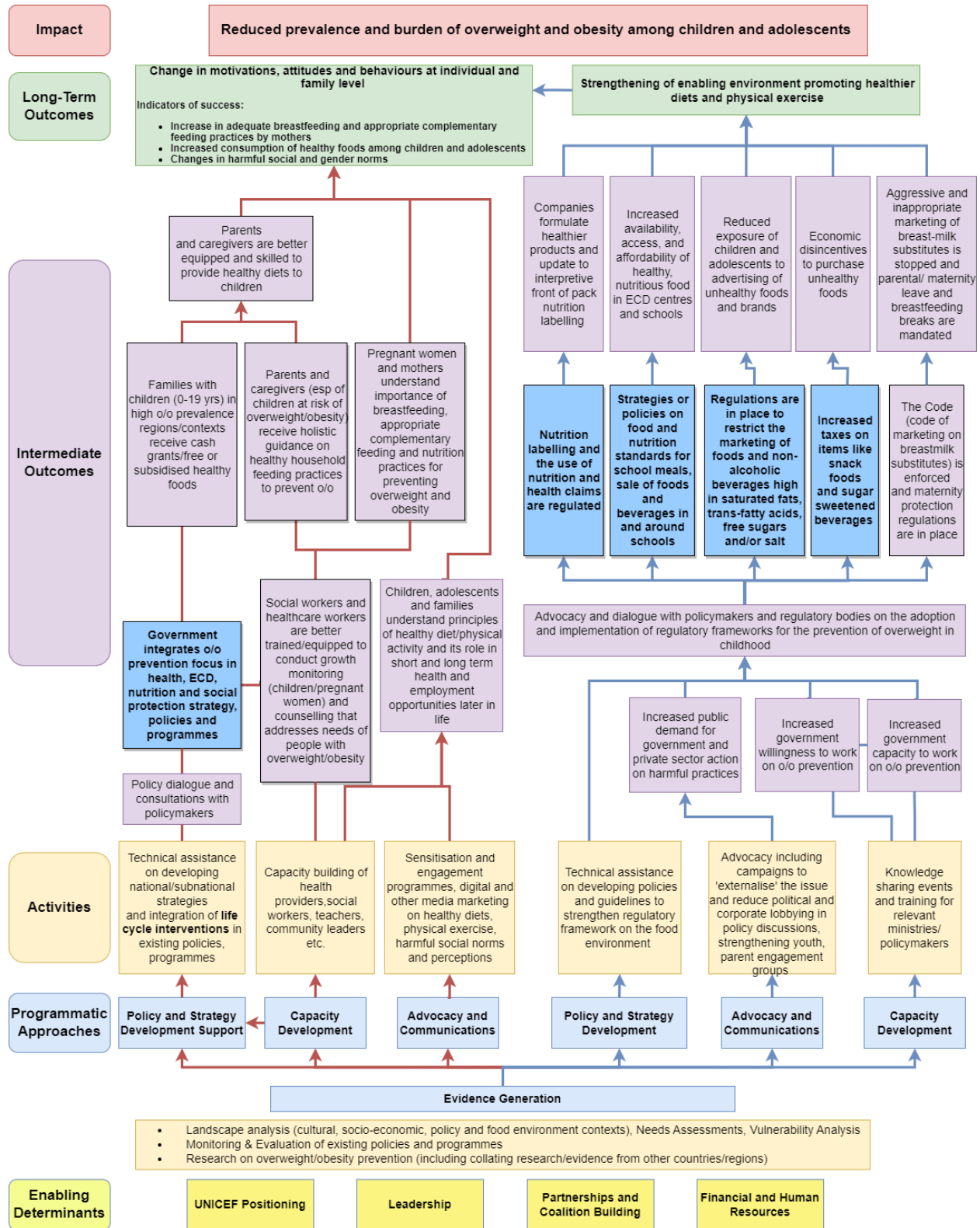
To harmonise the understanding of key terms relevant to the evaluation and Theory of Change among all evaluation stakeholders, the evaluation team has referred to UNICEF and WHO technical guides to develop the following operational definitions:

- **Overweight and Obesity:** abnormal or excessive fat accumulation that presents a risk to health
- **Obesity:** From birth to less than five years of age: weight-for-height more than 3 Standard Deviation (SD) above the WHO Child Growth Standards median. From age 5 to under 19 years: BMI-for-age more than 2 SD above the WHO growth reference median.
- **Overweight:** From birth to under five years of age: weight-for-height more than 2 SD above WHO Child Growth Standards median. From age 5 to under 19 years: BMI-for-age more than 1 SD above WHO growth reference median.
- **Unhealthy foods and beverages:** Foods and beverages high in saturated fats, trans-fatty acids, free sugars and/or salt (i.e., energy-dense, nutrient-poor foods). In its technical guidance, UNICEF references ultra-processed foods, junk foods, snack foods, sugar-sweetened beverages, etc. The Theory of Change and inception report will use these specific terms only when certain programmes or policy actions concern a particular type of unhealthy food.
- **Obesogenic Environment:** An environment that promotes unhealthy food intake and sedentary behaviour. This includes the foods that are available, affordable, accessible and promoted; physical activity opportunities; and the social norms in relation to food and physical activity.

The evaluation team developed the theory of change by conducting extensive reviews of UNICEF documents and utilising the technical knowledge of the expert panel comprising world-class nutrition experts (details of members in **Annex 4**). This draft theory was then reviewed and validated by the expert panel and UNICEF evaluation members during the validation workshop organised by EPRI on 15 March 2023. The panel and UNICEF members further supplemented their verbal inputs from the workshop with email-based feedback. This extended process allowed the participants to dive deep into the ToC's components and reflect on their conceptualisation.

As a first step, EPRI developed a preliminary theory of change based on the review of UNICEF HQ's Programming Guidance, Advocacy Guidance and 2020-2030 Nutrition Strategy. Then, EPRI further analysed the UNICEF action framework on this issue to develop a more nuanced and detailed ToC for the evaluation. This theory of change (Figure 3) is elaborate and includes six components: enabling determinants, programmatic approaches, activities, intermediate outcomes, long-term outcomes and impact.

Figure 3: Validated Theory of Change



The different components of the ToC are summarised below:

- **Impact:** UNICEF has defined the main impact indicator for its work on overweight and obesity prevention to be a reduction in the prevalence and burden of overweight and obesity among children and adolescents. UNICEF has integrated an impact indicator for the same in its strategic monitoring plans since 2018: SDG 2.2.2 Reducing the percentage of children (age 0- 19 years) who have overweight.
- **Long-term outcomes:** The most important characteristic of this ToC is that it divides UNICEF work into two main focus areas: (a) changing motivations, attitudes and behaviours at individual and family levels and social norms at the community level (b) strengthening the enabling environment to promote healthier diets and physical activity through policy actions that indirectly change dietary behaviours of children, adolescents and caregivers.
- **Intermediate outcomes:**
 1. **Towards achieving the long-term outcome (a):** Integration of overweight and obesity prevention focus in national strategies and policies on nutrition and health leading to the government implementing social protection programmes that improve the economic ability of families to purchase healthier foods as well as last-mile nutrition programmes that improve the knowledge and ability of caregivers to provide healthier diets to children and women of childbearing age to exclusively breastfeed infants up to six months followed by breastfeeding and complementary feeding up to 2+ years.
 2. **Towards achieving the long-term outcome (b):** Policies and guidelines on the front of pack nutrition labelling, school food environments, restricting marketing of unhealthy foods and beverages to children, increased taxes on snacks and sugar sweetened beverages and maternity protection are in place, and Code (code of marketing on breastmilk substitutes) has been adopted and is adhered to.
- **Programmatic approaches and activities:** UNICEF's work on overweight and obesity prevention broadly falls into the following three programmatic approaches: policy and strategy development support, capacity development, and advocacy and communications. However, the specific activities within these approaches are of two types:
 1. **That contribute towards the outcome (a):** Technical assistance to governments on integrating overweight and obesity prevention into national/subnational nutrition and health strategies, supporting capacity building of health providers and relevant community workers, teachers and leaders to counsel parents, adolescents and children on healthy dietary behaviour and physical exercise, community sensitisation programmes and media campaigns to increase public awareness about healthy dietary behaviour and physical exercise and shift the narrative on

this issue from overweight/obesity being a personal issue to being an outcome of the external food and policy environment.

2. **That contribute towards the outcome (b):** Technical assistance to governments on developing policies, guidelines and regulations on the food environment, address harmful perceptions and build capacities of policymakers on the issue, advocacy with government and regulatory bodies to influence adoption and implementation of regulations and reduce business interference in policy decisions.
- **Evidence generation:** Through a desk review of UNICEF guidance documents, EPRI identified how evidence generation (through landscape analysis, development of policy briefs, documentation of cross-regional and country good practices, evaluation of existing policies and programmes etc.) is UNICEF's primary tool towards identifying the country's pathway towards the goal (overweight and obesity prevention in children and adolescents) and adapting the activities in response to the country's policy, regulatory, social and cultural context. Hence, the evaluation will review the quality, breadth and depth of 'evidence generation' activities and collect evidence on its utilisation to inform the country's or region's approach to collect data on the criteria of 'relevance'. Thus, evidence generation is placed below and is seen as underpinning UNICEF's programmatic approaches in the ToC.
 - **Enabling determinants:** These are overarching factors that enable successful evidence generation and programming, and policy action by UNICEF on the issue.
 1. **UNICEF Positioning:** a strong position with clearly defined principles on engagement with the private sector can enable country offices to avoid conflicts of interest and undertake uncompromised advocacy
 2. **Leadership:** committed and skilled leadership at HQ, RO and CO levels can improve the quality of programming and accelerate its scale-up by supporting staff needs like capacity building, resource allocation etc.
 3. **Partnerships and coalition-building:** UNICEF can rapidly increase its blueprints across regions and countries by partnering with academics, think tanks, civil society and other UN agencies to strengthen its evidence generation and programmes/policy actions.
 4. **Financial and human resources:** Making catalytic investments and hiring/upskilling to improve staff capacities can also enable better programming

Notes:

- The four intermediate outcomes highlighted in blue have been selected as case study areas for the evaluation (detailed further in subsequent sections)

- This ToC may undergo changes during the data collection phase as EPRI develops a further nuanced understanding of UNICEF’s work and approaches. Any changes to the ToC will be reflected in the final evaluation report in the section ‘ex-post Theory of Change’.

4. Evaluation Design: comparative case studies

4.1. Evaluation Methodology

As part of the evaluation, EPRI will employ a mixed methodology to collect quantitative and qualitative data. The evaluation team will apply their evaluative judgement to answer the evaluation questions in an evidence-based and analytical manner. EPRI proposes an integrated quantitative-qualitative evaluation that includes an online quantitative survey of key UNICEF stakeholders across 67 country offices to provide a broadly representative picture of UNICEF’s work in preventing overweight and obesity in children and adolescents globally, with the qualitative component comprising five in-depth programmes/policy action-based case studies (covering nine countries). The evaluation matrix for each evaluation question and sub-question can be found in Annex 11.

For the **quantitative component**, the online survey will be targeted at CO staff in nutrition and other relevant sections in two types of country groups:

- a. Countries that have reported work supporting policy actions or programmes for the prevention of overweight and obesity in children and adolescents (as per Strategic Monitoring Data from 2019-2021)- including countries reporting substantive work (worked in two or more years between 2019 and 2021 and reported three or more types of activities out of seven in 2021¹⁴) as well as comparator countries reporting less substantive work (worked only one year between 2019 and 2021 and undertook less than three types of activities)

¹⁴ As part of the SMQ data collection, country office reporting yes to work on overweight and obesity prevention among children and adolescents are required to choose which programmes/policy actions they are working on- these programmes/policy actions are coded in 9 categories: 1. Nutrition education for children, school-age children and/or adolescents, 2. 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 provided, 3. 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, 4. iv) Initiatives to make specific healthy foods available in schools (healthy school meals, fruit and vegetable provision, school gardens, etc.), 5. 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, 6. Regulation of unhealthy food marketing to children, school-age children, and/or adolescents, 7. Health-related food and beverage taxes, 8. 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 and 9. Other policy actions or programmes. For the purpose of this evaluation, we have clubbed activities 2, 3 and 4 into one as they all pertain to school food environments.

- b. Countries that have not reported these activities (reported no to the SMQ question on undertaking overweight and obesity prevention work in 2019, 2020 and 2021)

Within each country group, the online survey will be emailed to four key UNICEF staff per country office working in sections relevant to current or future programming on this issue. The survey will enable EPRI to reach a large sample size and collect data on the scale, breadth and perceived relevance, effectiveness, efficiency, sustainability and coherence of work being undertaken by country offices. The second type of online survey for countries not working on the issue aims to gather insights on why these country offices have not initiated work, their willingness and readiness to undertake future work, existing capacity gaps and required support from the HQ and RO. This data will mainly inform the formative component of the evaluation.

The quantitative and qualitative (as responses to limited open-ended questions) findings from the surveys will mainly inform the findings of the global synthesis report. In addition, country-level data will be used to supplement the findings of the case studies. The proposed questionnaires for collecting quantitative data are included in **Annex 5**. The Annex contains two sets of questionnaires: one for countries undertaking any work on overweight and obesity prevention and one for countries that have not done any work in this area.

Qualitative Component: Case Studies

Rationale for choosing case study themes:

EPRI has chosen to focus the case studies on specific UNICEF programmes/policy actions (across 2 countries each) instead of specific countries. This approach has been supported by all key informants who partook in inception interviews for the evaluation. The key staff agreed with this approach, especially due to the opportunity to glean more rich insights into different types of advocacies, which is the key approach of UNICEF's work on overweight and obesity prevention. Policy actions require comprehensive and systematic activities over long periods of time to achieve changes in regulatory frameworks. Hence, this approach will enable a closer look into how different countries navigate dialogue with the government and other relevant stakeholders and the factors that accelerate or hinder progress in different contexts. Similarly, evaluation of the more direct support provided by UNICEF (like technical assistance and capacity building) on this relatively novel issue may offer interesting and important lessons for building long-term relationships with the government on systems strengthening.

The evaluation has identified the below-mentioned six main programmes/policy actions implemented by UNICEF globally (1, 2, 3 and 4 correspond to long-term outcome **b**, and 5 and 6 correspond to long-term outcome **a** from the ToC):

- **Front-of-pack nutrition labelling** (including regulation of nutrition and health claims on labels)

- Restrictions on children’s exposure to the marketing of unhealthy foods and non-alcoholic beverages to children, school-age children and/or adolescents (hereafter referred to **as restrictions on food marketing to children**)
- Strategies or policies on food and nutrition standards for school meals, sale of foods and beverages in and around schools, and nutrition in school curricula (hereafter referred to as **school food environments**)
- **Increased taxes on snack foods and sugar-sweetened beverages (SSB)**
- Integration of childhood and adolescent overweight and obesity prevention in national nutrition and health strategies and guidelines (hereafter referred to as **national strategies/guidelines**) **Social and behaviour change** (including nutrition, breastfeeding and complementary-feeding counselling, as well as public engagement and sensitisation activities)

Of these, **the first five programmes/policy actions have been selected for the case studies**. The reason for excluding the last topic is as follows:

- Social and Behaviour Change: Since most interventions in this area are double duty (addressing both under and overnutrition) as well as intersectoral, the evaluation of this type of work by UNICEF is already being evaluated within other broader nutrition and health-focused evaluations.

Annex 6 contains the Key Informant Interview guide for data collection at the CO level for the case studies. In addition, EPRI will also conduct KIIs with the HQ and RO staff to understand and evaluate the overall support provided to Country Offices to identify, design and implement programmes and policy actions. The KII guides for RO and HQ are also included in Annex 6.

The findings of these KIIs (RO and HQ) will inform the global evaluation report. Please note that the list of KII questions is exhaustive, and EPRI’s researchers will prioritise and reframe questions based on the interview flow and nature of the respondent’s answers.

Sample Design

Quantitative Online Survey for Global Report

EPRI had committed to a sample of 50 country offices (including those where no work on the issue is being undertaken) for the online survey. However, to account for attrition and ensure adequate representativity across all seven UNICEF regions, EPRI is proposing a total sample of 67 country offices: 54 COs where UNICEF has been undertaking work and 13 COs where it has not yet initiated work.

Table 2: Summary of Sample for Online Survey

Type of Online Survey	Approximate Completion Time	Type of Countries	Number of Countries
Predominantly summative survey questions (questionnaire in Annex 5)	25-30 minutes	Countries that have reported substantive work supporting policy actions or programmes for the prevention of overweight and obesity in children and adolescents	42
		Countries that have reported limited work supporting policy actions or programmes for the prevention of overweight and obesity in children and adolescents	12
Predominantly formative survey questions (questionnaire in Annex 5)	15-20 minutes	Countries that have not reported work supporting policy actions or programmes for the prevention of overweight and obesity in children and adolescents	13

1. Sample for online survey for countries undertaking any work on overweight and obesity prevention

EPRI used SMQ data (2019-2021) provided by the UNICEF evaluation office to identify countries undertaking work on overweight and obesity prevention. Country offices reporting yes to the SMQ question ‘Has your country office supported policy actions or programmes for the prevention of overweight in children and/or adolescents during the year of reporting?’ have been classified as undertaking work on the issue. To ensure the selection of countries undertaking substantive work as well as comparator countries where the efforts have been limited, EPRI applied the following criteria to identify each sub-group:

- **Undertaking ‘substantive’ work on overweight and obesity prevention among children and adolescents:** Countries reporting yes to the question ‘Has your country office supported policy actions or programmes for the prevention of overweight in children and/or adolescents during the year of reporting?’ for two or more years out of three years (2019, 2020 and 2021) and reporting three or more out of total seven types of activities during 2021 (details of the categories on types of activities is provided in footnote 8) qualify as undertaking ‘substantive’ work.

Applying these criteria filtered the number of countries down to 44, out of which 42 were selected as a sample for the online survey for countries undertaking work on overweight and obesity prevention.

Two countries (Cook Islands and Tonga) have not been included as their corresponding CO-Fiji, has already been counted in the sample. Ukraine has not been selected, given the other more important priorities in the country due to the ongoing crisis. While Egypt has undertaken work in all three years, i.e. 2019, 2020, and 2021, the number of types of activities undertaken by the CO is two hence not qualifying it to be undertaking 'substantive work'. This country has still been included as an exception in the sample given MENA region's relative low representation in the quantitative survey sample and no representation in the case study sample. Myanmar from the EAP region has not been included, given the ongoing crisis in the country. Given Greece's recent status of becoming a UNICEF Country Office (2020), the CO is not included in the SMQ data until 2021 and hence was not included in the universe for the sample design. However, given its inclusion as a country for a case study topic, EPRI is proposing adding it to the online survey sample. The findings from the survey will help augment the findings from the Key Informant Interviews.

Table 3: Country Offices undertaking 'substantive' work on overweight and obesity prevention

Region	Number of Qualifying COs	Number of Selected COs	Names of selected COs
EAP	9	8	Mongolia, China, Malaysia, Vietnam, Fiji MCO, Vanuatu, Philippines, Kiribati
ECA	7	7	Bosnia and Herzegovina, Armenia, North Macedonia, Kazakhstan, Georgia, Republic of Uzbekistan, Greece
ESA	5	5	South Africa, Zambia, Rwanda, Malawi, Kenya
LAC	10	10	Argentina, Uruguay, Cuba, Ecuador, Bolivia, Belize, Peru, Brazil, Mexico, Guatemala
MENA	2	3	Iran, Iraq, Egypt
SA	4	4	Pakistan, India, Nepal, Sri Lanka
WCA	5	5	Cabo Verde, Liberia, Ghana, Gambia, Senegal
Total	42	42	

Please refer to **Annex 7** for the detailed database of countries undertaking 'substantive' work on overweight and obesity prevention.

- **Undertaking limited work overweight and obesity prevention among children and adolescents: Countries reporting yes to the SMQ** ‘Has your country office supported policy actions or programmes for the prevention of overweight in children and/or adolescents during the year of reporting?’ for only one year between 2019 and 2021 and conducting less than two types of activities have been classified as countries undertaking limited work on the issue. Of the 12 countries qualifying for this sub-group, all countries have been included in the sample.

Please refer to **Annex 8** for the detailed database of countries undertaking limited work on overweight and obesity prevention.

Table 4: Country Offices undertaking ‘limited’ work on overweight and obesity prevention

Region	Number of Qualified COs	Number of Selected COs	Names of selected COs
EAP	2	2	Papua New Guinea, Thailand
ESA	5	5	Angola, Botswana, Comoros, Namibia, Uganda
LAC	3	3	Costa Rica, Nicaragua, Guyana
MENA	2	2	Jordan, Tunisia
Total	12	12	

Hence the questionnaire for countries undertaking work on overweight and obesity prevention (second questionnaire in **Annex 5**) will be administered to 54 countries in total (42 countries undertaking substantive work and 12 countries undertaking limited work in the period 2019 to 2021).

2. Sample for online survey for countries not undertaking any work on overweight and obesity prevention among children and adolescents

Of the 67 countries identified as not undertaking any work on this issue (using SMQ data for 2019, 2020 and 2021), 14 country offices were selected, two per UNICEF region. EPRI selected the top two countries with the highest prevalence of overweight among children under-five for each region. However, in MENA, the country with the second highest prevalence (Syrian Arab Republic) was replaced by Algeria to include representativeness from North Africa. In South Asia, only one country qualifies and is hence selected. The selected countries are mentioned below:

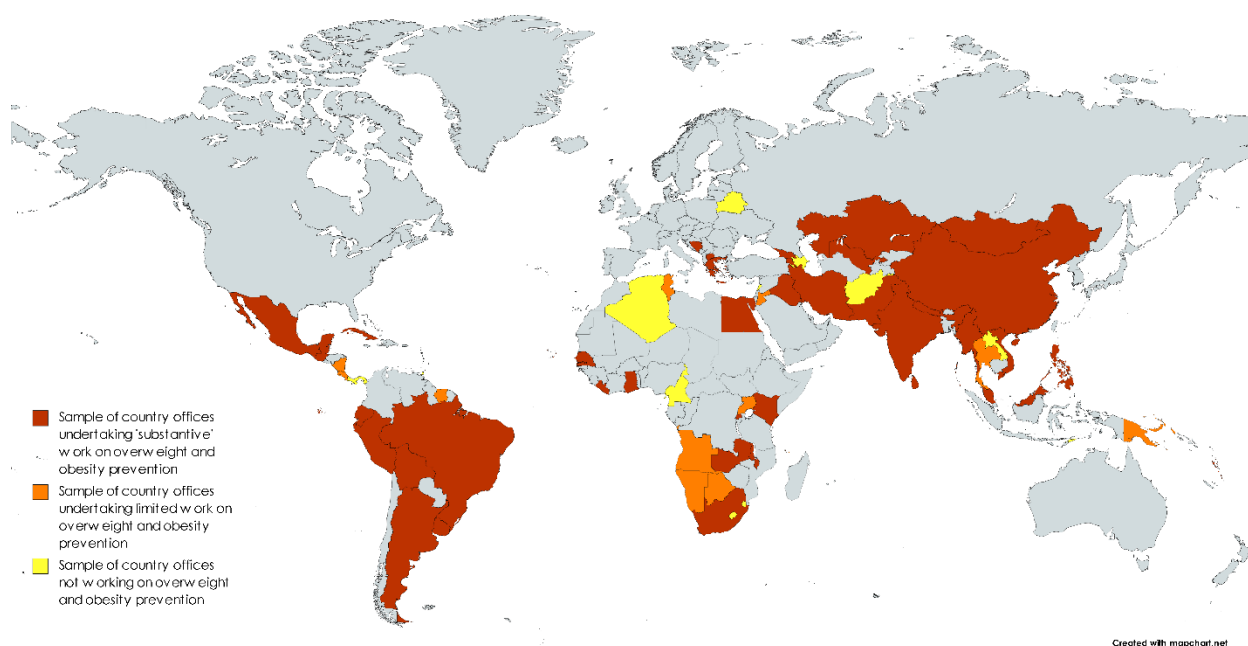
Table 5: Sample for an online survey of country offices not working on overweight and obesity prevention

Region	Names of selected COs
EAP	Lao People’s Democratic Republic, Timor-Leste
ECA	Azerbaijan, Belarus
ESA	Eswatini, Lesotho

LAC	Barbados, Panama
MENA	Lebanon, Algeria
SA	Afghanistan
WCA	Republic of Cameroon, Equatorial Guinea
Total	13

Please refer to **Annex 9** for the detailed database of countries not working on overweight and obesity prevention.

Figure 4. Classification of Country Offices based on their work on overweight and obesity prevention



3. Sample for conducting KIIs for Case Study Reports

By choosing a programme/policy action-based case study approach, EPRI has included nine countries in the sample for case studies. The countries have been selected using a purposive sampling method. EPRI used the sampling frame provided in the ToR for case study selection and expanded it to include more countries with high overweight rates among school-aged children and adolescents. Based on consultations with the HQ and four regional offices, EPRI has identified the following countries for evaluation based on the prevalence of overweight and obesity rates in two age groups (under five years- 2020 data from 2020 Joint Malnutrition Estimates¹⁵ and 5-19 years- 2016 data from The State of the World’s Children 2021 dashboard¹⁶), income status, regional

¹⁵ UNICEF, WHO & IRBD/World Bank Group. (2021). Levels and trends in child malnutrition: key findings of the 2021 edition of the joint malnutrition estimates. Retrieved from <https://www.who.int/publications/i/item/9789240025257>

¹⁶ UNICEF. (2021). The State of World’s Children. Retrieved from <https://data.unicef.org/resources/sowc-2021-dashboard-and-tables/>

office and maturity of programme/policy action efforts to enable sufficient data collection and analysis for evaluative findings. The table below presents the countries selected for the five programmes/policy action areas selected for case studies.

Table 6: Countries Selected for Case Studies

Programme/ Policy Action	Countries Selected	Regions represented	Rationale for Selection
Front-of-pack nutrition labelling	Kenya and Mexico	ESA and LAC	<p>Kenya is a Lower Middle-Income country (LMIC) with low overweight prevalence rate among children under age five (4.5%). However, the modelling estimates categorise 11% of children between ages 5 -19 as overweight. The annual growth rate of urban population in Kenya (3.7%¹⁷) is also amongst the highest across the world, a phenomenon associated with increased exposure to and consumption of ultra-processed foods and beverages. Recognising the growing need for an improved Nutrient Profiling model that meets international requirements and introduction of a transparent front-of-pack nutrition label, Kenya CO has initiated evidence mobilisation and advocacy work on this issue as a priority to protect children, especially adolescent girls from unhealthy diets and related health concerns.</p> <p>On the other hand, UNICEF Mexico is an Upper-Middle Income Country (UMIC) with relatively higher and concerning rates of overweight among both under-five (6.3%) and 5-19 age groups (35%). UNICEF Mexico has been supporting the strengthening of the legislation and enforcement of FOPNL by undertaking strong advocacy efforts with the government and legislative powers (MPs, Senators etc.) to improve regulations and reduce interference of the food and beverage industry in the label formulation and enforcement process. The relatively weaker and controversial 2014 front of pack nutrition label was ultimately replaced by a new, more comprehensive and effective one in</p>

¹⁷ UNICEF. (2019). The State of the World's Children. Children, Food and Nutrition: Growing Well in a Changing World. Retrieved from State of the World's Children 2019.pdf.pdf (unicef.org)

			<p>2020, owing in part to UNICEF’s evidence building, advocacy and technical assistance efforts.</p> <p>Evaluating the policy action results across contrasting regions with varying degrees of efforts and success on FOPNL will help generate insights on key opportunities and bottlenecks across the advocacy cycle (from FOPNL formulation, passing of regulation and implementation)</p>
Restrictions on Marketing to Children	The Philippines and the Netherlands	EAP and ECA (National Committee Country)	<p>The Philippines and the Netherlands are contrastingly low- and high-income countries respectively but with similar overweight prevalence among children under-five (5% approximately). UNICEF Philippines has identified the introduction of mandatory regulations on marketing of unhealthy foods and beverages as a priority action area during the landscape analysis exercise. The CO has partnered with a law firm with expertise on tobacco-related legislations to inform its evidence-building and advocacy work on marketing restrictions on unhealthy food and beverages. Similarly, the Netherlands Office is working on the same issue by leading a coalition of civil society actors to advocate for strengthening the Code for Advertising to Directed at Children and Adolescents and its enforcement. In this case study, the evaluation team will also include insights on programming approaches undertaken by National Committee countries despite their primary focus on fundraising for UNICEF’s work globally. The evaluation team will conduct some (1-2) KIIs with staff from UNICEF Sweden and Norway NC offices to augment the findings on this front.</p>
School Food Environments	South Africa and Ghana	ESA and WCA	<p>South Africa is an upper-middle income country with a relatively high prevalence of early childhood overweight but off-track progress on improvement in SDG progress in this regard. Additionally, the region has a high prevalence of middle childhood and adolescent obesity (25%). South Africa is also slated to receive funding to expand its programmes in 2023; hence, detailed analysis and evaluation of the country’s work will help inform the prioritisation and investment plan of the incoming funding. In Western and Central Africa, Ghana has the most developed portfolio of work on this issue. The country office has identified</p>

			schools as a critical entry point to promote healthy eating habits and is funding a nutrition friendly school nutrition programme across 1600 schools in all 16 regions. While Ghana is a lower-middle income country with a relatively lower overweight prevalence of 11% among school age children (5-19 years) against South Africa’s 25%, it is the country with second highest prevalence in the region.
Increased taxes on snack foods and sugar-sweetened beverages (SSB)	Malaysia and Mexico	EAP and LAC	Both Malaysia and Mexico are UMIC countries with similar overweight prevalence rates in the under-five age group (close to 6%) as well as high prevalence among school-age children. Malaysia’s SSB tax, implemented in 2019, is widely acknowledged as UNICEF’s biggest success globally in tax reform advocacy to support prevention of overweight and obesity. Inquiry into UNICEF’s pathway to this achievement is also expected to highlight lessons on leveraging strategic partnerships for success, especially with technical leaders on this issue like the WHO.
National Strategies/Guidelines	Argentina and Greece	LAC and ECA	The two countries selected are working on supporting national governments with integrating overweight and obesity prevention into the national nutrition strategies and action plans. Argentina’s programming on overweight and obesity prevention and its work on national strategy are relatively advanced, given the relative maturity of UNICEF’s work in the region and country. By contrast, UNICEF’s work in Greece is more recent as the Country Office itself was established in 2020. However, UNICEF Greece and the Ministry of Health have recently entered a multi-million (close to 30 million EUR), multi-year partnership funded by the EU Recovery and Resilience Fund to implement a National Action Plan to address childhood obesity. Both countries are high-income (UMIC and HIC respectively) and are characterised by similar and high overweight prevalence in both age groups (under 5 years and 5-19 years), close to highest in their regions respectively. Given the similar problem context but differing maturity of programming comparing the two countries is expected to lead to interesting insights into UNICEF’s role in not just implementing but also drafting national strategy documents and plans.

4.2. Evaluation Approach

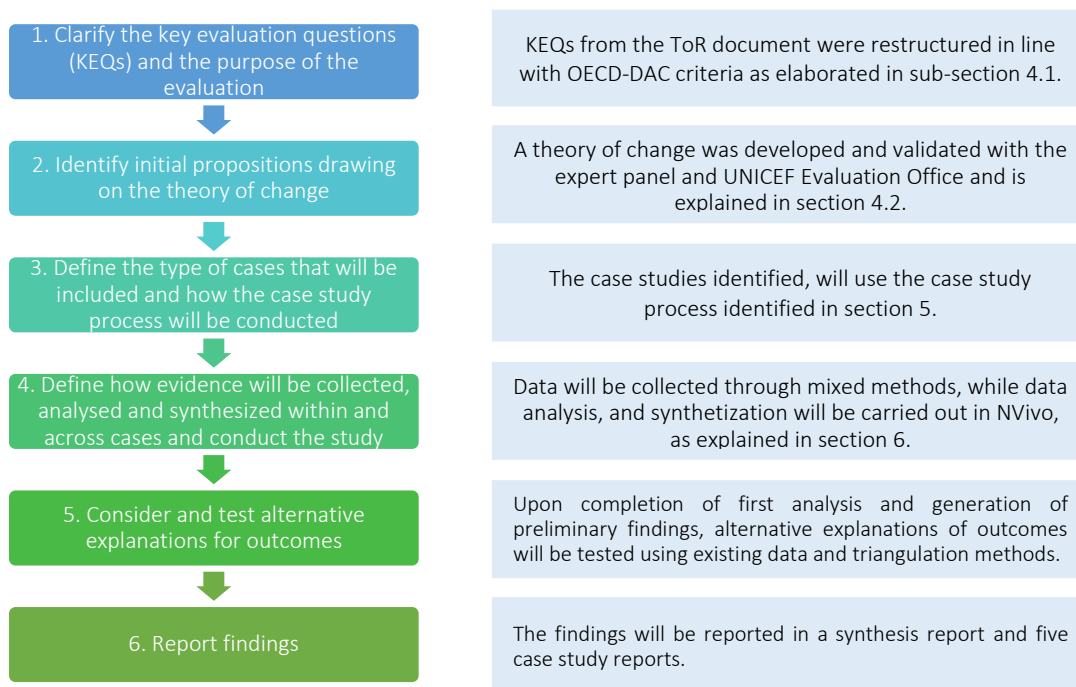
This evaluation will employ a comparative case study as the primary analytical approach. A case study is a research approach that is used to generate an in-depth, multi-faceted understanding of a complex issue in its real-life context. It is an established research design that is used extensively in a wide variety of disciplines, particularly in the social science field. This evaluation design was deemed relevant and appropriate given the multiplicity of contextual factors influencing the success or failure of a given programme or policy action. This case study approach will conduct an in-depth examination of a single case- in this evaluation, a programme or policy action, over time but in two or more comparative country contexts. We will generate five cases with programme/policy action-based generalisable knowledge about causal questions across time (e.g., how and why policy actions or programmes progress or fail in different contexts). The five selected case study programmes/policy actions are colour-coded in blue in the proposed Theory of Change presented earlier (figure 3).

Moreover, comparative case studies are a relevant design option when 'how' and 'why' questions are posed about an intervention's processes or outcomes and/or when one or more strategic actions are undertaken across multiple contexts. There is little or no opportunity to manipulate or control the way in which the interventions are being implemented. Likewise, suppose the context where interventions take place is considered important in understanding the success or failure of the intervention or parts of it. In that case, comparative case studies are a suitable design option.

The chosen framework requires extensive conceptual, analytical, and synthesising work. The synthesis across cases extends beyond comparing similarities and differences to using these similarities and differences to support or refute propositions as to why an intervention succeeds or fails, thereby allowing for the examination of causality. This attribute allows a comparative case study approach to be selected when it is not feasible to undertake a comprehensive experimental or quasi-experimental research design – as is the case of the subject of this evaluation. The comparative case studies emphasise comparison within and across contexts, describing similarities and differences, assessing the implications, using the findings from this analysis to subsequently derive conclusions, explain heterogeneous results and inform the answers to the evaluation questions. In addition to this, data gathered through an online survey across 67 Country Offices (54 countries where overweight and obesity prevention work is being undertaken and 13 where UNICEF's footprint on this specific issue is absent) will complement the insights from the case studies and provide a global perspective to supplement the comparative approach.

In light of the given approach, the steps of a comparative case study approach are mapped out in Figure 5 below.

Figure 5: Logic of the Comparative Case Study



5. Data collection and analysis methods

The evaluation is guided by the comparative case studies approach (as outlined in section 4), relying on primary qualitative data collection, and supported by secondary data analysis to the extent possible, to answer the above-mentioned evaluation questions and test the initial propositions. This section includes a general introduction to the methods, potential limitations of the methods and ethical considerations related to the evaluation.

5.1. Qualitative and quantitative evaluation methods

The evaluation collects primary qualitative data through remote key informant interviews (KIIs) and primary quantitative data through online surveys. Qualitative data will be instrumental in testing the above-stated hypotheses regarding the mechanism through and circumstances within which UNICEF inputs are achieving outcomes. Primary data collection activities will be complemented by reviewing and synthesising existing information. EPRI will develop data collection instruments and conduct data collection in multiple languages based on the context of countries selected in the sample (more details in section 5.2.2).

5.2. Key informant interviews

Key informant interviews (KIIs) are qualitative, in-depth interviews of individuals selected for their first-hand knowledge about a topic of interest. The interviews are typically loosely structured, relying on a list of issues to be discussed; however, they can, at certain times, be thoroughly planned to test assumptions – as will be the case of the evaluation at hand. Interview guides will be used to guide the conversation to some extent, however, keeping enough flexibility for a free discussion to evolve and allowing the interviewer to frame questions spontaneously, probe for information and take notes.

EPRI will initiate each case study with a meeting with the Chief of Nutrition in each country office. Each programmatic or policy area analysis will cover relevant evaluation questions and require between 16 to 19 key informant interviews. Interviews are planned with four sets of KIIs in each setting: (i) a set of KIIs with UNICEF staff at headquarters, regional and country levels; (ii) a set of KIIs with government ministries, departments and agencies relevant to case study areas; (iii) a set of KIIs with members of the civil society, including CSOs, academics, the media that are involved in the prevention of overweight and obesity programmes; (iv) a set of KIIs with development partners, including UN agencies, donor agencies, international financial institutions and other multilateral organisations.

Remote key informant interviews constitute the primary qualitative source of information on UNICEF's actions towards preventing overweight and obesity among children and adolescents. Interviews with government stakeholders, civil society organisations, the private sector and

development partners will cover questions about the relevance, effectiveness, sustainability and impact of UNICEF's inputs as well as actions on the main programmatic areas:

Front-of-pack nutrition labelling, restrictions on marketing to children, school food environments, national strategies/guidelines and taxes on sugar-sweetened beverages. Data collection activities will take place in June-August 2023.

EPRI does not anticipate any challenges connecting remotely with the different sets of key informants at the national or regional level. Recent experiences from the remote interviews conducted for previous evaluations suggest that informants are generally available. As a last resort option, EPRI will seek to share the questionnaire with the to-be-interviewed informants so that the latter can provide written responses to the questions. EPRI anticipates KIIs in languages other than English in some countries: Dutch (the Netherlands) and Spanish (Mexico and Argentina). EPRI's evaluation team has strong capacities on conducting KIIs in all these languages. Such interviews will be transcribed and then translated into English using NVivo, DeepL and other AI-powered translation software to maximise accuracy, with a review of the machine-translated text by a language-proficient team member. These transcription and translation tools will also support the secondary data analysis for documents in languages other than English. In addition, EPRI is using an advanced survey platform named Sogolytics to manage the online survey process. Using the platform's in-built features, along with validation by the evaluation team, EPRI can also administer surveys in languages other than English based on the preferences of country offices. The evaluation team will collect this information from CO focal points.

Table 7. Types of primary data collection and their modes and languages

Type of Primary Data Collection		Mode	Languages in which data collection instruments will be available		Remarks
Qualitative collection	data	KIIs	English, Dutch	Spanish,	EPRI's consultants are well-equipped to conduct KIIs in Spanish for Mexico and Argentina, in Arabic for Egypt and Dutch for The Netherlands as required
Quantitative collection	data	Online Survey	English, Arabic	Spanish,	Respondents will have the option to choose any of the three languages to complete the online survey

While the primary mode of qualitative data collection will be remote KIIs, EPRI may be able to conduct some in-person KIIs in Kenya, India and Thailand, contingent on the KII schedule aligning with EPRI's visits to these countries for other evaluation and capacity-building projects.

An **expert sampling technique** will be used, which is a type of purposive sampling that selects individuals with expertise on the subject matter. For KIIs with staff at UNICEF Headquarters, UNICEF Regional Offices and Country Offices, stakeholders involved in nutrition and other relevant thematic areas will be selected for interviews. The same technique will also be used for key informant interviews with stakeholders in government and non-governmental organisations at the national level. In each case study country, the sample of experts and key informants involved in overweight and obesity prevention will be selected in consultation with UNICEF Country Offices. In addition to the expert sampling technique, a chain referral approach will be adopted, wherein identified stakeholders are encouraged to refer other individuals that should also be consulted.

By way of giving an initial indication of how many remote research activities are planned, below Table 3 lists the number of planned research activities across different levels. As listed in the table, up to 20 to 24 remote research activities are planned at headquarters and regional levels, and 10 to 12 remote activities with development partners. For each case study, a total of 16 to 19 remote research activities are planned. In total, 130 remote research activities are planned for this evaluation.

Table 8: KIIs to be conducted as part of the evaluation

Location	Description of key informants	# of KIIs
UNICEF Headquarters	Evaluation Office, Nutrition Division, Division of Private Sector Fundraising and Partnerships (PFP), Public Partnership Division (PPD), Division of Analysis, Planning and Monitoring (DAPM), Supply Division (SD)	10-12
UNICEF ROs	Nutrition division in regions covered by the evaluation	10-12
In-country national level	<p>Programmes/Policy actions (Front-of- pack nutrition labelling, restrictions on marketing to children, school food environments, national strategies)</p> <p>KIIs (UNICEF, Government, development partners and civil society)</p> <ul style="list-style-type: none"> • UNICEF Country Office <ul style="list-style-type: none"> ○ Nutrition ○ Health ○ Gender ○ Social Policy ○ Social and Behaviour Change ○ Early childhood development • Relevant government ministries <ul style="list-style-type: none"> ○ Ministry of Health ○ Ministry of Education ○ Ministry of Agriculture and Food ○ Ministry of social development • Development partners <ul style="list-style-type: none"> ○ UN Agencies ○ Donor agencies ○ Multilateral organisations ○ International financial institutions (IFIs) • Civil society members <ul style="list-style-type: none"> ○ Civil society organisations ○ Academia and think tanks 	16-19 per case study
Total KIIs (excluding inception interviews)		max. 122

5.3. Structured desk review

Secondary sources will complement qualitative data and information retrieved from the remote key informant interviews. The evaluation team will conduct a comprehensive desk review of documents pertaining to UNICEF's actions towards preventing overweight and obesity in the programmatic areas selected for case studies, along with the broader landscape and its key actors. The desk review comprises UNICEF documents, including Country Office Annual Reports (COARs), Country Programme Documents (CPDs), Programme Cooperation Agreements (CPAs), Results Assessment Modules (RAMs), Strategic Monitoring Questionnaire (SMQ), Voluntary National Review (VNR) reports and other internal monitoring, financial and strategy documents. The desk review will also include the analysis of reports, policy briefs, evaluations and other materials produced by UNICEF as part of its work in the field of nutrition, particularly overweight and obesity. Analysing additional sources such as academic literature, national policy documents, media articles, and reports produced by government agencies, civil society, or development partners will enhance the context analysis of UNICEF's work. During the inception phase, the evaluation team has successfully accessed some country and regional-level documents (listed in Sections 2.1 to 2.4) and will request the remaining documents as part of KIIs for the selected case study countries. The Evaluation Office has also provided the relevant SMQ and Programme Information Database (PIB) data to EPRI. It is now facilitating EPRI's access to a UNICEF portal named InSight that stores annual report-backs by Country Offices by outcome and output (mandatory and optional) in a narrative format. EPRI has been/is in the process of being provided data on the various monitoring indicators as listed in *Annex 10*.

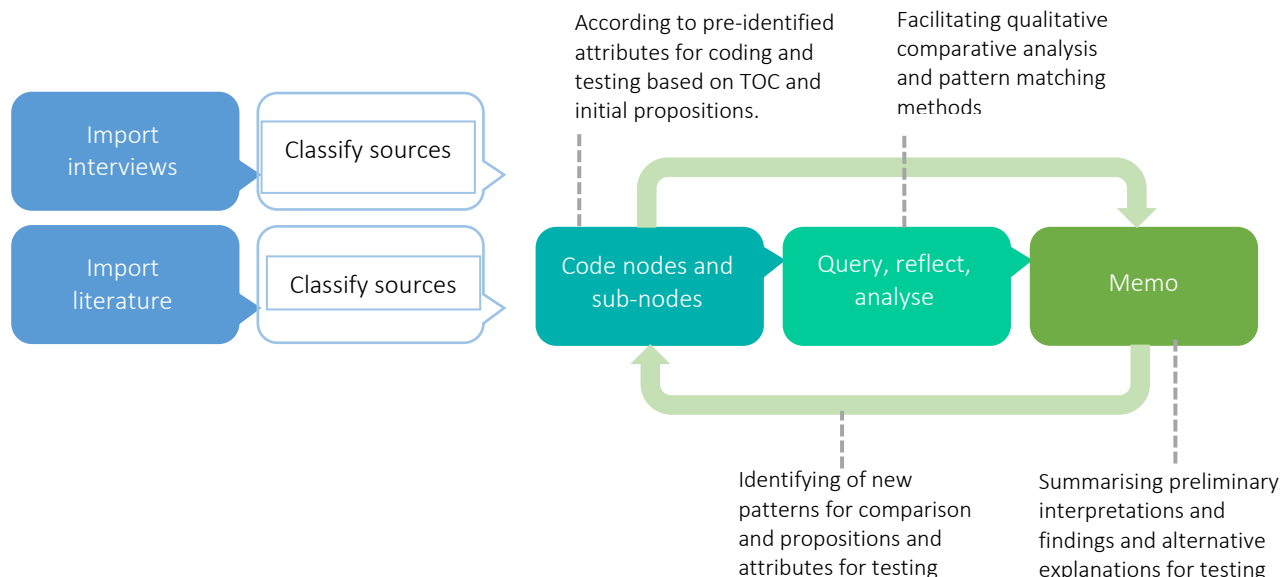
5.4. Integrated data analysis methods

A mixed-methods approach aims to gain an in-depth understanding of the cases and to understand and test causal propositions. It will integrate qualitative data from multiple sources into an overall design.

5.4.1. Use of NVivo in analysis

NVivo will be utilised to facilitate integrated analysis of different sources and synthesis across cases. All primary qualitative data collected through key informant interviews will be transcribed and coded in NVivo. Relevant reports and documents will also be imported to NVivo and coded according to the same node structure.

Figure 6: Data analysis steps in NVivo



5.4.2. Triangulating information and findings

Furthermore, the triangulation of information and sources is a key step to validating propositions and test explanations for the success of an intervention. In this evaluation, triangulation will also be used to check and strengthen answers to causal questions, for example, by identifying and ruling out alternative explanations or by identifying and explaining exceptions to the main pattern observed. According to the findings that emerge during the initial data collection and analysis stages, EPRI will define a triangulation strategy. The triangulating methodology will potentially consist of process tracing, involving systematic examination of diagnostic evidence that is carefully selected and analysed in light of the research questions and the theory of change or hypothesis to be tested. The usefulness of process tracing is enhanced with sufficient information on the trajectories of change and causation at each step. The process tracing exercise will then explore the processes and events that link the hypothesised cause and the effect, tracing from propositions to potential causal pathways to the outcome. Additional triangulation methods that EPRI might use include Bayesian updating and contribution analysis.

6. Potential limitations, bottlenecks and risks

As with all evaluation and research projects, potential limitations can be found in the approaches to evaluating UNICEF's work in the area of addressing overweight and obesity. This is particularly the case in the nine countries outlined in the proposal, as possible bottlenecks, security/health concerns, or other unsurpassable challenges may force the research team to explore alternative avenues to their proposed methodology.

The **qualitative research** to be carried out by the evaluation team is conducted within a geographical scope of five programmatic areas, which implies that external validity and generalisability of findings are inherently limited. The research approach offsets this to some extent by embedding five in-depth studies with insights from the online survey that will provide a broader perspective from 67 countries.

Furthermore, the evaluation team may face challenges in verifying the information provided by questioned key informants objectively if there is a lack of relevant secondary data sources. As such, it may be difficult to prove the robustness and rigidity of the information that it is possible to collect through primary qualitative research. A further consideration is that research subjects may give biased answers to questions (for example, excessively positive or negative responses). The evaluation is limited in the extent to which such claims can be verified. Nevertheless, triangulation within and between multiple data sources will serve to control for some of these constraints.

During the quantitative data collection phase, which is carried out through an in-depth survey, the evaluation team may face the risk of inadequate response and completion rate. To mitigate this potential shortcoming, EPRI will consider average uptake rates based on experience with similar tools when administering the survey so the expected number of responses is achieved.

Further limitations arise from the selection of countries. In countries with political instability and humanitarian crises, there would be challenges to both primary and secondary data collection. An additional consideration is that given the small number of case studies, the sample does not ensure optimal geographical and income status representativeness and other relevant characteristics, such as the prevalence of UNICEF's work on overweight and obesity. However, since UNICEF's work in the area has been most productive and limited in a few countries, this geographic focus maximises the evaluability and relevance.

The limited representativeness of programme/policy action-based case studies will be offset to some extent by the online survey data, which employs a more representative sampling strategy to select 67 countries. The ability to verify propositions for countries outside the sample is more limited. However, EPRI will seek to collect as much information as possible through consultations with stakeholders at the regional and headquarter level to answer these questions. Finally, a key risk can be found in the study's timeframe. To meet the submission deadlines, activities will be

executed according to schedule. Any delay due to circumstances and processes out of the control of the evaluation team, the feedback time taken by UNICEF, the ethical approval process or the speed and availability of country stakeholders to accept the remote data collection in the indicated timeframe for it will delay the submission date of the deliverables.

Given UNICEF's primary approach of integrating obesity and overweight prevention actions into the larger nutrition work, EPRI also anticipates some challenges in objectively isolating the specific inputs, activities and results contributing towards the goal of reducing overweight and obesity among children and adolescents. EPRI aims to address this potential risk by skilfully guiding respondents to reflect on the specific elements relating to obesity and overweight prevention in nutrition programming and understanding the value-add of broadening their focus to include overnutrition.

7. Ethical considerations

EPRI will conduct high-quality work guided by professional standards and ethical and moral principles in line with the Norms and Standards for Evaluation (2016), developed by the UN Evaluation Group (UNEG), as well as the UNICEF Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis.¹⁸ Strict adherence to a high set of ethical standards is of the utmost importance, given the subject matter of the study and its focus on vulnerable groups. All data collection tools, together with this inception report, are subject to ethical approval before the start of the data collection. UNICEF's ethical review committee will provide this ethical clearance before data collection activities, none of which will commence before ethical clearance is obtained. EPRI will complete the necessary documentation required for this review.¹⁹

Before key informant interviews, EPRI will gather the informed consent of all interviewees in the language of their comfort (English, Spanish, Arabic, Thai or Dutch) and thoroughly explain to them the purpose of the evaluation, their role within the evaluation, and what information will be asked from them. Informed consent will be obtained verbally from all research participants. A consent script will be read out before the commencement of the research, and potential participants will be asked to provide their consent to join the research. In gathering informed consent, EPRI will assure all interviewees of the confidentiality and voluntariness of their answers; if at any point a participant feels uncomfortable, they are not obliged to provide requested information and may state their reasons for doing so.

At the outset of data collection, all participants will be informed that their answers will be kept confidential. Responses and comments will be summarised in the research report, but respondents will never be identified by name or any other identifying characteristics aside from approximate age and gender. All information collected during the study will be recorded in audio on one device only, kept strictly confidential, and not shared except through the verbal or written dissemination of the study's findings.

¹⁸ UNEG. (2016). *Norms and Standards for Evaluation*. New York: UNEG. and UNICEF. (2015). *Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis*. Washington, D.C.: UNICEF.

¹⁹ EPRI has past experience with the ethical clearance process under UNICEF's institutional contract.

8. Evaluation activities, deliverables and workplan

8.1. Activities and deliverables

The above-described methodology and approach will be employed to develop the different project activities and deliverables, as outlined in the table below and further described. The table also lists the activities associated with the completion of each deliverable.

Table 9: Schedule of activities and deliverables

Activities	Deliverables	Timeline
Inception meetings with UNICEF focal points; desk review of existing documents and programme reports; initial review and assessment of secondary data sources; development of theories of change; finalisation of evaluation workplan and methodology	Draft inception report including background, theories of change for all programmes, evaluation workplan, research questions and methodology, among others	April 24, 2023
Incorporation of comments on the inception report	Final inception report	June 19, 2023
Outreach to create a survey and KII respondents database		May 8- June 6, 2023
Outreach to set up initial KIIs		June 26, 2023
Initiation of KIIs		July 1, 2023
Launch of Online Survey		July 15, 2023
Closing of Online Survey		August 1, 2023
Completion of KIIs		September 4, 2023
Remote qualitative data collection activities (KIIs); statistical analysis of secondary quantitative data sources; integrated analysis of qualitative and secondary quantitative data sources	Workshop on preliminary findings, which will help in validating evaluative findings	October 09, 2023
Drafting of the global evaluation report and 5 case studies	Submission of the first draft of case study report-1	November 13, 2023
	Submission of the first draft of case study report-2	November 20, 2023
	Submission of the first draft of case study report-3	November 27, 2023
	Submission of the first draft of case study report-4	December 04, 2023

	Submission of the first draft of case study report-5	December 11, 2023
	Submission of the first draft of the global evaluation report	December 18, 2023
Final comments from the Evaluation Reference Group		January 08, 2023
Finalising global and case study reports	Submission of final versions of global and case study reports	January 15, 2023
Dissemination events (webinars)		Post January 15, 2024

8.1.1. Inception report

This inception report is the project’s first deliverable, and several key activities supported its formation. Most relevantly, meetings and key informant interviews with staff from the evaluation office, HQ and four UNICEF Regional Offices provided valuable inputs into completing this report and the attached research instruments. A document review and analysis of existing secondary data sources complemented the meeting inputs. In addition, EPRI organised a Theory of Change Validation Workshop with the expert panel (see **Annex 4**) to finalise the theory of change included in this report. These activities helped the finetuning of the methods for data collection and analysis and sketching a detailed evaluation workplan. Once ethical clearance has been obtained for this report and the attached data collection instruments, the evaluation team will commence data collection activities.

8.1.2. Main global synthesis report

The project’s main deliverable is the global synthesis report, which will build on qualitative research and descriptive quantitative insights from the online survey, as well as secondary sources. The report will centre around presenting the evaluation findings, synthesised across cases. To structure these findings, two obvious options present themselves: (i) structuring the findings around the five OECD-DAC criteria (relevance, coherence, effectiveness, efficiency, sustainability); or (ii) structuring the findings around the six guiding evaluation questions, as outlined in subsection 3.1. As part of the review process of this inception report, the structure for the report is to be agreed upon with the UNICEF Evaluation Office.

Next to the findings, the report also presents conclusions and recommendations across evaluated programmes/policy actions and countries. The evaluation team will provide recommendations at two levels: (a) Country Office and (b) HQ. Moreover, the report will contain an executive summary of a maximum of five pages, a short description of the different programmes evaluated, and the evaluation’s objectives and methodology. The report will be written in English and in line with

UNICEF-adapted UNEG Evaluation Report Standards. The report will be no longer than 60 pages excluding annexes and the executive summary.

A draft report, including the first stage of the analysis, will be shared with the evaluation reference group for written comments and feedback. After incorporation of the feedback, the evaluation team will resubmit a revised version of the document.

8.1.3. Five programme/policy action-based case study reports

Programme evaluation reports will be developed for each of the five programme/policy actions and will thus complement the global synthesis report. The case study reports will discuss the evaluation findings from each of the five evaluated programmes/policy actions in more detail. The reports will provide a concise overview of the respective programme and the data collection activities carried out for the selected countries and subsequently centre around the findings. The reports will end with conclusions and recommendations for the programme/policy actions. However, the report will only include recommendations at the country office level. The case studies will primarily rely on data from KIIs and secondary research (UNICEF reports, monitoring data etc.) with some insights from the online survey findings from the countries selected for the respective case studies. The reports will be developed in English and will be no longer than 40 pages, excluding annexes.

8.1.4. Datasets

Upon project completion, the evaluation team will submit all datasets and notes from qualitative and quantitative analysis, including (but not limited to) notes from KIIs, secondary data sets and surveys, and output sheets from statistical analysis. Thus, all data and information required to reproduce the study will be submitted to the Evaluation Office. The evaluation office must ensure this data is not shared with any staff outside the evaluation office at the HQ, RO and/or CO staff, including leadership. The access to this data should be limited to the staff of the evaluation office only to ensure the confidentiality of data reported by staff members. The raw data provided to the Evaluation Office will not include identification markers like CO name, position, post level and which section they belong to.

9. Use and Influence Plan

This section outlines the key intended users, their needs, and the intended uses from the evaluation. Considering these, a communication strategy is developed to use and influence the evaluation findings effectively.

The table below presents the various intended users categorized by their level of engagement, along with their needs and intended uses from the evaluation:

Table 10: Needs of Intended Users of Evaluation Outputs

Intended users	Needs of the intended users	Intended uses from the evaluation
Primary: UNICEF management at HQ, regional and country levels associated with the performance of Goal Area 1	<ul style="list-style-type: none"> Understanding the right mix of lifecycle interventions and policy actions Understanding the current nature of UNICEF’s engagements and reflecting on its key achievements and challenges through its interventions Understanding how UNICEF leveraged partnerships with different stakeholders Understanding the regional and country-wise differences in leveraging multisectoral approaches for overweight and obesity prevention Early demonstration of results to mobilise more resources to scale up successful interventions Fine-tuning the approach and programming by UNICEF for long-term success 	<ul style="list-style-type: none"> Ensuring accountability of UNICEF’s interventions at different levels Identifying key opportunities and risks for scaling UNICEF’s future impact and leadership in the focus area Actionable and practical recommendations on how UNICEF can further strengthen its internal capacities, programming, partnerships and positioning during the current and future strategic cycles. Strengthening the evidence-based organizational learning within UNICEF Strengthening the partnerships and government engagement of UNICEF Cross-country learning opportunities
Secondary: Programme country counterparts, implementing partners and other international organizations (e.g., WHO, FAO, WFP)	<ul style="list-style-type: none"> Early demonstration of results to mobilise more resources to scale up the successful interventions Understanding how the partnerships supported the interventions Understanding the regional and country-specific factors 	<ul style="list-style-type: none"> Building the evidence base on how UNICEF and other organizations can better support coordination, advocacy and system-level changes within their specific country contexts Strengthening the partnerships for improving nutrition outcomes globally

	that are affecting the outcomes	<ul style="list-style-type: none"> Leveraging the strengths of key stakeholders in different contexts
Tertiary: Other stakeholders in the activities being evaluated (Academia and civil society)	<ul style="list-style-type: none"> Transparent evaluation Learning that can be applied in different interventions by other stakeholders Accessibility of information on the outcomes of interventions 	<ul style="list-style-type: none"> Learnings on the policy and advocacy activities Accountability to people and countries through a transparent evaluation Learning about the progress achieved in the interventions at different levels

This evaluation has three key final deliverables for use and influence: (1) a Global evaluation report; (2) Five case study reports; (3) Dissemination events (webinars) after the evaluation. To communicate and disseminate the findings effectively, the evaluation team will develop a clear and concise summary of the evaluation findings that all stakeholders can easily understand. The evaluation team will also create infographics and visual aids to present the findings in the reports and presentations wherever necessary. The evaluation team will submit the preliminary and final findings to UNICEF in the mutually agreed reporting formats and timelines outlined in Section 8.

After submitting the final reports, UNICEF will be encouraged to develop a management response to the evaluation findings, to initiate the internal transition processes that drive change. Lastly, the evaluation study's findings, conclusions and recommendations will be disseminated through various fora to be agreed upon by EPRI and UNICEF.

Annex 1: Key Informant Interview Protocols: Inception Phase

Key Informant Interviews Protocol: Regional Office - Inception Phase

Introduction: Hello, thank you for joining us for this inception interview. I am Sonia Jose, a senior Researcher with EPRI, a social policy think-tank based out of South Africa specializing in capacity building and policy advisory, especially in the domain of social protection. UNICEF has commissioned EPRI to undertake an evaluation to examine UNICEF’s Work on Overweight and Obesity Prevention Among Children and Adolescents. As part of this evaluation, EPRI is conducting inception interviews with key UNICEF stakeholders to collect inputs to inform the evaluation framework and make it as relevant and useful as possible for the report’s users. Given your role as a Nutrition Advisor for the Regional Office, we have identified you as a critical voice for helping EPRI shape the evaluation for maximum effectiveness and relevance.

Interview topic: Understanding key issues, programmes, and countries of focus for the evaluation from the KI’s perspective

Consent for Recording and Use of Transcripts: In order to maximise the utilization of insights generated during this interview, we would like to record the interview and use its transcripts for direct and indirect reference while drafting the inception report and subsequent evaluation reports. Kindly note that we will ensure complete confidentiality while quoting this interview in the reports. Do you give consent to this interview being recorded?

Thank you for sharing your consent. We would now like to start the interview by asking you a few questions. Please feel free to venture beyond the scope of our questions if you deem it necessary and useful. These questions are only guiding.

Guiding Questions:

1. When did the RO begin its work on overweight/obesity prevention? Were there any initial goals/focus areas associated with the launch? Were there any regional strategies or plans developed for this work, or have any been developed since then?
2. What are the main issues of interest in the region with respect to overweight and obesity prevention?
3. What are the main activities being undertaken by the Regional Office to support COs on overweight and obesity prevention? (Technical assistance? Resource mobilisation? Etc.)
4. What is the organisational structure associated with overweight and obesity prevention at regional and CO levels? (dedicated/part-time staff, focal points)

5. What are the main programmes/policy actions (ToR list mentioned below) being implemented by the region's Country Offices on overweight/obesity prevention? In which countries are these programmes most developed?
6. Between a programme-based and country-based case study approach, which would you prefer? Which programmes would you think would be good topics for case studies?
 - Evidence generation: as per the ToR, there have been (x) research reports commissioned across (y) countries)- are there any other reports/data collection exercises etc., we should include in our desk review?
 - For case study selection: Any specific country programme or country you believe would be most relevant based on prevalence, nature/success/failure of response etc.?
7. What are the challenges faced by UNICEF, both at the regional and country level, in addressing overweight and obesity?
8. Are there any key partnerships RO/COs leverage to achieve results on overweight and obesity prevention in the region? If so, what role do these partnerships play?
9. Are there any ongoing or completed evaluations of overweight and obesity programmes/policy actions in the region- at RO and/or CO levels?
10. While engaging with COs, which sections (like ECD, health, education, social policy, SBC etc.) should we engage with to understand the programme's intersectoral approaches/integrations?
11. What are your specific expectations/learning objectives associated with the evaluation? Are there any specific criteria you would like prioritised? (Relevance, effectiveness, efficiency, coherence, sustainability)

Key Informant Interviews Protocol: HQ - Inception Phase

Introduction: Hello, thank you for joining us for this inception interview. I am Sonia Jose, a senior Researcher with EPRI, a social policy think-tank based out of South Africa specializing in capacity building and policy advisory, especially in the domain of social protection. UNICEF has commissioned EPRI to undertake an evaluation to examine UNICEF’s Work on Overweight and Obesity Prevention Among Children and Adolescents. As part of this evaluation, EPRI is conducting inception interviews with key UNICEF stakeholders to collect inputs to inform the evaluation framework and make it as relevant and useful as possible for the report’s users. Given your strategic role in overweight and obesity prevention at HQ, we have identified you as a critical voice for helping EPRI shape the evaluation for maximum effectiveness and relevance.

Interview topic: Understanding key issues, programmes, regions and countries of focus for the evaluation from the KI’s perspective

Consent for Recording and Use of Transcripts: In order to maximise the utilization of insights generated during this interview, we would like to record the interview and use its transcripts for direct and indirect reference while drafting the inception report and subsequent evaluation reports. Kindly note that we will ensure complete confidentiality while referencing this interview in the reports. Do you give consent to this interview being recorded?

Thank you for sharing your consent. We would now like to start the interview by asking you a few questions. Please feel free to venture beyond the scope of our questions if you deem it necessary and useful. These questions are only guiding.

Guiding Questions

1. When did UNICEF recognise the need to work on overweight and obesity prevention? Was any analysis conducted to understand the role of UNICEF or the gaps it could address? How did this recognition translate into the formalisation of overweight and obesity prevention as a new focus area under the Nutrition division? Were there any internal/external challenges experienced during the inception phase?
2. What was UNICEF’s positioning strategy on overweight and obesity prevention vis-à-vis the other international organisations working on the issue? What do you think is UNICEF’s comparative advantage?
3. What are the main activities undertaken by the HQ to support ROs/COs on overweight and obesity prevention?
4. What is the organisational structure associated with overweight and obesity prevention at the different levels? (dedicated/part-time staff, focal points)

5. Between a programme-based and country-based case study approach, which would you prefer? (share the pros and cons of both) Which programmes would you think would be good topics for case studies?
 - Top 5 preferences among these topics: Sugar tax, front of pack labelling, Restrictions on direct marketing to children, school food environments, SBC incl. youth advocacy, work on national obesity strategies
 - For country selection: your top 3 criteria?
 - For the survey- who are the key stakeholders we should include at the CO level?
6. Are there any ongoing or completed evaluations of overweight and obesity programmes/policy actions at the global level that we might find useful?
7. While engaging with COs, which sections (like ECD, health, education, social policy, SBC etc.) should we engage with to understand the programme's intersectoral approaches/integrations?
8. What are your specific expectations/learning objectives associated with the evaluation? Are there any specific criteria you would like prioritised? (Relevance, effectiveness, efficiency, coherence, sustainability)

Annex 2: List of key informants interviewed during the inception phase

Name	Position (including relevant past positions)	Level
Victor Aguayo	Director, Nutrition and Child Development	HQ
Jo Jewell	Ex- Nutrition Specialist- Childhood Overweight Prevention at HQ	HQ
Maaike Arts	Regional Advisor- Survive and Thrive at LACRO, RO, ex-HQ Ex- Nutrition Specialist (Infant and Young Child Feeding) at HQ	RO, ex-HQ
Christiane Rudert	Regional Advisor- Nutrition at ESARO, ex-Regional Advisor- Nutrition at EAPRO, ex-HQ Senior Adviser	RO
Roland Kupka	Regional Advisor- Nutrition at EAPRO	RO
Aashima Garg	Regional Advisor- Nutrition at MENARO, ex-Nutrition Specialist at HQ	RO, ex-HQ
Zivai Murira	Regional Advisor- Nutrition at ROSA	RO

Annex 3: Documents shared by various Regional Offices for desk review

Documents shared by	Document name	Lead Office	Year of publishing
LACRO	Quantifying the childhood and adolescent overnutrition attributable to specific risk factors: The Young Lives. Study in Peru	Peru	2023
LACRO	Case Study Santiago, Chile (Improving urban food environments)	Latin America and the Caribbean Regional Office	2022
LACRO	Case Study Mexico City (Improving urban food environments)	Latin America and the Caribbean Regional Office	2022
LACRO	Exploratory study of marketing and advertisement of unhealthy food and beverages targeted to children in Latin America and the Caribbean	Latin America and the Caribbean Regional Office	2013
LACRO	L SABOR DEL CRECER SANO: Más de 100 recetas para 58reparer en familia	Latin America and the Caribbean Regional Office	2019
LACRO	The role of schools in preventing overweight and obesity among students in Latin America and the Caribbean	Latin America and the Caribbean Regional Office	2021
LACRO	Childhood Overweight and the Retail Environment in Latin America and the Caribbean	UNICEF Country Offices in Argentina, Brazil and Mexico, UNICEF Regional Office for Latin America and the Caribbean	2019
LACRO	Improving urban food environments to prevent childhood overweight and obesity in Latin America and the Caribbean: Diagnosis and recommendations	Latin America and the Caribbean Regional Office	2022
LACRO	Childhood overweight: A call for prevention in Latin America and the Caribbean	Latin America and the Caribbean Regional Office	2022

LACRO	Improving urban food environments to prevent childhood overweight and obesity in Latin America and the Caribbean	Latin America and the Caribbean Regional Office	2022
LACRO	Experiences in the design and implementation of front-of-pack nutrition warning labels in Latin America and the Caribbean	Latin America and the Caribbean Regional Office	2021
LACRO	Childhood overweight: A call for prevention in Latin America and the Caribbean	Latin America and the Caribbean Regional Office	2021
LACRO	Regional Overview: Trends, drivers and determinants of young children's diets in Latin America and the Caribbean	Latin America and the Caribbean Regional Office	2021
ESARO	Child and Adolescent Overweight and Obesity landscape Analysis report	UNICEF Botswana	2023
ESARO	Childhood and Adolescent Overweight and Obesity in Botswana Landscape Analysis	UNICEF Botswana	2021
ESARO	Summary Report of the Baseline Information on Diet and Physical Activity amongst Youths and Adolescents for Non-Communicable Diseases (NCD) Prevention in SA	UNICEF SA	2021
ESARO	Food policy options, pathways and tools	NA	NA
ESARO	Kenya Instagram HFSS report DRAFT 1: Tasty, choice, fun, and a 'soft life': Unhealthy food promotion to children and young people on Instagram in Kenya	UNICEF ESARO	NA
ESARO	The nutritional quality of packaged food and non-alcoholic beverage products in Kenya	UNICEF Kenya	2022
ESARO	Addressing The Double Burden Of Malnutrition For Children Won't Be Possible Without A Whole-Of-Government, Whole-Of-Society Approach	UNICEF SA	NA
EAPRO	Controls on the marketing of food and non-alcoholic beverages to children in Thailand: legislative options and regulatory design	Thailand	2020
EAPRO	Minimum standards and guidelines on actions to protect children from the harmful impact of	NA	2022

	marketing of food and non-alcoholic beverages in the ASEAN region		
EAPRO	Guidelines and Minimum Standards for the Protection, Promotion and Support of Breastfeeding and Complementary Feeding	NA	2022
EAPRO	DRAFT School Nutrition Environment Assessment Toolkit for East Asia and Pacific	NA	NA
EAPRO	Sweet-sounding adverts that leave a sour taste: Social-media marketing of unhealthy food to children in East Asia and Pacific	UNICEF East Asia and Pacific Regional Office	2021
EAPRO	Prevention of Overweight and Obesity in Children: Landscape Analysis and Priority Actions -Mongolia Brief	UNICEF Mongolia	2021
EAPRO	Unhealthy Digital Food Marketing To Children in The Philippines	UNICEF Philippines Country Office and the UNICEF East Asia & Pacific Regional Office	2021
EAPRO	Landscape Analysis of Overweight and Obesity in Indonesia	UNICEF Indonesia	2022
EAPRO	Prevention of Overweight and Obesity in Children: Landscape Analysis and Priority Actions -Vietnam Brief	UNICEF Vietnam	2021
EAPRO	Prevention of Overweight and Obesity in Children: Landscape Analysis and Priority Actions -Philippines Brief	UNICEF Philippines	2021

Annex 4: Expert Panel

Role in UNICEF Evaluation	Name	Degree	Areas of Expertise
Expert Panel Member and Senior Associate Researcher	Dr Erica Reeve	PhD	Food and nutrition policy, prevention of overweight and obesity
Expert Panel Member and Senior Associate Researcher	Dr Julie Lanigan	PhD	Nutrition, early childhood care, prevention of overweight and obesity
Expert Panel Member	Prof. Gary Sacks	PhD	Obesity prevention policy, preventative healthcare, evaluation of public health interventions, food environment policies
Expert Panel Member	Bridget Kelly	PhD	Public health, food environments, prevention of overweight and obesity

Annex 5: Questionnaires for Online Quantitative Survey

Questionnaire for countries not working on overweight and obesity prevention

This online survey is being shared with you to collect data on the work undertaken by your country office on preventing overweight and obesity among children and adolescents. This online survey is part of a global evaluation exercise commissioned by the UNICEF Evaluation Office (EO) to assess the early-stage results of UNICEF's work to date and identify critical lessons to improve its future performance on this issue. UNICEF EO has commissioned the Economic Policy Research Institute (EPRI) to conduct this independent evaluation.

This survey should take approximately 20 minutes to complete. Please note that your response will be autosaved every few minutes while you complete the form. Hence if under any circumstance, you must stop filling the form to prioritise other work- you can always resume filling the form from where you left off by opening the same survey link.

Please note that your response will remain completely anonymous, and you will not be singled out as an individual when the findings are reported. The raw data will not be shared with anyone outside the evaluation team and the UNICEF evaluation office.

1. Email address
2. Which UNICEF CO do you currently work in? (choose from the dropdown menu)
3. Total number of years working with UNICEF
4. _____ (years)
5. Total number of years working with current UNICEF CO
6. _____ (years)
7. What is your current position?
8. What is your post level?
9. Which thematic areas do you currently work on? (Please choose all that apply)
 - a. Adolescent Development
 - b. Child Protection
 - c. Early Childhood Development
 - d. Education
 - e. Gender Development
 - f. Health
 - g. Health and Nutrition
 - h. HIV/AIDS
 - i. Innovation

- j. Knowledge Management
 - k. Nutrition
 - l. Programme Management
 - m. Research, Planning, Monitoring and Evaluation
 - n. Social and Behaviour Change
 - o. Social Policy
 - p. WASH (Water, Sanitation and Hygiene)
 - q. Other, please specify:
10. Under which section(s) is your position situated?
- a. Adolescent Development
 - b. Child Protection
 - c. Early Childhood Development
 - d. Education
 - e. Gender Development
 - f. Health
 - g. Health and Nutrition
 - h. HIV/AIDS
 - i. Innovation
 - j. Knowledge Management
 - k. Nutrition
 - l. Programme Management
 - m. Research, Planning, Monitoring and Evaluation
 - n. Social and Behaviour Change
 - o. Social Policy
 - p. WASH (Water, Sanitation and Hygiene)
 - q. Other, please specify
11. In your opinion, is overweight and obesity prevention among children and adolescents a key/relevant issue in your country? Yes/no
12. In your opinion, do you think overweight and obesity prevention fits under UNICEF's organisational mandate? Yes/no
13. To your knowledge, why does your country office not work on obesity/overweight prevention? Please choose all options that apply
- a. No or low need (childhood and adolescence overweight and obesity rates are low in your country)
 - b. Lower priority (there are other nutrition and health issues requiring more urgent action)

- c. Lack of government demand (government stakeholders do not view this as a priority area and are unwilling to engage)
 - d. Lack of sufficient human and financial resources
 - e. No or insufficient knowledge to undertake work on this issue
 - f. No or Insufficient guidance or support from leadership on this issue
 - g. Other, please specify:
14. Please give reasons or supporting information for your choice(s)
15. How familiar are you with UNICEF’s strategy and guidance on overweight and obesity prevention among children and adolescents? Please mention your level of familiarity (On a scale of 0-5, where 0 is not familiar at all, and five is very familiar) against each document

Document	Level of Familiarity (0-5)
UNICEF Nutrition Strategy 2020-2030	
UNICEF Programme Guidance: Prevention of Overweight and Obesity in Children and Adolescents	
UNICEF Advocacy Strategy and Guidance: Prevention of Overweight and Obesity in Children and Adolescents	
Landscape Analysis Tool on Overweight and Obesity in Children and Adolescents	

16. Have you participated in any UNICEF-organised webinars/training on overweight and obesity prevention among children and adolescents?
17. If yes, please mention the topic(s) and year (to the best of your ability)
18. To your knowledge, has your country office conducted any research or analysis to understand this issue in your country? yes/no
19. If yes, what were the main concerns emerging from this research?
20. Please upload any research/analysis documents you want to share with the evaluation team below.
- a. <option to upload up to 5 documents>
21. To your knowledge, is obesity/overweight prevention among children/adolescents a government priority in your country (in national policies and strategies, development plans etc.)? yes/no
22. To your knowledge, has your Country Office received any requests/seen any demand from country stakeholders to work on this issue?

Type of Stakeholder	Demand/request (yes or no)	If yes, names of stakeholders (for ex: ministries, government agencies, donor orgs, other UN orgs, NGOs etc.)
Government		
Other UN agencies		
Civil Society		
Donors		

23. In which year will your country office develop its new country programme document (CPD)?
24. To your knowledge, will overweight and obesity prevention among children and adolescents be included as an area of work in the new country strategy? Yes/no
25. If yes, what are the government programmes related to life cycle interventions your country office would like to support?
 - a. Capacity-building and support for health facilities to provide breastfeeding and ICYF counselling and conduct relevant screenings (including for hyperglycaemia and hypertension) and height/weight monitoring
 - b. Promotion of antenatal care visits (minimum eight visits¹⁰⁶) by pregnant women in communities and through social mobilization
 - c. Support provision of preparatory breastfeeding counselling
 - d. Promote/support Infant, young child, middle-child and adolescent nutrition counselling for caregivers/ families
 - e. Sensitization and capacity-building of preschool caregivers and schoolteachers on prevention of overweight and obesity
 - f. Screening and referral for management of obesity in primary health centres, Early Childhood Development (ECD) centres, schools and communities
 - g. Support implementation of strategies or policies on food and nutrition standards for school meals, sale of foods and beverages in and around schools, nutrition in school curricula and physical activity/physical education in schools
 - h. Others, please specify:
26. If yes, what are the policy-relation actions your country office would like to undertake?
 - a. Support development and implementation of National strategy, policies and/or programme/action plan for the prevention of overweight in children
 - b. Capacity building of policymakers on the causes and consequences, including economic factors, of childhood overweight and obesity and relevant actions for its prevention

- c. Support regulations to restrict the marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars and/or salt
 - d. Support legislation and policies on parental leave and maternity protection (including maternity leave and breastfeeding breaks for women working outside the home)
 - e. Support fiscal measures such as subsidies for specific foods or increased taxes on items like snack foods and sugar-sweetened beverages
 - f. Support nutrition labelling and regulations on the use of nutrition and health claims
 - g. Support implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions and enforcement measures
 - h. Others, please specify:
27. If you were to undertake work on overweight and obesity prevention among children and adolescents, what support would you like from HQ? Please choose all options that apply
- a. Knowledge-sharing activities (global and regional webinars, conferences, evidence generation and sharing)
 - b. Capacity-building (online courses, training, more guidance tools etc.)
 - c. Resource mobilisation support
 - d. Research and analysis
 - e. Support with political engagement
 - f. Technical assistance and bilateral support
 - g. Others, please specify
28. If you were to undertake work on overweight and obesity prevention among children and adolescents, what support would you like from your RO? Please choose all options that apply
- a. Knowledge-sharing activities (global and regional webinars, conferences, evidence generation and sharing)
 - b. Capacity-building (online courses, training, more guidance tools etc.)
 - c. Resource mobilisation support
 - d. Research and analysis
 - e. Support with political engagement
 - f. Technical assistance and bilateral support
 - g. Others, please specify
29. Is there anything else you would like to share with us? (word limit: 200 words)

Questionnaire for countries working on overweight and obesity prevention

This online survey is being shared with you to collect data on the work being undertaken by your country office on the prevention of overweight and obesity among children and adolescents. This online survey is part of a global evaluation exercise commissioned by the UNICEF Evaluation Office (EO) to assess the early-stage results of UNICEF's work to date and identify critical lessons to improve its future performance on this issue. UNICEF EO has commissioned the Economic Policy Research Institute (EPRI) to conduct this independent evaluation.

This survey should take approximately 25 minutes to complete. Please note that your response will be autosaved every few minutes while you complete the form. Hence if under any circumstance, you must stop filling the form to prioritise other work- you can always resume filling the form from where you left off by opening the same survey link.

Please note that your response will remain completely anonymous, and you will not be singled out as an individual when the findings are reported. The raw data will not be shared with anyone outside of the evaluation team and UNICEF evaluation office staff.

1. Which UNICEF CO do you currently work in? (Please choose from the dropdown menu)
2. What is your current position?
3. What is your post level?
 - a. P-1
 - b. P-2
 - c. P-3
 - d. P-4
 - e. P-5
 - f. D-1
 - g. D-2
4. Under which section(s) is your position situated?
 - a. Adolescent Development
 - b. Child Protection
 - c. Early Childhood Development
 - d. Education
 - e. Gender Development
 - f. Health
 - g. Health and Nutrition
 - h. HIV/AIDS
 - i. Innovation
 - j. Knowledge Management
 - k. Nutrition

- l. Programme Management
 - m. Research, Planning, Monitoring and Evaluation
 - n. Social and Behaviour Change
 - o. Social Policy
 - p. WASH (Water, Sanitation and Hygiene)
5. Which thematic areas do you currently work on? (Please choose all that apply)
- a. Adolescent Development
 - b. Child Protection
 - c. Early Childhood Development
 - d. Education
 - e. Gender Development
 - f. Health
 - g. Health and Nutrition
 - h. HIV/AIDS
 - i. Innovation
 - j. Knowledge Management
 - k. Nutrition
 - l. Programme Management
 - m. Research, Planning, Monitoring and Evaluation
 - n. Social and Behaviour Change
 - o. Social Policy
 - p. WASH (Water, Sanitation and Hygiene)
6. Which year did your CO begin its work on overweight/obesity prevention among children and adolescents?
7. Does your CO have a dedicated staff working primarily on childhood and adolescent overweight and obesity prevention? Yes/No
If yes, please indicate no. of dedicated staff _____
8. Are you a dedicated staff? Yes/no
9. To the best of your knowledge, why did your CO decide to undertake work in this area? (please choose all options that apply)
- a. Evidence shows childhood and adolescent obesity and overweight rates are high or increasing
 - b. Scope for easy integration into other areas of work of UNICEF like undernutrition, NCD prevention etc.
 - c. Government demand (government stakeholders view this as a priority area and are willing to engage)
 - d. Availability of human and financial resources within the UNICEF CO
 - e. Existing knowledge and expertise within the UNICEF CO to undertake work on this issue
 - f. Demand from HQ/RO
 - g. Donor priorities
 - h. Others, please specify:

10. What are the life-cycle interventions/programmes being supported by your Country Office (CO) on preventing overweight and obesity in your country? (Please select all that apply)
- a. Capacity-building and support for health facilities to provide breastfeeding and ICYF counselling and conduct relevant screenings (including for hyperglycaemia and hypertension) and height/weight monitoring
 - b. Promotion of antenatal care visits (minimum eight visits) by pregnant women in communities and through social mobilization
 - c. Support provision of preparatory breastfeeding counselling
 - d. Promote/support Infant, young child, middle-child and adolescent nutrition counselling for caregivers/ families
 - e. Sensitization and capacity-building of preschool caregivers and schoolteachers on prevention of overweight and obesity
 - f. Screening and referral for management of obesity in primary health centres, Early Childhood Development (ECD) centres, schools and communities
 - g. Advocacy on implementation of strategies or policies on food and nutrition standards for school meals, sale of foods and beverages in and around schools, nutrition in school curricula and physical activity/physical education in schools
 - h. Others, please specify:
11. What policy actions are being undertaken by your country to prevent overweight and obesity in your country? (Please select all that apply)
- a. Support on development and implementation of National strategy, policies and/or programme/action plan for the prevention of overweight in children
 - b. Capacity building of policymakers on the causes and consequences, including economic factors, of childhood overweight and obesity and relevant actions for its prevention
 - c. Advocacy on regulations to restrict the marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars and/or salt
 - d. Advocacy on legislation and policies on parental leave and maternity protection (including maternity leave and breastfeeding breaks for women working outside the home)
 - e. Advocacy on fiscal measures such as subsidies for specific foods or increased taxes on items like snack foods and sugar-sweetened beverages
 - f. Advocacy on 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
 - g. Advocacy on nutrition labelling and regulations on the use of nutrition and health claims
 - h. Advocacy on implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions and enforcement measures

- i. Others, please specify:

Relevance

12. Has the country office undertaken any analysis or research on the prevalence/burden and causes of overweight and obesity among children and adolescents in the country?
Yes/no
If yes, please mention activities undertaken: _____
13. Did the analysis disaggregate information by vulnerable/excluded groups? Yes/no
14. Did the analysis disaggregate information by region? Yes/no
15. Please upload any research documents produced by UNICEF (alone or in partnership) from 2018-2023 that you would like to share with the evaluation team below.
<option to upload up to 5 documents>
16. Has your country office undertaken (alone or in partnership with other organisations) any research or analysis on the needs of key stakeholders? Yes/no
17. If yes, please specify which stakeholders:
- Beneficiaries (children, adolescents, pregnant women, parents)
 - Change agents (teachers, ECD workers, social workers, community leaders etc.)
 - Government (relevant ministry and agency officials)
 - Partners (development organisations/civil society) working on the same issue
 - Donors (prospective or current donors providing finance to work on the issue)
 - Others, please specify:
18. What were the main needs identified? (Please mention for all stakeholders engaged)
19. Please upload any relevant documents on stakeholder analysis you would like to share with the evaluation team below.
<option to upload up to 5 documents>
20. On a scale of 1-5, please rate your agreement to the following statements where 1= completely disagree, 2= disagree, 3= somewhat agree, 4=agree, 5= completely agree)
- The CO mobilised sufficient and quality evidence (primary and secondary) to inform its programme and policy work on this issue
 - The CO conducts regular evidence mobilisation activities to keep its actions relevant to needs and the country's context
 - The CO has a clear understanding of stakeholder needs on this issue
 - The CO is undertaking adequate programmes/policy actions to address the identified needs of stakeholders
 - The objectives of the CO's programmes/policy actions are aligned with the greatest needs of vulnerable groups
 - The core programmes/policy actions were designed and implemented taking beneficiary needs into consideration
 - The CO is undertaking evidence-based/ 'right' actions to address the key causes of childhood/adolescent obesity in the country
 - The CO is undertaking sufficient action (through programmes and policy work) to reduce the burden of overweight and obesity among children and adolescents in the country

21. Has your country office partnered with any external organisation(s) on evidence mobilisation activities? Yes/No
22. If yes, please mention names of partner(s) and research outputs (*for example: WHO-mapping of fast-food outlets in the capital city*)

Coherence

23. Do you work with any other sections within UNICEF to design/implement programmes/policy actions on childhood and adolescent overweight and obesity prevention? Yes/no
24. If yes, please choose the ones that apply:
 - a. Adolescent Development
 - b. Child Protection
 - c. Early Childhood Development
 - d. Education
 - e. Gender Development
 - f. Health
 - g. Health and Nutrition
 - h. HIV/AIDS
 - i. Innovation
 - j. Knowledge Management
 - k. Nutrition
 - l. Programme Management
 - m. Research, Planning, Monitoring and Evaluation
 - n. Social and Behaviour Change
 - o. Social Policy
 - p. WASH (Water, Sanitation and Hygiene)
25. On a scale of 1-5, please rate your agreement to the following statements where 1= completely disagree, 2= disagree, 3= somewhat agree, 4=agree, 5= completely agree)
 - a. The CO's overweight and obesity prevention programmes and policy actions follow the programming and advocacy strategy guidance from UNICEF (documents: UNICEF Programme Guidance: Prevention of Overweight and Obesity in Children and Adolescents, UNICEF Advocacy Strategy and Guidance: Prevention of Overweight and Obesity in Children and Adolescents)
 - b. The CO's overweight and obesity prevention programmes and policy actions align with the action areas and guidance provided in Nutrition 2020-2030
 - c. The CO's overweight and obesity prevention programmes and policy actions align with the Country Office strategy
 - d. The CO takes adequate actions to align its work on undernutrition and overnutrition to enhance the results/achievement of its diverse objectives (double-duty actions)
 - e. The CO's programmes and policy actions on overweight and obesity prevention align with the work of other sections/thematic areas

- f. Staff working on overweight and obesity prevention receives adequate support from other sections as and when necessary
 - g. There are no conflicts of interest/contradictions in the CO's work on overweight and obesity prevention and its other programmes or functions
 - h. The country office's policy on private-sector fundraising is clear and homogenised across all its sections/programmes
26. Does the CO partner with other agencies (UN organisations, international organisations, civil society) on overweight and obesity prevention programmes and policy actions?
27. If yes, please mention the names of the partners and details of the partnership:

28. Does the CO have any MoUs/coordination platforms for engaging with other agencies working on this issue? Yes/no
29. If yes, please elaborate: _____
30. On a scale of 1-5, please rate your agreement to the following statements where 1= completely disagree, 2= disagree, 3= somewhat agree, 4=agree, 5= completely agree)
- a. The CO works closely with other agencies (UN organisations, international organisations, and civil society) working on this issue
 - b. The CO strategically leverages UNICEF's and other partners' strengths to maximise results on this issue
 - c. UNICEF's policies and programming approaches are aligned with other partners working on this issue in the country
 - d. UNICEF is viewed as a legitimate and key leading organisation in overweight and obesity prevention by other agencies
31. On a scale of 1-5, please rate your agreement to the following statements where 1= completely disagree, 2= disagree, 3= somewhat agree, 4=agree, 5= completely agree)
- a. The CO has conducted an adequate analysis of existing government programmes/policies and understands the gaps it can directly/indirectly bridge
 - b. The CO has a close working relationship with relevant ministries/ government officials to advance the agenda on childhood and adolescent overweight and obesity prevention
 - c. The CO is partnering with the government to implement direct actions on life-cycle interventions
 - d. The CO's actions on overweight and obesity prevention are aligned with government priorities and national plans
 - e. Relevant government ministries/agencies view UNICEF as a credible technical advisor on overweight and obesity prevention
32. Do you have ideas/recommendations on what the CO do to achieve better coherence in its overweight and obesity prevention work within and beyond UNICEF? (optional)
- a. Within UNICEF CO: _____
 - b. With partners: _____
 - c. With government: _____

Effectiveness

33. Please list all key achievements of your country office's programmes and policy actions on this issue between 2018-2023 (500 words word limit)
34. Please upload any relevant documents that may contain this information in detail. Up to 5 documents allowed
35. On a scale of 1-5, please rate your agreement to the following statements where 1= completely disagree, 2= disagree, 3= somewhat agree, 4=agree, 5= completely agree)
 - a. The CO has achieved/ is achieving its intended results (outputs) in its programmes/policy actions as per its country programme document (CPD).
 - b. UNICEF is contributing meaningfully towards changing motivations, attitudes and behaviours at individual and household levels
 - c. UNICEF is contributing meaningfully towards creating a non-obesogenic food environment in the country
36. What are the key drivers enabling the CO to achieve outputs and outcomes? (Please select all that apply)
 - a. Strategic guidance from HQ/RO
 - b. Availability of adequate resources (staff)
 - c. Availability of adequate resources (finance)
 - d. Adequate knowledge and capacities of staff
 - e. Close engagement with other UNICEF sections (enabling intersectoral approaches)
 - f. Successful partnerships with other agencies
 - g. Close working relationship with government officials/agencies
 - h. Others, please specify: _____
37. What are the key barriers (if any) impeding the CO's ability to achieve planned outputs and outcomes?
 - a. Unclear guidance from HQ/RO
 - b. Lack of adequate resources (staff)
 - c. Lack of adequate resources (finance)
 - d. Inadequate knowledge and capacities of staff
 - e. Conflicts of interest with other UNICEF sections and functions
 - f. No or ineffective partnerships with other agencies
 - g. Lack of government engagement
 - h. Others, please specify: _____

Efficiency

38. On a scale of 1-5, please rate your agreement to the following statements where 1= completely disagree, 2= disagree, 3= somewhat agree, 4=agree, 5= completely agree)
 - a. The CO has adequate funding to finance its work on overweight and obesity prevention among children and adolescents
 - b. The CO is creating necessary value for the money (financial and human resource inputs) being invested into its programmes/policy actions

- c. The CO has adopted strategies to maximise the value for money for its programmes/policy actions
 - d. The CO implemented its activities as per the planned timeframe
39. What, if any, approaches and tactics have been used to maximise the efficiency of UNICEF's investments?
- a. Leveraging partnerships to reduce the number/cost of direct UNICEF interventions
 - b. Using existing government delivery mechanisms to implement direct life-cycle interventions
 - c. Strategically focusing on actions that low cost-intensive activities
 - d. Developing technology or process-based innovations to reduce money or time investments
 - e. Others, please specify:

Sustainability

40. On a scale of 1-5, please rate your agreement to the following statements where 1= completely disagree, 2= disagree, 3= somewhat agree, 4=agree, 5= completely agree)
- a. The CO is building the knowledge and capacities of relevant ministries and government officials on this issue
 - b. The CO has prioritised programmes/policy actions with the most potential for long-term impact
 - c. The CO has adequately used existing government delivery systems to implement its programmes/policy action

Way Forward

41. In which area would you like further support from HQ? Please choose all options that apply
- a. Knowledge-sharing activities (global and regional webinars, conferences, evidence generation and sharing)
 - b. Capacity-building (online courses, training, more guidance tools etc.)
 - c. Resource mobilisation support
 - d. Research and analysis
 - e. Support with political engagement
 - f. Technical assistance and bilateral support
 - g. Others, please specify:
42. In which area would you like further support from HQ? Please choose all options that apply
- a. Knowledge-sharing activities (global and regional webinars, conferences, evidence generation and sharing)
 - b. Capacity-building (online courses, training, more guidance tools etc.)
 - c. Resource mobilisation support

- d. Research and analysis
- e. Support with political engagement
- f. Technical assistance and bilateral support
- g. Others, please specify:

43. Is there anything else you would like to share with us? (word limit: 200 words)

Annex 6: Key Informant Interview Protocols: Data Collection Phase

Key Informant Interviews Protocol: Country Office – Case Studies

Introduction: Hello, thank you for joining us for this inception interview. I am <>, a researcher with EPRI, a social policy think-tank based out of South Africa specializing in capacity building and policy advisory, especially in the domain of social protection. UNICEF has commissioned EPRI to undertake an evaluation to examine UNICEF’s Work on Overweight and Obesity Prevention Among Children and Adolescents. As part of this evaluation, EPRI is conducting interviews to evaluate the results of specific programmes/policy actions at the country level. We have identified your country as a relevant sample for a case study on <insert name of programme/policy action>. For this reason, we are interested in getting information from key stakeholders willing to share their experiences and knowledge with us. Please note that there are no ‘right’ or ‘wrong’ answers. We would like to hear about your experiences and opinions -so please feel free to share these with us as openly and honestly as possible.

Consent for Recording and Use of Transcripts: In order to maximise the utilization of insights generated during this interview, we would like to record the interview and use its transcripts for direct and indirect reference while drafting the inception report and subsequent evaluation reports. Kindly note that we will ensure complete confidentiality while reporting on the insights emerging from this interview. We will report on what you tell us, but you will not be singled out in the findings, nor will your identity be shared with anyone. Do you give consent to this interview being recorded?

Thank you for sharing your consent. We would now like to start the interview by asking you a few questions. Please feel free to venture beyond the scope of our questions if you deem it necessary and useful. These questions are only guiding.

1. To what extent is childhood and adolescence obesity prevention a priority for the country office?
2. In what ways is the CO working to address childhood and adolescent obesity prevention in your country?
3. What factors led to the CO initiating work that is specific to addressing this issue?
4. How has the CO mobilised and used evidence on the country context (cultural and socio-economic) to shape the approach/activities undertaken? (Probe: was landscape analysis conducted, if so- do the CO’s actions follow the overarching actions that emerged from it: <link to landscape analysis doc if available>
5. How has the CO undertaken stakeholder analysis to understand stakeholder needs and motivations?
6. What has UNICEF done to raise the interests of the government and partners to address this issue?
 - a. To what extent has this been effective?

Overview of questions focusing on a specific policy action/programme area

7. Based on desk review and inception interviews, we have identified <insert name of policy action/programme> as one of the focus areas for your country office. For the remainder of the interview, we would ask you to reflect on this one main policy/programme area
8. When did the CO begin its work on this programme/policy action? How did the CO determine this programme/policy action as a focus area for UNICEF's work in the country? What are the factors that contributed towards this decision?
9. What are the main activities undertaken under this programme/policy action?
10. Who are the key UNICEF staff working on this programme/policy action?

Relevance/Appropriateness

11. What were the main objectives of this programme/policy action? To what extent are the activities appropriate to achieve the intended results?
12. How have external factors like political issues, shocks etc., impacted the action's design, planning and/or implementation?

Coherence

13. To what extent does the programme/policy action align with the government's national priorities and plans?
14. Are existing government programmes/delivery mechanisms being leveraged to implement the programme/policy action?
15. How does this programme/policy action build on or complement UNICEF's work in nutrition and other sections?
 - a. In what ways does it compete with UNICEF's work in nutrition and other sections?
16. Is this programme/policy action also a priority of other UN organisations/international organisations/NGOs or coalitions etc., working on this issue? In what ways is UNICEF leveraging partnerships to implement this programme/policy action?
17. How is UNICEF engaging in coordination mechanisms to strengthen collaboration to advance the work on this policy action/programme? (like MoUs, establishing national forums, coalitions etc.)

Effectiveness

18. To what extent has the programme/policy action made progress in achieving its objectives? Is the progress satisfactory/faster/slower than planned? (Probe: understand factors accelerating or impeding progress: resources, leadership, political factors, government responsiveness, programme design etc.)
19. Please discuss some of the main challenges UNICEF has faced/is facing in the design and implementation stages?
20. In what ways are the progress/results achieved attributable to UNICEF's efforts? (Probe: what they think is UNICEF's comparative advantage/unique contribution)

Efficiency

21. How well is the programme/policy action funded and staffed to achieve its intended outcome and impact? What cost-effectiveness measures, if any, has the programme implemented?
22. How is UNICEF using existing delivery mechanisms to achieve results?
23. How is UNICEF implementing their programme/policy action activities as per the planned timeframe?

Sustainability

24. What are the key considerations taken by UNICEF to ensure the sustainability of programme/policy action's impact?
25. How is UNICEF working to build local capacity to support this policy action/programme in the long term?
26. In what ways is the policy action/programme equipping the government and strengthening government systems to scale up and sustain the programme?

Comprehensiveness

27. What additional areas could UNICEF CO focus on to address the issue more comprehensively?
28. What plans does the CO have to increase its impact in this country?

UNICEF positioning and leadership

29. In your opinion, how has HQ's strategic and programming guidance (via guiding documents, evidence, direct technical assistance etc.) supported the design and implementation at the country level? Are there any gaps or emerging needs the HQ can fulfil?
30. What was/is the support provided by UNICEF RO in designing and implementing this and other programmes/policy actions? Are there any gaps or emerging needs the RO can fulfil?
31. To what extent has UNICEF homogenised its guidance on private sector engagement across all sections and functions?

Key Informant Interviews Protocol: Regional Office – Global Evaluation Report

Introduction: Hello, thank you for joining us for this inception interview. I am <>, a researcher with EPRI, a social policy think-tank based out of South Africa specializing in capacity building and policy advisory, especially in the domain of social protection. UNICEF has commissioned EPRI to undertake an evaluation to examine UNICEF’s Work on Overweight and Obesity Prevention Among Children and Adolescents. As part of this evaluation, EPRI is conducting interviews with regional office staff to understand the overweight and obesity prevention approach, programming and results in the region. For this reason, we are interested in getting information from key stakeholders willing to share their experiences and knowledge with us. We have identified you as a critical voice in gaining insights on this topic. Please note that there are no ‘right’ or ‘wrong’ answers. We would like to hear about your experiences and opinions -so please feel free to share these with us as openly and honestly as possible.

Consent for Recording and Use of Transcripts: In order to maximise the utilization of insights generated during this interview, we would like to record the interview and use its transcripts for direct and indirect reference while drafting the inception report and subsequent evaluation reports. Kindly note that we will ensure complete confidentiality while reporting on the insights emerging from this interview. We will report on what you tell us, but you will not be singled out in the findings, nor will your identity be shared with anyone. Do you give consent to this interview being recorded?

Thank you for sharing your consent. We would now like to start the interview by asking you a few questions. Please feel free to venture beyond the scope of our questions if you deem it necessary and useful. These questions are only guiding.

1. To what extent is childhood and adolescence obesity prevention a priority for the region?
2. In what ways is the RO working to address childhood and adolescent obesity prevention in the region?
3. What factors led to the RO initiating work that is specific to addressing this issue?
4. How has the RO mobilised and used evidence on the regional context (cultural and socio-economic) to shape the approach/activities undertaken?
5. How has the RO undertaken stakeholder analysis to understand stakeholder needs and motivations?
6. What are the main activities undertaken by the RO to raise awareness and the ability of COs to work on overweight and obesity prevention? To what extent are the activities appropriate to achieve the intended results?
7. What are the steps taken by the RO to improve multisectoral work on overweight and obesity prevention? To what extent is the region’s work integrated with other nutrition focus areas and multisectoral?

8. What has the RO done to raise the interests of partners/regional economic and political unions of country governments to address this issue? To what extent has this been effective?
9. How is UNICEF RO engaging in coordination mechanisms to strengthen collaboration to advance the work on this policy action/programme? (like MoUs, establishing national forums, coalitions etc.)
10. To what extent has the region made progress on overweight and obesity prevention programming? Is the progress satisfactory/faster/slower than planned? (probes: understand factors accelerating or impeding progress: resources, leadership, political factors, government responsiveness, programme design etc.)
11. To what extent has the RO supported country offices in resource mobilisation? How has the RO supported COs in adopting cost-effectiveness strategies to maximise the results from investments?
12. What plans does the RO have to increase the impact of UNICEF's work in the region?
13. What are the gaps or emerging needs of country offices that RO can fulfil in the future?
14. In your opinion, how has HQ's strategic and programming guidance (via guiding documents, evidence, direct technical assistance etc.) supported the design and implementation at the regional and country level? Are there any gaps or emerging needs the HQ can fulfil?
15. How has RO supported the homogenisation of UNICEF's positioning and guidance on private sector engagement across all sections and functions?
16. Is there any other information you would like to add that we may have missed?
17. Are there any documents you could share with us that highlight your work on this issue?

Key Informant Interviews Protocol: HQ– Global Evaluation Report

Introduction: Hello, thank you for joining us for this inception interview. I am <>, a researcher with EPRI, a social policy think-tank based out of South Africa specializing in capacity building and policy advisory, especially in the domain of social protection. UNICEF has commissioned EPRI to undertake an evaluation to examine UNICEF’s Work on Overweight and Obesity Prevention Among Children and Adolescents. As part of this evaluation, EPRI is conducting interviews with key HQ staff to understand the overweight and obesity prevention approach, programming and results globally. For this reason, we are interested in getting information from key stakeholders willing to share their experiences and knowledge with us. We have identified you as a critical voice in gaining insights on this topic. Please note that there are no ‘right’ or ‘wrong’ answers. We would like to hear about your experiences and opinions -so please feel free to share these with us as openly and honestly as possible.

Consent for Recording and Use of Transcripts: In order to maximise the utilization of insights generated during this interview, we would like to record the interview and use its transcripts for direct and indirect reference while drafting the inception report and subsequent evaluation reports. Kindly note that we will ensure complete confidentiality while reporting on the insights emerging from this interview. We will report on what you tell us, but you will not be singled out in the findings, nor will your identity be shared with anyone. Do you give consent to this interview being recorded?

Thank you for sharing your consent. We would now like to start the interview by asking you a few questions. Please feel free to venture beyond the scope of our questions if you deem it necessary and useful. These questions are only guiding.

1. To what extent is childhood and adolescent overweight and obesity prevention a priority for UNICEF?
2. In what way is the HQ working to address childhood and adolescent obesity prevention in different regions?
3. Which regions are the main priorities for the HQ for addressing this issue?
4. What factors led to the HQ initiating work that is specific to addressing this issue?
5. How has the HW mobilized and used evidence in the global context to shape its overweight and obesity prevention strategy/approach/activities?
 - a. Did you conduct a global and regional review of childhood overweight and obesity?
 - b. What are the key risk factors for overweight and obesity globally?
 - c. What policy and programme landscape review did the HQ undertake?
 - d. What gaps and opportunities did the HQ identify in the current policy and programmes undertaken by ROs and COs?

- e. What are the key priorities for the HQ in the issue? Is it part of the HQ Programming guidance?
6. What has UNICEF done to raise the interests of ROs, COs and partners to address this issue? To what extent has this been effective?
7. How do the HQ activities build on or complement UNICEF HQ's work in nutrition and other sections?
 - a. In what ways does it compete with UNICEF's work in nutrition and other sections?
8. Is the work on preventing overweight and obesity also a priority of other UN organisations/ international organisations/ NGOs or coalitions etc. working on this issue? In what ways is UNICEF HQ leveraging partnerships to advance the global agenda on this issue?
9. To what extent has the HQ supported ROs and COs in resource mobilisation? How has the HQ supported Ros/COs in adopting cost-effectiveness strategies to maximise the results from investments?
10. What plans does the HQ have to increase the impact of UNICEF's work globally?
11. What are the gaps or emerging needs of CO/ROs HQ can fulfil in the future?
12. In your opinion, how has HQ's strategic and programming guidance (via guiding documents, evidence, direct technical assistance etc.) supported the design and implementation at the regional and country level? Are there any gaps or emerging needs the HQ can fulfil?
13. To what extent has UNICEF homogenised its guidance on private sector engagement across all sections and functions?
14. Is there any other information you would like to add that we may have missed?
15. Are there any documents you could share with us that highlight your work on this issue?

Annex 7: Detailed database of countries undertaking substantive work on overweight and obesity prevention

Country	CO	RO/MCO	Income Status	Prevalence of Obesity-2020	Prevalence Category	SDG Progress Assessment	Work done-2019?	Work done-2020?	Work done-2021?	Total number of activities in 2021	Selection
Fiji	Fiji MCO	EAP	LMIC	5.2	Medium	Orange	Yes	Yes	Yes	3	1
Mongolia	Mongolia	EAP	LMIC	10.1	High	Orange	Yes	Yes	Yes	5	1
China	China	EAP	UMIC	8.3	Medium	Red	Yes	Yes	Yes	4	1
Malaysia	Malaysia	EAP	UMIC	6.1	Medium	Orange	Yes	Yes	Yes	5	1
Vietnam	Vietnam	EAP	LMIC	6	Medium	Red	Yes	Yes	Yes	4	1
Vanuatu	Vanuatu	EAP	LMIC	4.9	Low	Orange	Yes	Yes	Yes	4	1
Philippines	Philippines	EAP	LMIC	4.2	Low	Red	Yes	Yes	Yes	4	1
Kiribati	Kiribati	EAP	LMIC	2.4	VeryLow	green	Yes	Yes	Yes	3	1
Myanmar	Myanmar	EAP	LMIC	1.5	VeryLow	green	Yes	Yes	Yes	5	1
Cook Islands	Fiji MCO	EAP	No data	No data	No data	No data	Yes	Yes		3	0
Tonga	Fiji MCO	EAP	UMIC	12.6	High	Orange	Yes	Yes		3	0
Ukraine	Ukraine	ECA	LMIC	17	VeryHigh	Yellow		Yes	Yes	3	1
Bosnia and Herzegovina	BosniaandHerzegovina	ECA	UMIC	12.8	High	Yellow	Yes		Yes	3	1
Armenia	Armenia	ECA	UMIC	10.8	High	Yellow	Yes	Yes	Yes	3	1
North Macedonia	NorthMacedonia	ECA	UMIC	10	High	Yellow	Yes	Yes	Yes	3	1
Kazakhstan	Kazakhstan	ECA	UMIC	8.8	Medium	Yellow	Yes	Yes	Yes	4	1
Georgia	Georgia	ECA	UMIC	7.6	Medium	Yellow	Yes	Yes	Yes	3	1
Rep of Uzbekistan	Uzbekistan	ECA	LMIC	5	Medium	green	Yes	Yes	Yes	3	1
South Africa	SouthAfrica	ESA	UMIC	12.9	High	Orange	Yes	Yes	Yes	5	1
Zambia	Zambia	ESA	LIC	5.7	Medium	Orange	Yes		Yes	6	1
Rwanda	Rwanda	ESA	LIC	5.2	Medium	Orange		Yes	Yes	3	1
Malawi	Malawi	ESA	LIC	4.7	Low	Yellow	Yes	Yes	Yes	3	1
Kenya	Kenya	ESA	LMIC	4.5	Low	Orange	Yes	Yes	Yes	5	1
Argentina	Argentina	LAC	UMIC	12.9	High	Orange	Yes	Yes	Yes	3	1
Uruguay	Uruguay	LAC	HIC	10.3	High	Orange	Yes	Yes	Yes	3	1
Cuba	Cuba	LAC	UMIC	10	High	Orange	Yes	Yes	Yes	3	1
Ecuador	Ecuador	LAC	UMIC	9.8	Medium	Red	Yes	Yes	Yes	4	1
Bolivia	Bolivia(Plurinational)	LAC	LMIC	8.8	Medium	Orange	Yes	Yes	Yes	4	1
Belize	Belize	LAC	UMIC	8	Medium	Orange	Yes	Yes	Yes	3	1
Peru	Peru	LAC	UMIC	8	Medium	Orange	Yes	Yes	Yes	4	1
Brazil	Brazil	LAC	UMIC	7.3	Medium	Orange	Yes	Yes	Yes	5	1
Mexico	Mexico	LAC	UMIC	6.3	Medium	Orange	Yes	Yes	Yes	6	1
Guatemala	Guatemala	LAC	UMIC	5.1	Medium	Orange	Yes	Yes	Yes	3	1
Iran	Iran(Islamic Republic of)	MENA	LMIC	9.4	Medium	NA	Yes		Yes	6	1
Iraq	Iraq	MENA	UMIC	9	Medium	Orange	Yes	Yes	Yes	5	1
Pakistan	Pakistan	SA	LMIC	3.4	Low	green	Yes	Yes	Yes	4	1
India	India	SA	LMIC	1.9	VeryLow	green	Yes	Yes	Yes	4	1
Nepal	Nepal	SA	LMIC	1.8	VeryLow	green	Yes	Yes	Yes	4	1
Sri Lanka	SriLanka	SA	LMIC	1.3	VeryLow	green	Yes	Yes	Yes	4	1
Cabo Verde	CaboVerde	WCA	LMIC	No data	No data	No data	Yes	Yes	Yes	5	1
Liberia	Liberia	WCA	LIC	4.7	Low	red	Yes	Yes	Yes	4	1
Ghana	Ghana	WCA	LMIC	2.9	Low	green		Yes	Yes	3	1
Gambia	Gambia	WCA	LIC	2.3	VeryLow	green		Yes	Yes	4	1
Senegal	Senegal	WCA	LMIC	2.1	VeryLow	green	Yes	Yes	Yes	3	1

Annex 8: Detailed database of countries undertaking limited work on overweight and obesity prevention

Country	CO	RO/MCO	Income Status	Prevalence of Obesity-2020	Prevalence Category	Progress Assessment	Selection
Papua New Guinea	PapuaNewGuinea	EAP	LMIC	8.9	Medium	Orange	1
Thailand	Thailand	EAP	UMIC	9.2	Medium	Orange	1
Angola	Angola	ESA	LMIC	3.5	Low	Red	1
Botswana	Botswana	ESA	UMIC	11	High	Orange	1
Comoros	Comoros	ESA	LMIC	9.6	Medium	Yellow	1
Namibia	Namibia	ESA	UMIC	5	Medium	Red	1
Uganda	Uganda	ESA	LIC	4	Low	Orange	1
CostaRica	CostaRica	LAC	UMIC	8.1	Medium	Orange	1
Nicaragua	Nicaragua	LAC	LMIC	7.5	Medium	Orange	1
Suriname	Guyana	LAC	UMIC	4	Low	Orange	1
Jordan	Jordan	MENA	UMIC	7.1	Medium	Red	1
Tunisia	Tunisia	MENA	LMIC	16.5	VeryHigh	Red	1

Annex 9: Detailed database of countries not undertaking any work (no work) on overweight and obesity prevention

Country	CO	RO/MCO	Income Status	Prevalence of Obesity-2020	Prevalence Category	Progress Assessment	Selection
Timor-Leste	Timor-Leste	EAP	LMIC	2.6	Low	green	1
Lao People's Democratic Republic	LaoPeople'sDemocraticRepublic	EAP	LMIC	3	Low	Red	1
Panama	Panama	LAC	HIC	10.8	High	Orange	1
Trinidad and Tobago	Barbados	LAC	HIC	11	High	Red	1
Algeria	Algeria	MENA	LMIC	12.9	High	Orange	1
Lebanon	Lebanon	MENA	LMIC	19.7	VeryHigh	Orange	1
Cameroon	Cameroon	WCA	LMIC	9.6	Medium	Red	1
Equatorial Guinea	Equatorial Guinea	WCA	UMIC	9.3	Medium	Orange	1
Azerbaijan	Azerbaijan	ECA	UMIC	9.4	Medium	Yellow	1
Belarus	Belarus	ECA	UMIC	6.8	Medium	Yellow	1
Eswatini	Eswatini	ESA	LMIC	9.7	Medium	Orange	1
Lesotho	Lesotho	ESA	LMIC	7.2	Medium	Orange	1
Afghanistan	Afghanistan	SA	LIC	3.9	Low	Green	1

Annex 10: SMQ Indicators Related to Overweight and Obesity Among Children and Adolescents

<p>SMQ-21-04-1.d.4-7</p> <p>Has your country office supported policy actions or programmes for preventing overweight in children and/or adolescents during the year of reporting?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>SMQ-21-04-1.d.4-8</p> <p>Which policy actions or programmes for preventing overweight in children and/or adolescents were implemented in the country during the year of reporting? Select all that apply.</p>	<p><input type="checkbox"/> Nutrition education for children, school-age children and/or adolescents</p> <p><input type="checkbox"/> 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 provided</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Initiatives to make specific healthy foods available in schools (healthy school meals, fruit and vegetable provision, school gardens, etc.)</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> 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,</p> <p><input type="checkbox"/> Health-related food and beverage taxes (e.g. taxes applied to foods or beverages high in saturated fats, trans-fatty acids, free sugars and/or salt, e.g. soda taxes)</p> <p><input type="checkbox"/> Nutrition labels with some form of interpretative front of the pack, warning symbol or nutritional rating system to identify foods high in saturated fats, trans-fatty acids, free sugars and/or salt</p> <p><input type="checkbox"/> Other (such as physical activity, specify in remarks)</p> <p><i>This is a multiple-choice question, and all responses that apply should be selected.</i></p>
<p>SMQ-21-09-1.i.1-3</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>Has your country office worked to support preventing overweight among adolescents during the year of reporting?</p>													
<p>SMQ-21-09-1.i.1-4</p> <p>How many adolescent girls and boys (10-19 years) were reached with services to prevent overweight and obesity during the year of reporting?</p>	<table border="1" data-bbox="760 390 1110 638"> <thead> <tr> <th>Disaggregation</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>Enter data</td> </tr> <tr> <td>Female</td> <td>Enter data</td> </tr> <tr> <td>Total</td> <td>Auto-calculated</td> </tr> </tbody> </table> <p>If the disaggregated data by sex is not available, countries will enter the total:</p> <table border="1" data-bbox="760 743 1365 779"> <tr> <td>Total</td> <td>Enter data</td> </tr> </table>	Disaggregation	Total	Male	Enter data	Female	Enter data	Total	Auto-calculated	Total	Enter data		
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<p>SMQ-21-09-1.i.1-4a</p> <p>What is the age breakdown of adolescent girls and boys who were reached with services to prevent overweight and obesity during the year of reporting?</p>	<p>If disaggregated data by sex is available, countries will enter data below:</p> <table border="1" data-bbox="760 856 1110 1104"> <thead> <tr> <th>Disaggregation</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>10-14 years</td> <td>Enter data</td> </tr> <tr> <td>15-19 years</td> <td>Enter data</td> </tr> <tr> <td>Total</td> <td>Auto-calculated</td> </tr> </tbody> </table> <p>If the disaggregated data by sex is not available, countries will enter the total:</p> <table border="1" data-bbox="760 1213 1365 1251"> <tr> <td>Total</td> <td>Enter data</td> </tr> </table>	Disaggregation	Total	10-14 years	Enter data	15-19 years	Enter data	Total	Auto-calculated	Total	Enter data		
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Total	Auto-calculated												
Total	Enter data												
<p>SMQ-21-09-1.i.1-4b</p> <p>How many adolescent girls and boys (10-19 years) were reached with services to prevent overweight and obesity during the year of reporting disaggregated by delivery platform?</p>	<p>If disaggregated data by sex is available, countries will enter data below:</p> <table border="1" data-bbox="760 1329 1110 1654"> <thead> <tr> <th>Disaggregation</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>School</td> <td>Enter data</td> </tr> <tr> <td>Out-of-school</td> <td>Enter data</td> </tr> <tr> <td>Social media</td> <td>Enter data</td> </tr> <tr> <td>Total</td> <td>Auto-calculated</td> </tr> </tbody> </table> <p>If the disaggregated data by sex is not available, countries will enter the total:</p> <table border="1" data-bbox="760 1766 1365 1797"> <tr> <td>Total</td> <td>Enter data</td> </tr> </table>	Disaggregation	Total	School	Enter data	Out-of-school	Enter data	Social media	Enter data	Total	Auto-calculated	Total	Enter data
Disaggregation	Total												
School	Enter data												
Out-of-school	Enter data												
Social media	Enter data												
Total	Auto-calculated												
Total	Enter data												
<p>SMQ-21-13-N1.4.3-1</p>	<p>1. Promotion of Health Lifestyle and Prevention of NCD risk factors include lack of physical activity,</p>												

<p>Does your country's Health Sector policy/plan (or equivalent guidance document) include the provision of the following services for the prevention and management of non-communicable diseases and injuries in children and adolescents in Primary Health Care? Select all that apply.</p>	<p>overweight and obesity, and alcohol and tobacco use.</p> <ol style="list-style-type: none"> 2. Management of non-communicable diseases in children and adolescents (0-19 yrs.) 3. Prevention and Management of neglected tropical diseases in children and adolescents (0-19 yrs.) 4. Screening and interventions on substance abuse in children and adolescents 5. Interventions to prevent road-traffic injuries 6. Interventions to prevent drowning 7. Interventions to prevent other unintentional injuries, such as falls, burns/scalds and poisoning 8. None of the above
<p>SMQ-21-13-N1.4.3-2</p> <p>During the reporting year, did the country office implement interventions on the health issues/programme areas below? Select all that apply.</p>	<ol style="list-style-type: none"> 1. Promotion of Health Lifestyle and Prevention of NCD risk factors, such as lack of physical activity, overweight and obesity, alcohol and tobacco use at the primary health care level (including by Community Health Workers) 2. Promotion of Health Lifestyle and Prevention of NCD risk factors, such as lack of physical activity, overweight and obesity, and alcohol and tobacco use at school health platforms 3. Promotion of Health Lifestyle and Prevention of NCD risk factors, such as lack of physical activity, overweight and obesity, alcohol and tobacco use using digital platforms 4. Management of non-communicable diseases in children and adolescents (0-19 yrs.) at primary health care and referral facilities 5. Policy development, research and evidence synthesis on NCD and Injuries 6. Prevention and management of neglected tropical diseases (NTDs) in children and adolescents (0-19 yrs.) 7. Screening and interventions on substance abuse in children and adolescents 8. Interventions to prevent road-traffic injuries (such as 30km/h speed zones around schools, child passenger restraint systems and seat belts, and bicycle and motorcycle helmets) 9. Interventions to prevent drowning (such as swimming lessons, survival swim skills, and barriers to water hazards)

	<p>10. Interventions to prevent other unintentional injuries, such as falls, burns/scalds and poisoning (e.g., home injury prevention for falls, burns/scalds, and poisoning)</p>
<p>Other data</p>	<p>11. Impact indicator SDG 2.2.2: Percentage of children (a) under the age of 5 years and (b) 5-9 years old who are overweight</p> <p>12. Is UNICEF working to prevent overweight and obesity in preschool settings? [If the answer^[11] to this question is yes, then country offices are asked to select the specific area(s) of intervention and the number of preschools reached through UNICEF support, the number of children reached in those preschools and the total number of preschools in the country.]</p> <p>13. Did the UNICEF country office provide technical or financial support for implementation of interventions to improve the nutrition of school-age children/adolescents (5-19 years)?</p> <p>14. Does the government have a policy, strategy or plan of action to improve the nutrition of school-age children/adolescents (5-19 years)? [When the answer to this question is yes, country offices are asked to select the specific components of the programmes for school-age children.]</p> <p>15. Did the government provide funding to improve the nutrition of school-age children/adolescents (5-19 years) (besides salaries)?”</p>

Annex 11: Evaluation Matrix

Objectives	Overarching evaluation questions	Specific evaluation questions	Constructs / Indicators	Means of verification	Secondary data sources
<p><i>1) Assess the relevance, efficiency, effectiveness, coherence and sustainability of UNICEF's work in the prevention of overweight and obesity in children and adolescents (summative)</i></p>	<p>[Relevance]</p> <p>How relevant have UNICEF's interventions been in preventing overweight and obesity among children and adolescents?</p>	<p>1(a) To what extent has UNICEF mobilised evidence (on the nature of the problem and solutions) to understand key stakeholder (including intended beneficiaries) needs?</p>	<p>a. Number and nature of research and analysis documents produced by UNICEF on the issue (standalone or in partnership)</p> <p>b. Regional strategies include assessment of vulnerable populations and/or provide support to countries to identify and address vulnerabilities</p> <p>c. Degree of disaggregation of data and analysis for vulnerable/excluded groups and regions</p> <p>d. Country programmes are developed and informed by situation analyses at the national and sub-national levels that account for key capacity gaps</p> <p>e. Systems and mechanisms for monitoring and evaluation</p>	<p>Secondary research; KIIs with COs and relevant national stakeholders; survey of COs staff, KIIs with ROs & HQ</p>	<p>COARs (Country Office Annual Reports), ROARs (Regional Office Annual Reports), Country Programme Documents, Programme Cooperation Agreements, UNICEF strategy documents, Strategic Monitoring Questionnaire (SMQ), RAM reports via Insight portal (Results Assessment Module), Programme Information Database (PID)</p>
		<p>1 (b) To what extent are UNICEF's interventions responsive to the specific needs of key stakeholders (including intended beneficiaries/vulnerable populations)?</p>	<p>a. Stakeholders' perception of the relevance of UNICEF's work in preventing overweight and obesity among children and adolescents</p> <p>b Appropriateness of UNICEF activities for addressing national needs in overweight and obesity prevention</p> <p>c. Alignment of programme objectives, modalities and expected results with the perceived greatest needs of the vulnerable population as perceived by stakeholders and beneficiary households</p> <p>d. Utilisation of primary and secondary evidence base in decision making</p>		

<p>[Coherence]</p> <p>How coherent are UNICEF's interventions with country priorities to prevent overweight and obesity among children and adolescents?</p>	<p>2 a) To what extent are the various UNICEF's strategies and actions under Goal Areas mutually reinforcing (or standalone/contradictory) with regard to preventing overweight and obesity?</p>	<p>a. Appropriate sectors are engaged to address the key issues identified and to implement the designed programmes</p> <p>b. Strategies and programmes are integrated across sections and take advantage of shared efficiencies and knowledge</p> <p>c. Extent and efficacy of double-duty and de-novo actions within the Nutrition section</p>		
	<p>2(b) To what extent are UNICEF's interventions coherent with policies and programmes of other partners working on overweight/obesity prevention at global, regional and national levels?</p>	<p>a. Global UNICEF strategies align with and complement other global actors supporting overweight and obesity prevention efforts</p> <p>b. Country strategies and programmes include external partners to identify and address vulnerabilities</p> <p>c. Barriers and facilitators to external collaboration</p> <p>d. MoUs/coordination mechanisms signed by UNICEF on this issue</p>		
	<p>2(c) To what extent is UNICEF's programming on overweight and obesity prevention coherent with the national government's policies and strategies?</p>	<p>a. Country programmes align with national strategies, policies, and plans</p> <p>b. Extent and nature of partnerships with government</p> <p>c. Leveraging of existing government delivery mechanisms by UNICEF in programming</p> <p>d. Government perception of UNICEF's technical capacities on the issue</p>		
<p>[Effectiveness]</p> <p>3. How effective are UNICEF's interventions in achieving long-term outcomes towards</p>	<p>3(a) To what extent are UNICEF's policy actions/programmes effective in changing motivations, attitudes and behaviours at</p>	<p>a. [perceived] capacities of staff on o/o prevention advocacy and programming</p> <p>b. [perceived] UNICEF's contribution to the integration of o/o prevention focus</p>		

	preventing overweight and obesity among children and adolescents?	individual and family levels?	in national strategies, policies or programmes d. Barriers and enablers for UNICEF's promotion and support of direct lifecycle interventions [construct]		
		3 (b) To what extent are UNICEF's policy actions/programmes effective in creating less-obesogenic environments that enable healthier diets and more physical activity?	a. [perceived]UNICEF's contribution to the adoption or expansion of policies and regulations b. Nature of national dialogue on the issue		
	[Efficiency] 4. How efficient has UNICEF's interventions been in achieving intended results within an expected timeframe and in a cost-effective manner?	4 (a) What strategies/activities has UNICEF undertaken to ensure resources are allocated efficiently?	a. [perceived] adequate staffing for o/o prevention work at CO and RO levels b. [perceived] organisational and technical capacity gaps and strengths c. Number of CO/RO/HQ staff dedicated to this issue d. [perceived] adequate resource allocation for o/o prevention work at CO and RO levels		
		4 (b) To what extent are the interventions implemented in a timely manner?	a. The extent to which financial expenditures align with plans b. Barriers and enablers for cost-effectiveness [construct]		
	[Sustainability] 5. How sustainable are UNICEF's interventions to prevent overweight and obesity?	5 (a) What actions does UNICEF take to embed sustainability in its programming to ensure ownership and resourcing in the long run?	a. Extent to which UNICEF works with governments and stakeholders to ensure continuity of programming and sustainable funding b. Proportion of policy actions with long-term impact potential in UNICEF's country-level response		
		5 (b) To what extent have these approaches resulted in the	c. Systems strengthening and local capacity-building [construct]		

		sustainability of programmes?			
<i>2. Understand how UNICEF's positioning, organisational 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 (summative)</i>	[UNICEF Positioning and Leadership]				
	6. How has UNICEF's positioning, organisational structures and leadership affected programmes and policy actions to prevent overweight and obesity?		<ul style="list-style-type: none"> a. Stakeholder opinions on UNICEF as a leader and convener on the issue b. Level of participation of UNICEF staff in key global, regional, and country events and partnerships to share knowledge and information to prevent overweight and obesity c. Country programmes take advantage of UNICEF's comparative advantages and complement the actions of other stakeholders d. [perceived] clarity of UNICEF's principles and position on private sector engagement 		