



Case Study

Improving School Food Environments for Children

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

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Students receive a nutritious lunch at Seliba Primary School, South Africa.

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Abbreviations

CEO	Chief Executive Officer
CO	Country Office
COVID-19	Coronavirus Disease
CSO	Civil Society Organization
DBE	Department of Basic Education
EPRI	Economic Policy Research Institute
ESARO	Eastern and Southern Africa Regional Office
FAO	Food and Agriculture Organization
FOPNL	Front-of-pack Nutrition Labelling
GES	Ghana Education Service
GHS	Ghana Health Service
GIFTS	Girls' Iron-Folate Tablet Supplementation Programme
HEALA	Healthy Eating and Living Alliance
HQ	Headquarters
IoT	Internet of Things
LACRO	Latin America and Caribbean Regional Office
M&E	Monitoring and Evaluation
NCD	Non-Communicable Disease
NDOH	National Department of Health
NFSI	Nutrition-Friendly School Initiative
NGO	Non-Governmental Organization
NORAD	Norwegian Development Cooperation Agency
NSNP	National School Nutrition Programme
NWC	North-West University
OECD-DAC	Organisation for Economic Cooperation-Development Assistance Committee
RO	Regional Office
SSB	Sugar-sweetened Beverage taxes
UJ	University of Johannesburg
UL	University of Limpopo
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UP	University of Pretoria
USAID	United States Agency for International Development

ABBREVIATIONS

UWC	University of Western Cape
WCARO	Western and Central Africa Regional Office
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization



Children play with oranges in the Isibindi Safe Park in Soweto.
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Executive Summary

While the 2022 Joint Malnutrition Estimates recorded global overweight prevalence among children under five at 5.6 per cent, UNICEF's 2023 *State of the World's Children Report* estimates a much higher prevalence (18.4 per cent) among children in older groups aged 5-19 years, indicating a significantly rate of overweight among school-age children and adolescents globally. Recognizing this, UNICEF identified 'improving the school food environment' as a priority action area in its global overweight and obesity prevention strategy. UNICEF has historically supported schools as key platforms for service delivery and educational programmes, including water, sanitation and hygiene (WASH) and other initiatives tackling undernutrition. More recently, UNICEF country offices (COs) have introduced an added focus on overweight and obesity prevention in their school-based work to reach the school-going population.

This case study is a result of a global evaluation of UNICEF's work on overweight and obesity prevention in children and adolescents, commissioned by the UNICEF Evaluation Office in 2023. This thematic case study on *Improving School Food Environments*, developed by an evaluation team from the Economic Policy Research Institute (EPRI), presents key findings, learnings, and recommendations from an evaluation of UNICEF's work in Ghana and South Africa. The evaluation team employed a mixed method evaluation design to collect primary qualitative and quantitative data from UNICEF staff and other stakeholders in both countries through key informant interviews and an online survey.

The case study takes a summative and formative approach to identifying key achievements and challenges in the implementation of this work in two sample countries (Ghana and South Africa) and highlights essential learnings to inform evidence-based scale-up of UNICEF's future impact and leadership in this action area in country offices across all regions. The main intended audience is UNICEF staff who can utilize lessons from the work of UNICEF Ghana and UNICEF South Africa and inform their school food environment work to improve results.

The two UNICEF-supported initiatives evaluated in this case study are Ghana's Nutrition-Friendly School Initiative (NFSI) and the Blueprint for Improving South Africa's School Food Environment. The key findings, learnings and recommendations are stated below.

Key Findings

1. Both COs engage in ongoing evidence mobilization activities to understand stakeholder needs, challenges, and opportunities in the school environment to inform programme design, planning, and implementation.
2. Ensuring close coherence with government priorities, plans, and programmes in design and implementation processes has helped mobilize government buy-in and implementation support for UNICEF's work on improving school food environments in both contexts.

3. Partnerships with other United Nations (UN) agencies, non-governmental organizations (NGOs), and academic institutions increased the efficiency and effectiveness of UNICEF's initiatives in both countries. However, external collaboration with non-governmental stakeholders in Ghana is limited.
4. Technical assistance from UNICEF headquarters (HQ) and respective regional offices (ROs) has played an enabling role in developing comprehensive guidelines in both countries.
5. Constrained funding in Ghana and an unclear implementation plan in guideline documents in South Africa have slowed rollout and limited the pace of implementation.
6. Non-enforceability of guidelines and low community engagement may threaten the effectiveness of UNICEF's school-based initiatives to achieve long-term outcomes.
7. Collaboration internally between UNICEF sections in both COs can be further strengthened to support stronger whole-of-organization action on improving school food environments.

Key Learnings

1. Engaging government stakeholders starting from the inception phase improves long-term buy-in for programme implementation.
2. Enabling cross-sectoral collaboration within UNICEF and the government helps increase the effectiveness of programmes on school food environments.
3. Developing clearly defined and evidence-based implementation instructions as part of guideline development is useful for more rapid and uniform scale-up of planned interventions.
4. Leveraging collaboration with other UN agencies and civil society organizations (CSOs) helps maximize the efficiency of UNICEF's actions.
5. COs can integrate school food environment elements into double-duty school programmes in contexts where overweight and obesity prevention is a lower or competing priority with other nutritional objectives.

Key Recommendations

This evaluation recommends that UNICEF:

1. Increase resources available for improving the scale and comprehensiveness of action to promote healthy school food environments in both countries.
2. Improve collaboration among internal UNICEF sections on school food environment interventions.
3. Further strengthen monitoring and evaluation to support the refinement and implementation of the NFSI in Ghana and the Blueprint in South Africa.
4. Initiate engagement with relevant ministries and government departments to support the mobilization of domestic government resources for long-term implementation.
5. Strengthen actions on improving the general food environment to support the effectiveness of school food work.
6. Leverage close government relationships to strengthen policy dialogue, avoid the private sector's interference, and support civil society advocacy to influence food environment policies.
7. Reinforce the effectiveness of its school environment work by further engaging communities to improve the local food environment outside schools.



Students at the University of Pretoria order from a fast food vendor on campus in South Africa.
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Introduction

Background

Global context

UNICEF's 2023 *State of the World's Children Report* estimates a rate of overweight prevalence of 18.4 per cent among children aged 5-19 years globally.¹ This figure means almost one in five children aged 5-19 years have overweight or obese, representing a substantial increase in body weight from early childhood, where the global prevalence among children under five is six per cent. Moreover, the overweight prevalence rates in this age group in the Middle East and North Africa, and Latin America and the Caribbean regions are above 40 per cent, a concerning indicator of a form of malnutrition in higher income countries and regions.

While early childhood undernutrition may manifest as overweight in older children and hence is an important determinant of overweight in older children, global experts acknowledge that rapid changes in food environments have also been key enablers, together with the proliferation of fast-food companies and the impact of the coronavirus disease (COVID-19).²³ A 2020 UNICEF study in partnership with Western Sydney University reported that one in five adolescents found the school environment to be a barrier to healthy eating.⁴ The joint UNICEF and UN Special Rapporteur on the Right to Food 2019 report, *Protecting Children's Rights to a Healthy Food Environment*, highlighted children as vulnerable consumers and recommended all children should be protected from exposure to relentless marketing of unhealthy foods across all media channels, including preschools and schools.⁵

1 UNICEF. (2023). *The State of the World's Children Report: For Every Child, Vaccination*. Retrieved from <https://www.unicef.org/media/108161/file/SOWC-2023-full-report-English.pdf>

2 UNICEF. (2021). *Policy Brief: Sugar Sweetened Beverage Taxation*. Retrieved from [https://www.unicef.org/mongolia/media/5571/file/Policy brief.pdf](https://www.unicef.org/mongolia/media/5571/file/Policy%20brief.pdf)

3 UNICEF Indonesia. (2022). *Policy Brief: Sugar Sweetened Beverage Taxation*. Retrieved from [https://www.unicef.org/indonesia/media/17011/file/Policy brief: Sugar-sweetened beverages taxation.pdf](https://www.unicef.org/indonesia/media/17011/file/Policy%20brief%20-%20Sugar-sweetened%20beverages%20taxation.pdf)

4 Western Sydney University and UNICEF. (2020). *Food and Me: How Adolescents Experience Nutrition Across the World*. Retrieved from <https://www.unicef.org/documents/food-and-me-how-adolescents-experience-nutrition-across-world>

5 UNICEF and UN Special Rapporteur on the Right to Food. (2019). *Protecting Children's Right to a Healthy Food Environment*. Retrieved from <https://www.unicef.org/documents/protecting-childrens-right-healthy-food-environment>

UNICEF approach to improving school food environments

UNICEF's 2019 *Programming Guidance on Overweight and Obesity Prevention among Children and Adolescents*⁶ and the joint report on *Protecting Children's Right to a Healthy Food Environment*⁷ identify direct and environmental interventions for children in pre-school and school settings as crucial actions for preventing overweight. Recommended lifecycle interventions include the provision of nutrition literacy classes and counselling to encourage healthy eating habits and physical activity among children and adolescents. UNICEF's guidelines on improving school food environments follow the recommendation made by the World Health Organization (WHO) Commission on Ending Childhood Obesity in 2016 to 'implement comprehensive programmes that promote healthy school environments, health and nutrition literacy and physical activity among school-age children and adolescents'.⁸ UNICEF understands the crucial role of a non-obesogenic environment to enable children to make healthier choices. In its programmatic guidance, UNICEF outlines the organization's role in contributing towards advocacy and technical support for the adoption and implementation of policies that support the restriction of the sale and marketing of unhealthy foods in and near schools and efforts to improve school feeding programmes by limiting private sector interference and establishing healthier meal standards.⁹

UNICEF's partnership with WHO on improving school food environments to address the double burden of malnutrition (undernutrition and overweight) dates back to 2006. WHO, in partnership with UNICEF, Food and Agriculture Organization (FAO), United Nations Educational, Scientific and

Cultural Organization (UNESCO), World Food Programme (WFP), World Bank Group, Education Development Centre, Save the Children, Partnership for Child Development, University of Montreal, Durham University and the United Nations System Standing Committee on Nutrition, with support from Brazilian, Finnish and Irish government agencies, developed the Nutrition-Friendly Schools Initiative in 2006.¹⁰ The NFSI offers a framework to establish comprehensive school-based programmes. One aspect of the framework centres around fostering a conducive school environment by providing nutrient dense foods and beverages that are not high in energy, fat, sugar, and salt through school meals, food vendors, and snack bars, alongside appropriate facilities for preparation and consumption. The framework also includes positive messaging, prohibiting the marketing of unhealthy foods, ensuring access to clean water and sanitation facilities, and creating spaces for physical activities.

UNICEF partners with FAO on school nutrition and with technical input from FAO, undertook a global review of national food-based dietary guidelines for children, adolescents, and women in 2020. The review identified the availability of sweet beverages and poor quality snacks in the school environment as a food and nutrition challenge among school-age children and adolescents.¹¹ WFP, through its core mandate of improving school meal programmes, is also a key player in enabling better nutrition for children and adolescents studying in public schools.

While UNICEF's programming guidance mentions the upcoming publication of specific guidance on improving school food environments, the document is yet to be finalized. However, UNICEF Latin America and Caribbean Regional Office (LACRO), in partnership with multiple regional academic institutions and

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

7 UNICEF and UN Special Rapporteur on the Right to Food. (2019). *Protecting Children's Right to a Healthy Food Environment*. Retrieved from <https://www.unicef.org/media/96101/file/Protecting-Childrens-Right-Healthy-Food-Environment.pdf>

8 World Health Organisation. (2016). *Report of the Commission on Ending Childhood Obesity*. Retrieved from <https://www.who.int/publications/i/item/9789241510066>

9 UNICEF. (2020). *Prevention of Overweight and Obesity Among Children and Adolescents: Advocacy Strategy and Guidance*. Retrieved from <https://www.unicef.org/media/92331/file/Advocacy-Guidance-Overweight-Prevention.pdf>

10 World Health Organisation. (2020). *Nutrition action in schools: a review of evidence related to the Nutrition-Friendly Schools Initiative*. Retrieved from <https://iris.who.int/bitstream/handle/10665/338781/9789241516969-eng.pdf?sequence=1>

11 UNICEF. (2021). *Review of national Food-Based Dietary Guidelines and associated guidance for infants, children, adolescents, and pregnant and lactating women*. Retrieved from <https://www.unicef.org/media/102761/file/2021-Food-based-Dietary-Guidelines-final.pdf>

the Pan American Health Organization, published a guidance¹² in 2021 recommending four evidence-based effective actions to improve school food environments in the region:

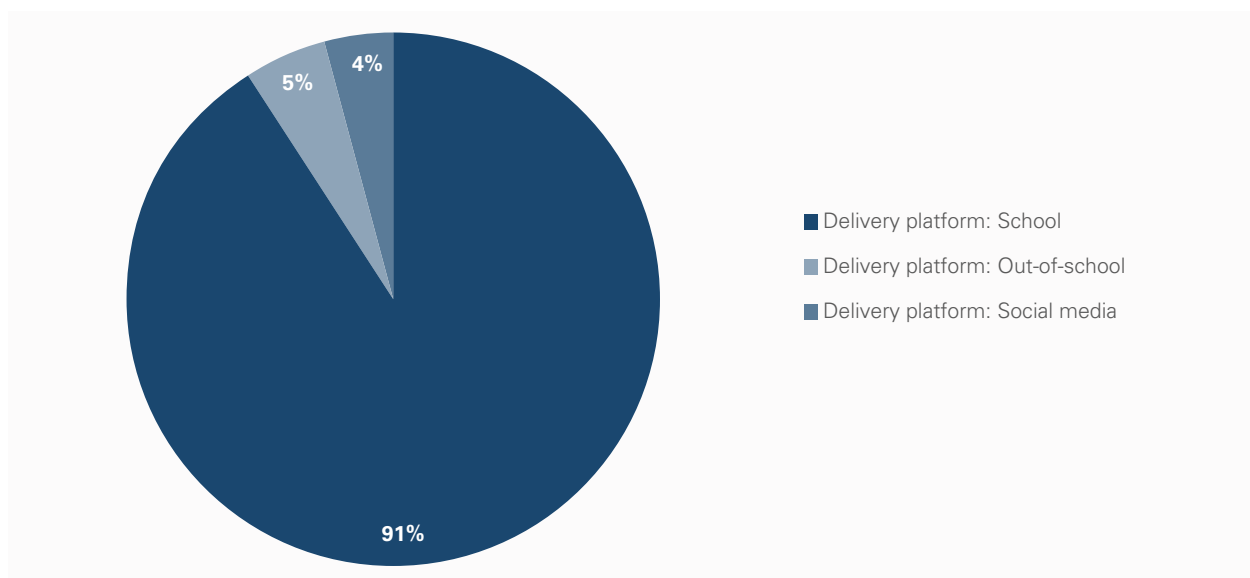
1. Empowerment and behaviour change regarding food, nutrition, and health through educational processes.
2. Increased physical activity by teaching about the benefits and increasing the time, space and resources allocated to enable physical activity in schools.
3. Healthy school eating standards, including the provision of high-quality food, both in school meals and school snack shops.
4. Regulations and guidelines to protect the food environment: including restrictions on unhealthy food advertising, encouraging the availability of fruits and vegetables, and promoting the creation of healthy snack shops with clear nutritional standards.

UNICEF global work on improving school food environments for children

Schools are one of the most important settings where UNICEF operates. UNICEF reaches 91 per cent of adolescent beneficiaries via schools, as highlighted in Figure 1.¹³

In a global evaluation survey administered by EPRI sampling UNICEF COs and National Committees working on overweight and obesity prevention among children and adolescents, 52 per cent of participating country offices reported undertaking programmes to ‘support the implementation of strategies or policies on food and nutritional standards for school meals and regulating the sale of foods and beverages in and around schools’ and 58 per cent reported ‘supporting the design and implementation of strategies and policies that promote the inclusion of healthy lifestyle teachings (nutrition, physical activity and sedentary behaviours) in the school curricula’ (see Figure 2).

Figure 1: Percentage of adolescent girls and boys (aged 10-19 years) reached with services to prevent overweight and obesity during 2021 disaggregated by delivery platform (% of 157 countries) (2021)

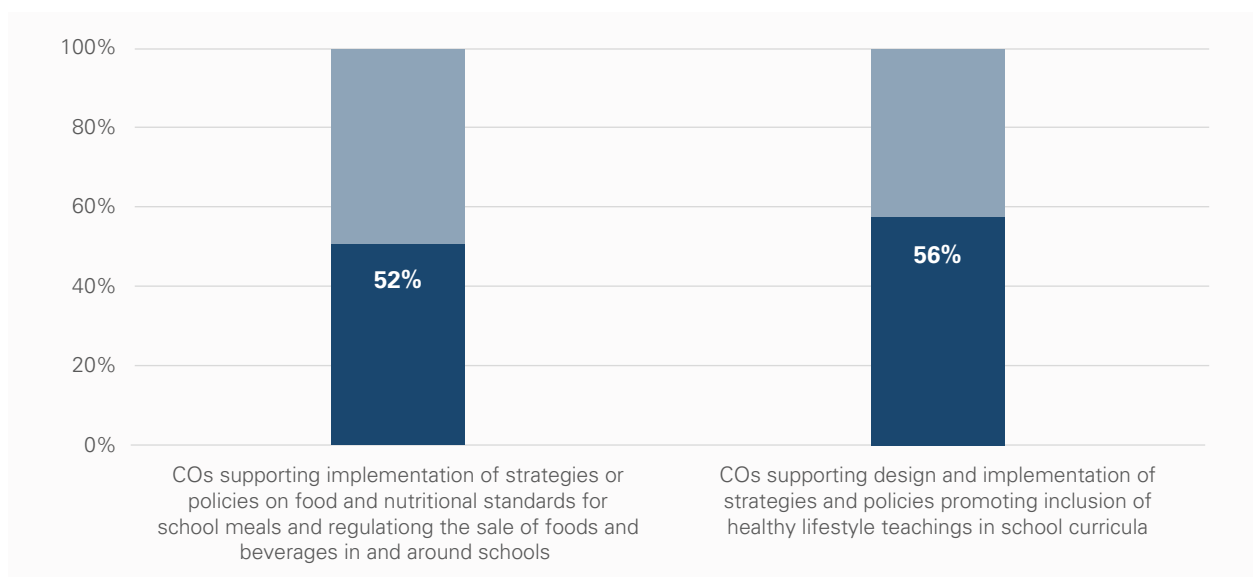


Source: Strategic Monitoring Questions Data

12 UNICEF. (2021). *The Role of Schools in Preventing Overweight and Obesity Among Students in Latin America and the Caribbean*. Retrieved from <https://www.unicef.org/lac/en/reports/role-of-schools-in-preventing-overweight-and-obesity-among-students>

13 UNICEF Strategic Monitoring Questions Data, 2021

Figure 2: Percentage of UNICEF country offices that report working on school-related interventions in EPRI's online evaluation survey



Source: EPRI Evaluation Survey

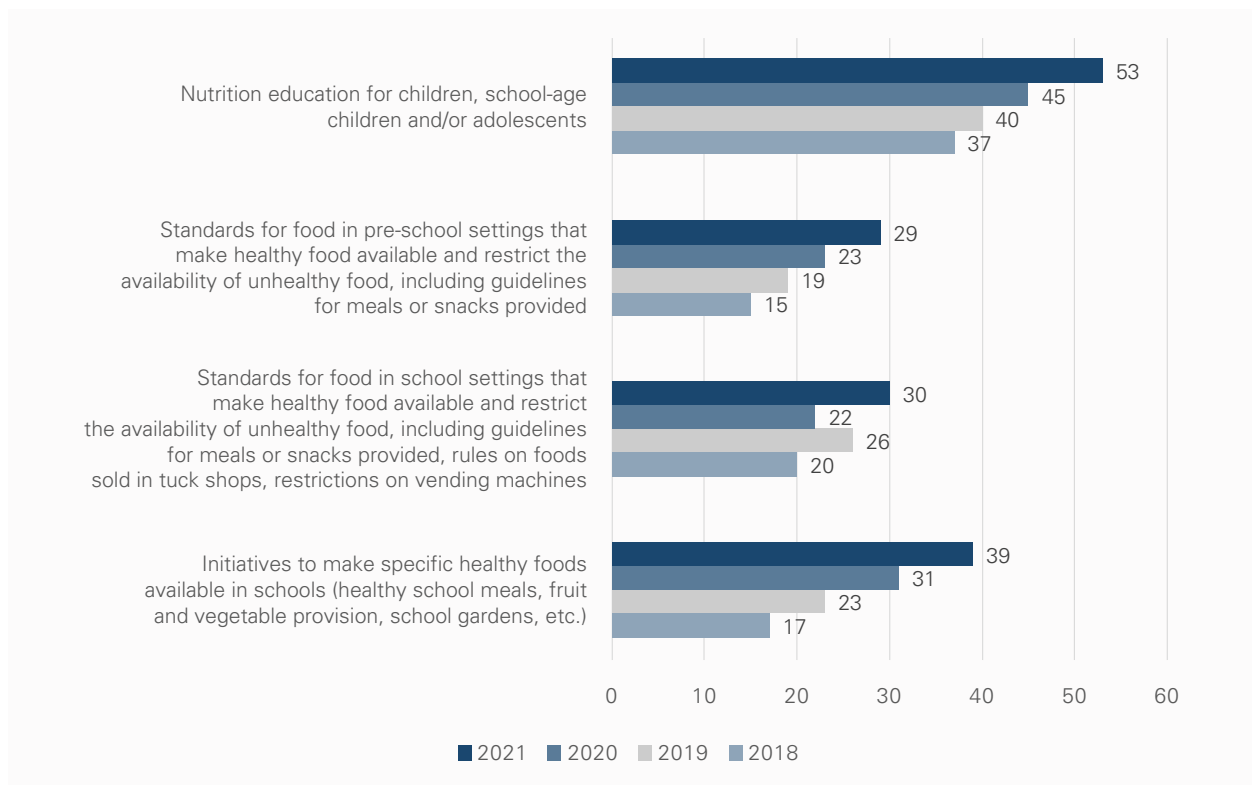
UNICEF strategic monitoring¹⁴ by country offices reported an increase from 56 to 73 countries supporting policy actions or programmes for the prevention of overweight in children and/or adolescents between 2018 and 2021. In 2021, 53 COs reported working on 'nutrition education for children, school-age children and/or adolescents', 29 COs reported working on 'standards for food in preschool settings that make healthy food available and restrict the availability of unhealthy food, including guidelines

for meals or snacks provided' and 30 COs reported working on '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'. Figure 3 shows the steady increase in the number of COs undertaking work on the aforementioned three activities to prevent childhood and adolescence overweight since 2018.



14 COs are required to answer Strategic Monitoring Questions annually to help UNICEF HQ's Division of Data, Analytics, Planning and Monitoring to track progress made against the indicators in UNICEF global strategic plan.

Figure 3: Number of countries supporting policy actions or programmes for the prevention of overweight in children and/ or adolescents were implemented in the country during year of reporting (Global level) (2018-2021)



Source: Strategic Monitoring Questions Data

UNICEF South Africa’s work on improving school food environment for children

Context

According to data reported in UNICEF’s 2023 *State of the World’s Children Report*, 25 per cent of children aged 5-19 years in South Africa have overweight, a rate that is considerably higher than the 11 per cent average in the Eastern and Southern Africa region.¹⁵

The country is also characterized by pervasive wasting and stunting and thus faces a double burden of malnutrition. Numerous province-level studies in South Africa even indicate the existence of a double burden of malnutrition (underweight and overweight) in the same household and socio-geographic population.¹⁶ Obesity among children aged 6-14 years supersedes the global average.¹⁷ Similarly, the 2016 South Africa Demographic Health Survey found 31.3 per cent of girls and 9.6 per cent of boys aged 15-19 years as having overweight or obesity.¹⁸

15 UNICEF. (2023). *The State of the World’s Children: For Every Child, Vaccination*. Retrieved from <https://www.unicef.org/media/108161/file/SOWC-2023-full-report-English.pdf>

16 DBE and National Development Plan 2030. (2020). *National Nutrition Week and National Obesity Week 2020: “Good Nutrition for Good Immunity”*. Retrieved from <https://www.health.gov.za/wp-content/uploads/2020/11/nnow2020-concept-document.pdf>

17 National Department of Health, Republic of South Africa. (2023). *Strategy for the Prevention and Management of Obesity in South Africa, 2023 – 2028*. Retrieved from https://www.health.gov.za/wp-content/uploads/2023/05/Obesity-Strategy-2023-2028_Final_Approved.pdf

18 More than 31 per cent of 15–19-year-old females in South Africa live with overweight or obesity, threatening a noncommunicable diseases epidemic. (n.d.). UNICEF. Retrieved from <https://www.unicef.org/southafrica/press-releases/more-31-cent-1519-year-old-females-south-africa-live-overweight-or-obesity>

INTRODUCTION

The causes of the increase in the overweight and obesity burden among school-age and adolescent populations in the country include a nutrition transition from minimally processed and locally produced food to readily available and cheap ultra-processed food and drinks that are high in sugar, salt and/or fat¹⁹ as well as an increase in sedentary lifestyles and lack of safe physical activity facilities and opportunities.²⁰ Social and cultural norms in South Africa influence the interest and ability of female learners to engage in physical exercise and healthy eating, including the social perception that overweight women are considered more beautiful and healthy.²¹ South Africa's Integrated School Health Programme and National School Nutrition Programme (NSNP) do not put sufficient emphasis on overweight and obesity prevention in their school health services and provision of healthy school meals, respectively.²² While there is no specific national strategy on childhood obesity prevention, in 2015, the South Africa National Department of Health (NDOH) was one of the first in Sub-Saharan Africa to draft and implement a strategy on the prevention and management of obesity (at the population level).



A child cleans some vegetables at his home, in Ghana.

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Overview of work undertaken

UNICEF South Africa supported the Department of Basic Education (DBE) and the National Department of Health in the conceptualization, drafting and modelling (pilot implementation) of the Blueprint to Improve South Africa's School Food Environment (hereafter referred to as the Blueprint).²³ The Blueprint outlines guidelines to enable the adoption of the following interventions and activities to help realize healthy eating and drinking habits in schools:

- ▶ Develop school-specific guidance as informed by the global health initiative, health promoting schools, the child rights-based approach, and the global food research programme.
- ▶ Establish standards for meals provided in schools or food and beverages sold in schools that meet South Africa's Guidelines for Healthy Eating²⁴ (food-based dietary guidelines previously adopted by the National Department of Health).
- ▶ Ensure access to clean and safe drinking water in schools and sports facilities.
- ▶ Staff role modelling – encourage educators to demonstrate healthy eating habits and physical activity.
- ▶ Eliminate the provision, sale and marketing of unhealthy food such as sugar-sweetened beverages and energy-dense, nutrient-poor food in the school environment.
- ▶ Promote food and beverages that support healthy diets.
- ▶ Increase access to healthy alternatives by selling healthy snacks in schools (food containing healthy fats and that are low in sugar and salt, types and examples of which are mentioned in the Blueprint, following the South Africa Guidelines for Healthy Eating).

19 Ibid.

20 UNICEF South Africa. (2022). *Baseline Information on Diet and Physical Activity amongst Youths and Adolescents for Non-Communicable Diseases Prevention in South Africa*. Retrieved from <https://www.unicef.org/southafrica/media/6126/file/ZAF-baseline-report-diet-physical-activity-South-Africa-2022.pdf>

21 Department of Basic Education and UNICEF. (2021). *Blueprint for Improving South Africa's School Food Environment*.

22 UNICEF South Africa. (2022). *Baseline Information on Diet and Physical Activity amongst Youths and Adolescents for Non-Communicable Diseases Prevention in South Africa*. Retrieved from <https://www.unicef.org/southafrica/media/6126/file/ZAF-baseline-report-diet-physical-activity-South-Africa-2022.pdf>

23 Department of Basic Education and UNICEF. (2021). *Blueprint for Improving South Africa's School Food Environment*.

24 South Africa. (n.d.). Food and Agriculture Organization of the United Nations. Retrieved February 5, 2024, from <https://www.fao.org/nutrition/education/food-based-dietary-guidelines/regions/countries/south-africa/en/>

Upon government request, UNICEF South Africa initiated the development of national school nutrition guidelines in 2018. The initial plan and design included a limited focus on improving school meals. Based on stakeholder consultations, UNICEF expanded the focus of the guidelines to include school food vendors, school meals caterers and food handlers. UNICEF provided financial support and technical input for the development of the guidelines (the Blueprint), published in 2021. UNICEF South Africa is currently financing the modelling of the Blueprint across five schools in Kwazulu-Natal Province. UNICEF South Africa, together with the DBE, NDOH, academic institutions and CSOs, is part of the implementation reference group for the Blueprint modelling exercise. UNICEF also supported the inclusion of 'Improving the School Food Environment' as one of the goal areas in the Strategy for the Prevention and Management of Obesity 2023-2028 in South Africa. The NDOH and DBE designated UNICEF as a key partner for school food environments in the strategy document, as well as the National Nutrition Security Plan for South Africa 2018-2023. The country office has not initiated specific actions to develop or modify legislation to provide a legal foundation for the Blueprint.

UNICEF Ghana's work on improving school food environment for children

Context

While the overweight prevalence among children under five decreased from 2.3 per cent in 2012 to 1.9 per cent in 2022, there is concern about an overweight burden among school-age children and adolescents in urban Ghana.²⁵ Estimates from 2016 place the prevalence of overweight among children aged 5-19 years in Ghana at 11 per cent.²⁶ A study conducted for Ghanaian students aged 13-15 years found 11.1 per cent of girls and 6.6 per cent of boys to be overweight.²⁷ In addition, 87 per cent of children aged 11-17 years reportedly engage in insufficient physical activity.²⁸

Given the relatively low prevalence of overweight in relation to wasting and stunting rates in Ghana, issues related to overweight and obesity prevention and optimal diets for the general population have not received much attention in the existing policies and programme documents.²⁹ At present, no national survey in Ghana systematically and routinely collects data on the prevalence of overweight among children and adolescents. UNICEF Ghana uses the prevalence of overweight among women of reproductive age as a proxy indicator to understand overweight trends in the country. Approximately 40 per cent of women in this age group are overweight or obese,³⁰ a predictor of possible increases in childhood overweight and obesity in the long term, given the link between excessive pregnancy weight gain and late childhood overweight.

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- 25 UNICEF, WHO and World Bank. (2023). *Levels and Trends in Child Malnutrition*. Retrieved from <https://iris.who.int/bitstream/handle/10665/368038/9789240073791-eng.pdf?sequence=1>
 - 26 UNICEF. (2023). *The State of the World's Children*. Retrieved from <https://www.unicef.org/media/108161/file/SOWC-2023-full-report-English.pdf>
 - 27 Ghana Health Services, Ghana Education Services, UNICEF Ghana and WHO. (2019). *Ghana National Guidelines for Improving the Nutrition of the School-aged Child and Adolescents*. Retrieved from https://nema.gov.gh/wp-content/uploads/2021/10/Draft-1_Guideline_NFGuideline_1706.pdf
 - 28 UNICEF. (2023). *The State of the World's Children*. Retrieved from <https://www.unicef.org/media/108161/file/SOWC-2023-full-report-English.pdf>
 - 29 UNICEF Ghana. (2021). *Landscape Analysis of Nutrition Enabling Environment in Ghana*.
 - 30 UNICEF Ghana, Ghana Health Service, Global Affairs Canada and partners. (2017). *Ghana Micro-Nutrient Survey*. Retrieved from <https://www.unicef.org/ghana/media/1276/file/UN368291.pdf>

Overview of work undertaken

UNICEF Ghana has been supporting the Ghana Health Services (GHS) and Ghana Education Service (GES) to develop and implement a NFSI to help school-age children aged 4-19 years in public schools adopt healthy dietary practices, undertake adequate physical activity, provide access to healthy food such as fruits and vegetables, provide access to WASH facilities and avoid exposure to and consumption of unhealthy food and beverages in the school environment.³¹ Programme modalities cover healthy dietary practices, physical activity, safe environments, and water and sanitation.³² The objectives of the NFSI are to establish a comprehensive framework that addresses the double burden of nutrition-related ill health and to serve as a mechanism for the integration of all school-based health and nutrition programmes.³³ Ghana Health Services, with support from Ghana Education Services, is the primary implementing agency for this programme and UNICEF Ghana provided technical assistance for and financed the production of the NFSI guidelines in 2019 and has been supporting its phased implementation since 2021.

The NFSI is based on four fundamental principles. The first is the school health and nutrition guideline, which outlines actions endorsed by school authorities and is expected to be implemented in schools. The second principle is a safe food environment, which advocates for a setting that encourages the consumption of nutritious foods and discourages the sale and promotion of unhealthy options. The third principle focuses on school-based health services that emphasize the provision of health and nutrition services. The fourth principle is skills-based health education and emphasizes a behaviour change approach to promote optimal nutrition, sexual and reproductive health rights, physical activity, and hygiene. Schools selected for NFSI implementation are required to create a school health policy that includes the implementation of the minimum package of services recommended by the guidelines. The minimum package includes the provision of nutrition education to all students, distribution of iron folate tablet supplementation to girls, organization of weekly fruit, vegetable, egg, physical activity and health services days and general cleaning of school compounds. Adoption of other aspects of the initiative is optional for participating public schools but strongly encouraged.

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- 31 Ghana Health Services, Ghana Education Services, UNICEF South Africa and WHO. (2019). *Ghana National Guidelines for Improving the Nutrition of the School-aged Child and Adolescents*. Retrieved from https://nema.gov.gh/wp-content/uploads/2021/10/Draft-1_Guideline_NFGuideline_1706.pdf
 - 32 Tandoh A, Amevinya GS, Addo P and A Laar. (2022). *Nutrition-sensitive Education and Social Protection Policies have Implications for Food-Based Dietary Guidelines for Ghana*. Retrieved from <https://www.ajol.info/index.php/ajfand/article/view/231300>
 - 33 Ghana Health Services, Ghana Education Services, UNICEF South Africa and WHO. (2019). *Ghana National Guidelines for Improving the Nutrition of the School-aged Child and Adolescents*. Retrieved from https://nema.gov.gh/wp-content/uploads/2021/10/Draft-1_Guideline_NFGuideline_1706.pdf



Center staff holds a jar containing grain during an information session on nutrition for mothers of malnourished children, Ghana.
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Evaluation Approach and Methodology

Purpose

The evaluation is summative and formative in nature. The summative evaluation component focuses on documenting and evaluating UNICEF’s inputs (activities, resources, partnerships) and results (outputs and outcomes on improving school food environments) aiming to contribute towards the ultimate impact outlined in UNICEF’s overall 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 and aim to identify key opportunities and risks for scaling UNICEF’s future impact and leadership in the area of improving school food environments.

Scope

The evaluation included the actions and results of UNICEF Ghana and UNICEF South Africa for the period 2018-2023. Primary and secondary, qualitative and quantitative data collection activities in this case study focused on South Africa and Ghana.

Design

This evaluation employed a comparative case study as the primary analytical approach. The case study undertook an in-depth examination of a single case — country office work on improving school food environments in two countries. This approach has generated generalizable knowledge about causal questions across time (e.g., how and why policy actions or programmes progress or fail in different contexts).

Methodology

The evaluation team collected primary data for this case study through key informant interviews (list of key informants in Annex 1) and an online evaluation survey. The team triangulated findings from primary data collection with evidence from secondary resources such as country office annual reports, UNICEF results assessment modules reports, and publications. The data collection period spanned from June to October 2023.

Ethical considerations:

Data collection for this evaluation case study was limited to UNICEF staff, government officials and NGOs. Data collection did not include vulnerable cohorts such as children, mothers, pregnant women, or others. The evaluation team completed the necessary documentation and provided the requested documents to acquire Research Ethics Approval from UNICEF HQ's Institutional Review Board. The key informant interview schedules used for CO-level data collection are included in Annex 2. The approved 'Informed Consent' section of the online evaluation survey is in Annex 3.



Students wait for their lunch from cafeteria servers at Seliba Primary School in Sharpeville, South Africa.
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Findings: Cross-Country Analysis

This chapter presents the evaluation findings of the cross-country analysis assessing the contributions of UNICEF's investments in overweight and obesity prevention among children and adolescents using six evaluation criteria – relevance, coherence, effectiveness, efficiency, sustainability, and positioning. While the evaluation team used a framework comprising evaluation questions, sub-questions and indicators guided by the Organisation for Economic Cooperation-Development Assistance Committee (OECD-DAC)³⁴ criteria to evaluate the work of UNICEF COs, the findings have been synthesized to provide an overall assessment of UNICEF Ghana and UNICEF South Africa's work on improving school food environments, highlighting enabling factors, achievements, and gaps.

Factors enabling the progress of UNICEF's work on improving school food environments in South Africa and Ghana

Finding 1: Both COs engaged in evidence mobilization activities to understand stakeholder needs, challenges, and opportunities in the school environment to inform programme design, planning, and implementation. The approach helped strengthen the relevance and needs-responsiveness of UNICEF's work in Ghana and South Africa.

While both COs are yet to undertake a comprehensive landscape analysis on overweight and obesity among children and adolescents as recommended in UNICEF HQ's *Programming Guidance*, both have mobilized sufficient evidence on the school food environment in their respective contexts. The evidence generated by each country office has been utilized in policy discussions to advocate for government commitment to childhood overweight and obesity prevention overall, including improving school food environments. UNICEF Ghana and UNICEF South Africa have also mobilized evidence and stakeholder

34 OECD/DAC Network on Development Evaluation. Better Criteria for Better Evaluation Revised Evaluation Criteria Definitions and Principles for Use. Approved 10 December 2019.

expertise to inform the various phases of guidelines development and implementation and initiated work on guidelines (NFSI guidelines and the Blueprint, respectively) by undertaking stakeholder needs assessments. In both countries, the gathering of primary data, supplemented by secondary evidence from previous reports and expert input from other UN agencies and organizations, helped inform the guideline development process.

In Ghana, UNICEF provided financial support to GHS to undertake a baseline assessment in ten schools in ten districts to understand the existing government programmes on nutrition, health, and WASH, including components on nutrition training and sensitization of school officials and teachers. A team of GHS and GES officials visited the schools and used a baseline assessment checklist to review school meals (nutrition quality of meals, meal serving areas, kitchens, safety protocol used by caterers during cooking), WASH facilities, refuse disposal mechanisms and water supply in the schools. The teams also gathered primary insights from teaching and non-teaching staff, food vendors and students on their perceptions of healthy and unhealthy foods and appropriate handwashing practices and topics of nutrition-related training/education received. The baseline checklist included parameters to identify the sale and marketing of unhealthy foods and beverages and found the sale of biscuits, sugar-sweetened beverages, candies and fruit juices in schools and reported advertisements of unhealthy foods in four out of the ten surveyed schools. In South Africa, UNICEF sponsored a more informal stakeholder engagement as part of the guideline development process. An independent consultant hired by UNICEF conducted stakeholder consultations with learners, teachers, parents, school management teams, food vendors and tuck shop operators to understand the barriers in school food environments to healthy eating and physical exercise among students.

Ghana's NFSI guidelines and the South Africa Blueprint were finalized in 2019 and 2020, respectively. Although COVID-19 undermined the priority of the implementation of both initiatives, the UNICEF COs continued to mobilize evidence to highlight the importance of improving school food environments for enhancing nutritional outcomes (including prevention and reduction of overweight and obesity) among children and adolescents. UNICEF Ghana commissioned an independent researcher to conduct a policy landscape analysis of the nutrition-enabling environment in Ghana in 2021.³⁵ The analysis contained a limited focus on overweight and obesity prevention in school food environments. The country office also participated in a global 'lived experiences' study by UNICEF HQ in 2020 to investigate how adolescents' experiences of surrounding food environments drive their food choices. Many participating Ghanaian adolescents reported that healthy and nutritious foods were not readily available for purchase at school canteens.³⁶ UNICEF South Africa commissioned a baseline assessment of diet and physical activity among children and adolescents with a specific lens on non-communicable disease (NCD) prevention in the same year.³⁷ The study focused on overweight and obesity as a contributing factor for NCDs and identified obesogenic factors in and around schools. The report comprised a literature review, policy analysis and primary evidence on factors contributing to unhealthy diets and low physical activity among early adolescents (aged 10-14 years), adolescents (aged 15-19 years) and youth (aged 19-24 years) and collated best practices from other middle-income and Sub-Saharan countries on the issue. The assessment identified vulnerable groups and conducted a direct needs assessment of children aged 10-19 years (through focus group discussions and Internet of Things (IoT) polls). The assessment recognized the school environment as an important determinant and gateway to improve children's behaviours and nutritional outcomes. Moreover, the assessment identified cultural and social norms hindering

35 UNICEF Ghana. (2021). *Landscape Analysis of Nutrition Enabling Environment in Ghana*. Retrieved from <https://www.unicef.org/ghana/press-releases/new-studies-more-investment-and-coordination-needed-advance-progress-ending>

36 Western Sydney University and UNICEF. (2020). *Food and Me: How Adolescents Experience Nutrition Across the World*. Retrieved from <https://www.unicef.org/documents/food-and-me-how-adolescents-experience-nutrition-across-world>

37 UNICEF South Africa. (2022). *Baseline Information on Diet and Physical Activity amongst Youths and Adolescents for Non-Communicable Diseases Prevention in South Africa*. Retrieved from <https://www.unicef.org/southafrica/media/6126/file/ZAF-baseline-report-diet-physical-activity-South-Africa-2022.pdf>

girls' ability to healthy eating and physical activity. Both documents contained recommendations for relevant government agencies and were used in UNICEF's advocacy efforts. In particular, the nutrition team in South Africa utilized the aforementioned 'diet and physical activity' study to raise awareness among and train youth groups on the link between food environments and the prevalence of NCDs. The study's findings underline the resultant youth advocacy programme supported by the CO demanding more comprehensive policies (like Front-of-Pack Nutrition Labelling). Country offices are also prioritizing an evidence-based approach to inform the implementation of guidelines. Both COs are using a phased-implementation approach, in part to contribute towards evidence-based scale-up of the country interventions. The implementation of the NFSI was initiated in Ghana in 2021 with financial and technical support from UNICEF. Ghana Health Services, with support from Ghana Education Services, began the rollout in 200 schools in four provinces. As part of the implementation design, UNICEF Ghana funded robust monitoring mechanisms for the NFSI programme to undertake regular district and national level monitoring exercises. Circuit supervisors and sub-district health officers provide supportive monitoring and supervision shortly after the provision of training to intervention schools to help ensure NFSI

activities have been integrated into the school policy and are being implemented. In addition, UNICEF Ghana finances annual national level monitoring exercises by GHS. The monitoring team identifies schools from rural, peri-urban and urban areas with different student population sizes and school facilities to understand the initiative's performance in different settings. Findings are then used in regular consultations between GHS, GES and UNICEF to improve programming and inform gradual scale-up. As of 2023, the NFSI has been implemented in more than 2,156 schools across all 16 provinces. Notably, mechanisms to document school-level progress and challenges by relevant school stakeholders are currently missing.

Similarly, UNICEF South Africa finances a modelling exercise in Kwazulu-Natal Province (in six public schools from all five quintiles, three of which are 'no fee-paying', in rural and urban areas) to help develop a concrete implementation plan to inform the Blueprint's national scale-up strategy. UNICEF contracted a service provider to undertake this exercise and established an implementation reference group (comprising the DBE, NDOH, WHO, academic institutions, CSOs, etc.) to fine-tune the activities outlined in the Blueprint. During the planning stages of the modelling exercise which concluded recently, the reference group recognized that the initial



A student at the University of Pretoria near the entrance to cafeteria on campus. In South Africa, the prevalence, low price point and aggressive marketing of processed foods are contributing to multiple forms of malnutrition, including childhood overweight and obesity. © UNICEF/UNI558971/Paul

stakeholder meetings for guideline development had not included data collection in quintile four and five schools (the more affluent schools with unique challenges around marketing and sale of unhealthy foods and beverages for instance- identified as “playing grounds for marketing”). Similarly, while the independent consultant undertaking research for the Blueprint had collected data from different school actors on the perceived gaps in school food environments, there had been no focus on identifying joint solutions with the stakeholders or understanding how required changes could be implemented in their schools. As part of the modelling exercise, UNICEF’s service provider reverted back to the same schools and stakeholders that were consulted during the Blueprint’s development to understand the perspectives of teachers, principals, and students on the key ingredients required to change existing systems, rules and practices to make school environments healthier. Based on the new evidence from the second round of school consultations, the reference group undertook a tailor-made approach for different schools during implementation modelling. Insights on effectiveness will guide the scale-up strategy across more than 28,000 public and private schools in South Africa. In the case of South Africa’s modelling exercise, certain stakeholders indicated that adding an monitoring and evaluation (M&E) expert to the implementation reference group may enhance evidence generation.

In South Africa, one of the contributing factors towards unhealthy school environments is the provision of ultra-processed foods by food and beverage companies for school breakfasts, as the current NSNP only provides lunch meals to school children in all schools across quintiles to encourage learning. UNICEF, in partnership with the University of Witwatersrand, recently developed an investment case for the DBE to estimate the cost of providing healthy breakfasts to children as part of the NSNP. UNICEF aims to support the DBE in requesting additional budget allocations for the programme using this investment case. UNICEF Ghana is also advocating with the government to integrate anthropometric markers as indicators in the nutrition surveillance system to improve data on childhood and adolescent overweight and obesity, with a view to encourage evidence-based policymaking on the issue.

Finding 2: Ensuring close coherence with government priorities, plans and programmes in design and implementation processes has helped mobilize government buy-in and implementation support for UNICEF’s work on improving school food environments in both contexts.

UNICEF Ghana and UNICEF South Africa faced varying degrees of government cooperation on overweight and obesity prevention among children and adolescents. In South Africa, obesity prevention and management has been a long-standing priority of the government. South Africa was one of the first countries in the African region to develop a strategy for obesity prevention and control in 2015 and has continued its commitment by launching the revised strategy in 2023. UNICEF South Africa had more policy openings to collaborate with the government on improving the school food environment in the country, and UNICEF’s work on the Blueprint was initiated in response to the DBE’s request. In contrast, owing to low overweight prevalence rates and high undernutrition burden, UNICEF Ghana traversed a more complex path to gaining government approval and engagement in overweight and obesity prevention. Hence, UNICEF Ghana prioritized a double-duty action addressing both undernutrition and overweight issues among children.

UNICEF has strongly aligned its school-based nutrition interventions with the national government’s policies and strategies in both contexts by developing guidelines and implementation plans in partnership with relevant government ministries and departments. Ghana’s NFSI was conceptualized in alignment with the 2016 National Nutrition Policy and adopted as a programme by GHS. GHS led the development of the guidelines and is the lead implementation agency for the initiative’s national rollout, with support from GES. Similarly, pre-existing South Africa guidelines for healthy eating and other existing nutritional guidance and initiatives from the departments of basic education and health informed the development of the Blueprint. UNICEF South Africa strengthened DBE’s ownership of the Blueprint document and included both DBE and NDOH in the implementation reference group for the modelling exercise. UNICEF also provided technical assistance through revision of South Africa’s Strategy for the Prevention and Management of Obesity 2023-2028

and ensured the incorporation of ‘improving school food environments’ as a key action area in the document.

Both interventions are designed to leverage existing national and subnational (province and district level) systems and structures to deliver the interventions. UNICEF Ghana designed interventions for public schools and identified ground-level implementers including teachers, principals, school health teams, health workers, district and regional GHS and GES officers, all of whom are part of government institutions. The Blueprint also identifies government officials (DBE, NDOH, Department of Agriculture, Department of Trade and Industry, Department of Treasury) as key actors required to undertake actions to influence change at policy, programme and grass-roots levels.

There is a unanimous consensus among sampled governments and other stakeholders in both countries that UNICEF is a valuable partner for the government on overweight and obesity prevention policies and programmes. UNICEF is part of many technical working groups on nutrition with government departments in both countries. UNICEF provides evidence, technical assistance, and funding support to government agencies and supports the coordination of agendas and programmes of different ministries and departments by organizing inter-sectoral workshops, meetings, and reference groups for initiatives in both countries. In South Africa, UNICEF was invited to join the National Advisory Task Team on Obesity. UNICEF Ghana constituted and coordinated the technical working group (comprising multi-sector government departments on the school-age nutrition programme). Both COs have prioritized building government capacity through advocacy, knowledge sharing workshops, training, and close engagement in planning and implementation activities. UNICEF utilized evidence in its policy dialogue in both countries to build knowledge, understanding and interest among government stakeholders in addressing challenges in school food environments.

Both COs took a similar approach to demonstrating evidence of programme effectiveness to foster government financing for national rollout in the long term. UNICEF Ghana and UNICEF South Africa recognize their inability to fund the national scale-up of these initiatives and the importance of

the government’s domestic financing commitment to strengthen the long-term sustainability and quality assurance. However, the duration of UNICEF financing varies across countries. UNICEF South Africa has a clear plan for modelling the Blueprint until the end of 2024 and sharing the resulting comprehensive implementation strategy with the government for national rollout. DBE has indicated a commitment to the national rollout with continued technical support from UNICEF South Africa.

On the other hand, UNICEF Ghana has been implementing the NFSI since 2021 with expressed intentions to transfer ownership. However, timelines and phasing-out strategies are unclear. UNICEF Ghana recently received renewed funding from the Norwegian Development Cooperation Agency (NORAD) for two more years and may consider advocating for full government ownership after this period. A GHS stakeholder indicated the government may be interested in financing some NFSI components in the future.



School cafeteria workers making a nutritious lunch for the students at Seliba Primary School in Sharpeville, South Africa.
© UNICEF/UNI205806/Hearfield

Finding 3: Partnerships with other UN agencies, NGOs, and academic institutions increased the efficiency and effectiveness of UNICEF's initiatives in both countries. However, external collaboration with non-governmental stakeholders in Ghana is limited.

UNICEF's work on improving school food environments significantly aligns with the priorities of other UN agencies and CSOs in the both countries. Through collaboration, UNICEF is leveraging the work, expertise, and funding of different organizations to improve various aspects of overweight and obesity in the school environment.

In Ghana, UNICEF, FAO, WFP and WHO have prioritized nutrition education and improving school meals to a good degree. UNICEF Ghana and FAO also established a technical partnership in 2021 to develop a food-based school and nutrition education curriculum and integrated it into Ghana's school policy. This ongoing work will help strengthen the nutrition education component of the NFSI. FAO and WFP joined forces in 2022 on a project to improve school food nutrition guidelines and standards for safeguarding children and adolescents' right to food. WFP is working primarily on improving the nutritional value of school feeding programmes by focusing on food fortification and timely vendor payments in its engagement with the Ghanaian government. As a complementary action, UNICEF Ghana is training caterers of the feeding programmes to comply with the four-star diet guidelines and providing vegetables grown in school vegetable gardens for school meals as part of the NFSI initiative. The *Focusing Resources on Effective School Health* initiative, a partnership sponsored by key health agencies including WHO, UNESCO, UNICEF and the World Bank, guides the NFSI. UNICEF Ghana collaborated with WHO and used its technical expertise while developing the guidelines. UNICEF also applied WHO's appraisal tool for assessing the school food environment in its baseline assessment to inform the NFSI implementation. However, there is no evidence of UNICEF Ghana engaging with CSOs and coalitions to initiate advocacy on other food environment policies like sugar-sweetened beverage taxes (SSB), Front-of-pack Nutrition Labelling (FOPNL), etc.

In South Africa, WHO, academic institutions and CSOs view improving school food environments as an important action towards preventing and managing overweight and obesity among children and adolescents. UNICEF South Africa consulted experts from the universities of Johannesburg (UJ), Limpopo (UL), Pretoria (UP), the Western Cape (UWC), North-West University, Stellenbosch University, WITS-PRICELESS, Healthy Eating and Living Alliance (HEALA) and WHO while developing the guidelines of the Blueprint in 2020. UNICEF has undertaken collaboration of varying nature with different types of organizations: with WHO for technical assistance; with HEALA (a coalition undertaking advocacy on improving food policy environment) for incorporating community voices and perspectives in advocacy and intervention design on school environment and behaviour change campaigns; with WITS-PRICELESS (a research centre within the University of Witwatersrand) for mobilizing academic evidence on schools and behaviour change, among others.

However, beyond the alignment on school food environment work, other organizations in South Africa have a stronger focus on advocating for and influencing food environment policies such as increasing taxes on unhealthy beverages, restricting marketing to children, etc. While UNICEF is also working to some extent on this (by developing a position paper on restrictions on marketing and mobilising stakeholder comments on the FOPNL policy), the CO's main focus to date has been on improving schools, organizing youth awareness campaigns on healthy eating and physical exercise and mobilizing youth advocates to demand better policies. Certain stakeholders have indicated that UNICEF's engagement in food environment policy advocacy is relatively muted.

Finding 4: Technical assistance from UNICEF HQ and respective ROs played an enabling role in developing comprehensive guidelines in both countries.

UNICEF HQ and respective ROs (Eastern and Southern Africa Regional Office (ESARO) for South Africa and Western and Central Africa Regional Office (WCARO) for Ghana) played a key role in designing the Blueprint and NFSI, respectively. Both COs cited valuable technical assistance from HQ and RO staff in organizing initial stakeholder meetings and developing the guidelines. Survey respondents (four out of five survey participants from Ghana and South Africa) highlighted HQ and RO support as a key driver of their work on overweight and obesity prevention.

UNICEF HQ supported the resource mobilization of current work in both offices. While HQ directly provided thematic funding to UNICEF South Africa to develop the Blueprint document, its implementation modelling is being undertaken using funds received from AstraZeneca under a global HQ-driven private sector partnership. Similarly, HQ has supported Ghana in mobilizing funding for its NFSI initiative from NORAD who recently renewed funding for two years until 2025.

UNICEF South Africa highlighted that current regional support may be further strengthened by hiring dedicated staff with expertise on overweight and obesity prevention and providing more bilateral support to the CO given the unique nutrition context it operates in, compared to other countries in the region (high double burden). As per the 2022 ESARO annual report, RO supports 12 countries in overweight and obesity programming. More events to enable cross-country discussions and knowledge sharing can be instrumental in improving the effectiveness of UNICEF's work in the region as most countries initiate or slowly scale up their programmes and policy actions, including improving school food environments. Given the generally high rates of undernutrition in the WCAR, overweight and obesity prevention is not yet a strategic intervention for the RO. However, given the indications that it would become WCARO's priority in 2024, the learnings of UNICEF Ghana can be shared at regional meetings, and the regional nutrition team can organize more multilateral capacity building activities.

HQ and ROs can provide further technical support on domestic resource mobilization options to country offices. While work on school food environments in both countries is being directly or indirectly financed with HQ's support, interventions are at critical junctures where mobilizing domestic resources is critical to achieving and, in Ghana's case, expediting the national level scale-up. There is no evidence of COs undertaking fiscal analysis or advocacy efforts towards building the government's fiscal ability over time to take over UNICEF's programmes in the short to medium term. ROs, with technical input from the HQ programming section, can further support the countries in their strategies and actions on this topic.



Students receive a meal at Lyndhurst Primary School in Estcourt, South Africa. © UNICEF/UNI82699/Pirozzi

Factors impeding the progress of UNICEF's work on improving school food environments in Ghana and South Africa

Finding 5: Constrained funding in Ghana and an unclear implementation plan in guideline documents in South Africa have slowed rollout and limited the pace of implementation.

COVID-19-related school closures and de-prioritization of nutrition issues in the face of the pandemic negatively impacted the implementation timelines of the guidelines in both countries. While UNICEF Ghana was able to largely retain the momentum of government interest in the NFSI and initiate implementation in 2021, the Blueprint's implementation took longer to materialize and is currently still in the pilot planning phase. UNICEF staff in South Africa have highlighted limited human resources as a contributing factor towards this delay. In contrast, UNICEF's provision of financial support for national rollout may have been a catalytic factor in ensuring early implementation of the guidelines in Ghana.

The operating contexts of both COs constrain their ability to fundraise on overweight and obesity prevention. South Africa is a middle-income country characterized by low donor interest compared to other Eastern and Southern African countries, and Ghana's external funding paradigm is heavily focused on undernutrition. While the size of the team dedicated to nutrition is limited in South Africa, funding limitations have restricted the Ghana country office's ability to secure its current staff structure and bring additional staff on board. To maximize the efficiency of limited financial resources, both COs have used a similar approach of hiring needs-based, time-bound consultants. In Ghana, the country office has also leveraged and built on the coordination and implementation mechanisms of its previously successful school-based programme on iron-folate supplementation for girls aged 10-19 years (Girls' Iron-Folate Tablet Supplementation Programme (GIFTS)) as a resource conservation strategy. In addition, UNICEF combined both programmes into the School-Age Children and Adolescent Nutrition Programme in 2021. The integration has helped reduce UNICEF's

coordination requirements with different government agencies on separate programmes and helped leverage NFSI funding for GIFTS activities during lean funding periods.

UNICEF Ghana funded the phased scale-up of the NFSI from 50 schools in all 16 provinces in 2021 to 2,156 schools in 2023. Preliminary feedback from Ghanaian stakeholders indicates some positive changes in the behaviours and attitudes of school stakeholders (long-term outcomes). Monitoring visits by GHS and UNICEF found children consistently participating in 'fruit days' and 'egg days' in many schools. Several school management teams have cordoned off spaces for vegetable gardens, which students and teachers are maintaining and growing vegetables in. Certain schools even invited local Food and Agriculture Department officers to provide training on maintaining vegetable gardens. Vegetables from these gardens are being supplied to school feeding programme caterers to help make school meals more nutritious. In some instances, teachers are reportedly selling excess vegetables and using the proceeds to buy lawnmowers and hand-washing soap for schools. Training and sensitizing caterers to cook meals adhering to the four-star diet has improved efforts towards providing nutritious meals. There is additional anecdotal evidence of some school management teams banning the vending of unhealthy foods, and in other schools, food vendors replacing sweets and unhealthy snacks with fruits. Many district officials reported receiving requests from non-intervention schools to be included in rollout plans. One of the success stories highlighted in the 2022 national monitoring review was of a non-intervention district approaching the regional team to request capacity building support and mobilizing its own resources to implement NFSI activities in their district schools. As some schools devise comprehensive transformation plans per the guidelines, many new activities are being introduced. Other schools nearby are learning of these school-level initiatives and becoming interested in participating.

While the increase in coverage and preliminary results of NFSI in some schools are commendable, stakeholders in Ghana unanimously agreed that the implementation was slower than planned and is surpassed by demand. This is owing to the limited availability of UNICEF funds for a more rapid expansion. Monitoring

visits have found preliminary evidence showing how the slow scale-up has hindered the effectiveness of the NFSI in some aspects. As the rollout of the NFSI in Ghana has taken place in all provinces but not in all schools, it is not uncommon that students from some schools can purchase healthy foods and see students from nearby non-intervention schools consuming unhealthy foods and beverages. This may hinder the sustainability of students' motivation to practise healthy eating behaviours learnt as part of the initiative. Owing to limitations in funding, regional officials are also unable to conduct simultaneous monitoring visits in all districts, resulting in schools becoming aware of upcoming inspections and preparing for them. In addition, in schools selected for early implementation, officials and UNICEF are also witnessing a decrease in the motivation of teachers and students to continue engaging in NFSI activities, which may be due to a lack of measures and recognition to help foster sustained interest among school administration and teachers to continue quality programming. A high rate of teacher and staff turnover in government schools is also a challenge in ensuring the sustainability of learning and results in NFSI-intervention schools in the long term. High turnover is a challenge as capacity building and training are core inputs of the NFSI programme to transform school environments. At present, the UNICEF Ghana is conducting ad-hoc on-the-field training for new teachers and non-teaching staff during monitoring visits. The country office received a funding renewal from NORAD for the next two years and plans to resume NFSI expansion in 2024. This may address some of the aforementioned challenges. To further expedite scale-up, UNICEF Ghana is also engaging with other development agency counterparts like WHO, WFP and United States Agency for International Development (USAID) to raise financial support for some NFSI aspects. UNICEF invited said organizations to the 2022 national monitoring review to share success stories and generate interest to finance some aspects or implementation in some regions. Partnership discussions are still ongoing. However, in addition to funding challenges, the lack of complete buy-in from the top leadership of the Ghana Education Services, partially due to staff turnover, has limited NFSI's effectiveness to some extent. For instance, the GES has allowed cooking demonstrations in some intervention schools using foods classified as unhealthy under the NFSI.

In South Africa, beyond human resource limitations, unclear implementation instructions in the Blueprint guidelines have led to delays. UNICEF's original involvement in the Blueprint was limited to the guidelines development phase until 2021. However, further consultations with DBE revealed that government officials were unclear on how and where to start the rollout planning process. While the Blueprint provides practical tips for different stakeholders to follow Guidelines for Healthy Eating (food-based dietary guidelines adopted by the National Department of Health)) and delineates general responsibilities for all stakeholders, there is no clear guidance for DBE and NDOH officials on the steps required to institute proposed changes in schools across quintiles and regions. To bridge this gap, the UNICEF CO financed the modelling exercise to kick-start the rollout after almost two years. The modelling period has been extended from 11 months to 21 months owing to new stakeholder engagements, development of tailor-made pilot packages for different quintile schools and upcoming exams limiting implementers' access to schools.



Children eat beans and bread as a morning snack at Lyndhurst Primary School, South Africa. © UNICEF/UNI98958/Zondi

Finding 6: Non-enforceability of guidelines, private sector interference, and low community engagement undermine UNICEF’s school-based initiatives to achieve long-term outcomes. However, both COs have initiated action to reduce private sector influence in food environments.

Both Blueprint and NFSI guidelines are not enforceable. The NFSI is also limited to public schools, unlike the Blueprint that, when implemented nationally, will apply to all public and private schools. While recommended nutrition education and physical activity aspects of both guidelines may eventually become part of the school curriculum or become subsumed into existing school education policies, the probability of all schools voluntarily banning the marketing and sale of unhealthy foods and beverages in tuck shops and food stalls inside and outside schools may be lower, especially with many sellers being part of the community where these public schools operate. In Ghana, the minimum package for all NFSI-participating schools does not include banning the sale, advertising or promotion of unhealthy foods and beverages. There is also evidence of food and beverage companies providing or supplementing school meals free of charge in both countries to gain entry into schools.

In South Africa, a policy on FOPNL is currently being finalized and may be passed soon. The policy has provisions to ban the sale and availability of foods and beverages with warning labels in school settings. Enforcement of such a nationwide measure may help supplement the Blueprint’s effectiveness. UNICEF South Africa is anticipating industry pushback for this law and has initiated South-to-South cooperation with UNICEF Mexico to enable cross-country knowledge sharing between the governments of both countries. Notably, the country office in Mexico has successfully implemented a FOPNL policy despite strong resistance from the private sector. Hence, UNICEF South Africa is planning a meeting between experts from the Institute of Public Health and UNICEF Mexico and the South Africa government on managing private sector influence on policies. UNICEF South Africa is also planning to support an investment case exercise for including breakfasts in the NSNP with a view to limiting private sector sponsorship in government schools. At present, food and beverage companies

are providing almost all breakfast meals (comprising unhealthy foods and beverages) in public schools. UNICEF and WHO are also jointly developing a position paper on ‘restrictions on marketing to children’ in South Africa.

UNICEF Ghana is providing financial support to the Food and Drugs Authority to assess advertising of unhealthy foods and its impact on children (including in school food environments) and disseminate the findings to government and non-government stakeholders to mobilize interest and action towards regulations. UNICEF Ghana is also engaging with GES to undertake dialogue on private sector interference in school food environments. GES officials in some regions have issued directives to ban the sale of SSBs in schools and prohibit food companies (especially a national noodle brand) from painting walls to advertise on school premises.

Beyond bans in school settings, a key enabler for sustaining the results of school-based interventions to create a long-term impact on the behaviours of children is to limit children’s exposure to harmful messaging around unhealthy food and beverages outside schools and raising awareness at the community and family level to influence the rejection of adverse social norms and adoption of healthier lifestyles. While parents and caregivers are identified as an important component of both CO guidelines, South Africa’s Blueprint does not provide clear instructions on the role of community leaders, religious leaders, local businesses, etc., in improving the school food environment. As a parallel action, UNICEF South Africa is implementing a youth-led awareness campaign to raise peer knowledge and awareness on the prevention of NCDs and create youth advocates to demand changes in the food environment. However, some partners have highlighted that its visibility and reach in communities can be strengthened. On the other hand, the “community sensitization and advocacy” implementation step is clearly defined for regional core teams (comprising health and education officials) and a recommendation for school management teams in Ghana’s NFSI guidelines. However, multiple stakeholders have highlighted that UNICEF’s efforts to engage communities to raise awareness and mobilize public support for an enabling environment are lacking but necessary to improve the NFSI’s effectiveness.

Finding 7: Internal collaboration between UNICEF sections in both COs could be further strengthened to support stronger whole-of-organization action on improving school food environments.

Four out of five UNICEF staff from UNICEF Ghana and UNICEF South Africa who participated in EPRI's global evaluation survey indicated low levels of agreement (somewhat agree) to the statement 'the country office's work on overweight and obesity prevention aligns with the work of other sections/thematic areas'.

While the nutrition section (part of health and nutrition in South Africa) took the lead on improving school food environments in both COs, the team invited feedback from other UNICEF sections, such as education, health, and WASH, to support the development of guidelines in both countries. In Ghana, support from the education section extended to the initial rollout of the NFSI. However, the collaboration between the nutrition and education sections in South Africa was limited to consultations on the Blueprint. Some stakeholders cited the need for greater internal coordination between the education, WASH and nutrition and health sections on school health-related initiatives in South Africa. Given the highly intersectoral nature of school food environment work, there is further scope for these sections to align their work to enhance the CO's impact in both countries. For instance, the NFSI guidelines and Blueprint can be integrated into the School Health Education Programme and aligned with the Care and Support for Teaching Learning framework, respectively. Such integration can be achieved via close collaboration with the education teams in both COs.

Both COs have not fundraised or undertaken any other engagement in influencing business practices with the food and beverage industry as part of their interventions in school food environments. Staff from UNICEF South Africa mentioned that the CO's partnerships section had shared clear instructions with the nutrition team on private sector engagement, including a list of organizations not to engage with to avoid conflict of interest. However, there is a lack of complete agreement across sections on the extent of private sector fundraising and its feasibility in a low-resource setting like South Africa. For instance, UNICEF South Africa pioneered a national chief executive office (CEO) network to mobilize in-kind and financial donations for CO activities. While there is no direct link between Blueprint work and the network, it is notable that, according to the desk review, food companies such as Unilever (owner of brands like Knor, Robertson, etc.) are members and have made in-kind contributions in the past.

A staff member indicated that the RO advises the CO on private sector engagement. For example, ESARO made a recommendation against establishing a dedicated nutrition CEO network to avoid conflict of interest, which the CO followed. However, the overall consensus among CO staff and regional offices on the feasibility of not fundraising from the food and beverage industry can be further strengthened. In Ghana, country office staff expressed that private sector fundraising for programming is weak. The nutrition section plans to work closely with the CO's private sector resource mobilization specialist to raise funding that is free of conflict of interest for overweight and obesity prevention work.



Students having lunch in their classroom at Sellba Primary School, Sharpeville, South Africa.
© UNICEF/UNI205798/Hearfield

Learnings and Recommendations

Learnings

Country offices aiming to implement school food environment initiatives can gain valuable insights into advocacy, guideline development and implementation work undertaken by UNICEF Ghana and UNICEF South Africa.

Engaging government stakeholders from the inception phase strengthens long-term buy-in for programme implementation:

Both COs engaged extensively with leaders from across the government (ministries and departments) to strengthen buy-in for proposed programmes. Instead of creating parallel or standalone guidance on school food environments, UNICEF COs strategically financed, provided external consultants for, and coordinated the guideline development process in partnership with the government. Both documents are government owned. In South Africa, UNICEF capitalized on the government's pre-existing interest in obesity prevention, collaborating with the DBE to kickstart the blueprint initiative. DBE and NDOH are closely engaged in the modelling exercise to foster government buy-in for national rollout. In Ghana, the GHS and GES are designated implementers to promote government leadership in implementation and quicker scale-up using existing government systems and resources.

Enabling cross-sectoral collaboration within UNICEF and the government helps increase the effectiveness of programmes on school food environments:

Given the multisectoral nature of school food environment interventions that cut across health, nutrition, education and WASH components, it is recommended that the perspectives and knowledge of different sections and government departments are taken into consideration and incorporated into the design of guidelines and interventions. This approach not only makes the intervention more appropriate and comprehensive, but also secures buy-in and ongoing support during implementation from different UNICEF sections and government departments.

Developing clearly defined and evidence-based implementation instructions as part of guideline development is useful for more rapid and uniform scale-up:

UNICEF Ghana highlighted the inclusion of step-by-step guidance on implementing the NFSI guidelines as one of the significant enabling factors towards smooth implementation and scale-up. The NFSI guidelines clarified the role and responsibilities of national, regional and district level health and education officials and school actors for all programme components. While the Blueprint did not contain this

element, the CO is coordinating with an implementation reference group (comprising government officials, public health experts, CSOs, etc.) to develop a clear implementation plan for a modelling exercise. A common consideration in both implementation plans is using baseline evidence to strengthen the effectiveness of the implementation design before it is utilised for national scale-up.

Leveraging collaborations with other UN agencies and civil society organizations helps maximize the efficiency of UNICEF's actions:

Given UNICEF's recent prioritization of overweight and obesity prevention work globally, both country offices in Ghana and South Africa produced the guidelines in extensive consultation with the WHO, thereby leveraging its technical knowhow and capacities on the topic. UNICEF South Africa has consistently mobilized community-level and scientific evidence, technical input and advocacy support from a diverse range of stakeholders like HEALA, UJ, UL, UP, UWC, WITS-PRICELESS, etc., for guideline development and implementation planning stages, thereby enabling more robust, coordinated action and stronger support from national stakeholders.

COs can integrate school food environment elements into double-duty (actions that address undernutrition and overweight challenges simultaneously) school programmes in contexts where overweight and obesity prevention is a lower or competing priority:

Both Ghana and South Africa are countries with a high prevalence of stunting and wasting among children. While the overweight prevalence among children aged 5-19 years is 11 per cent in Ghana and 25 per cent in South Africa, there is a clear prioritization of undernutrition in government, UN agencies and civil society efforts. In such contexts, implementing school-based interventions with a double-duty role may be a useful approach to initiate action on overweight and obesity prevention. The South Africa Blueprint and NFSI guidelines include many components on nutrition education, weight monitoring and

provision of healthy school meals, all activities with a more holistic focus on improving the general nutritional status of students. Bundling such double-duty actions with more overweight and obesity prevention-specific aspects like encouraging bans on sale, advertising and promoting unhealthy foods and beverages in schools can help generate stronger government and donor interest in high undernutrition settings.

Recommendations

This evaluation recommends that UNICEF:

Increase resources available for improving the scale and comprehensiveness of actions to promote healthy school food environments in both countries:

UNICEF South Africa is recommended to mobilize resources to expand the nutrition team and ensure its members can undertake timely and effective action on school food environments and related enabling food environment policy actions. The CO is encouraged to take steps to retain staff with technical expertise and background in food environment policies. In Ghana, the nutrition section should prioritize fundraising discussions with other UN organizations and development partners to supplement financing for specific components of the NFSI. The staff can utilize these funds to contract more external consultants to strengthen programme components and finance a more steady and uniform scale-up of NFSI implementation across regions. However, the evaluation also recommends the CO to hire staff with a strong legal background and legislation development experience to strengthen UNICEF's advocacy and technical assistance to governments on food environment policies like restrictions on marketing directed towards children and front-of-pack nutrition labelling.

Improve collaboration between UNICEF sections on school food environment interventions in both countries:

The nutrition section in both countries should take more intentional and strategic steps to enhance multisectoral action on the implementation of the guidelines. Mobilizing leadership support and establishing coordination mechanisms (through regular meetings, joint monitoring visits to schools, etc.) may help garner more input and resources from other sections, thereby improving the relevance, appropriateness, and effectiveness of UNICEF's work on this issue. The nutrition team in both COs should coordinate actions with education and WASH colleagues to advocate for the incorporation of the guidelines' provisions in existing school health policies. This will help provide a policy basis for the guidelines and contribute to their enforceability.

Further strengthen monitoring and evaluation to support the refinement and implementation of the NFSI in Ghana and the Blueprint in South Africa.

In Ghana, stakeholders have suggested incorporating monitoring exercises at the school level to document the progress of the NFSI systematically. UNICEF Ghana must develop a clear monitoring report template for schools and ensure district level NFSI implementers highlight this requirement while building capacities of school health coordinators and teachers in intervention schools. As UNICEF South Africa financially supports and coordinates the Blueprint's modelling in one province, more members with M&E expertise should be added to the implementation reference group to strengthen the robustness of the modelling findings.

Initiate engagement with relevant ministries and government departments to mobilize domestic government resources for long-term implementation in both countries:

While UNICEF's support for the initial implementation of the Blueprint and NFSI have been key to sustaining the government's interest and momentum of action on this issue, COs should initiate deliberate actions to build government willingness to take over the financing of national scale-up. Evidence sharing on programme effectiveness (through modelling exercises and routine performance discussions) is a useful step towards building government willingness to finance the interventions (partially or completely, depending on the fiscal situation). UNICEF can also undertake budget analysis and develop proposals on domestic resource mobilization to generate earmarked funds for these interventions.

Strengthen actions at both executive and legislative level to drive sustainable results in preventing overweight and obesity among children and adolescents in both countries.

While Ghana and South Africa have developed government-owned programmes on improving school food environments with UNICEF's support, there is considerable scope for both COs to advocate for policy level changes in education, food labelling and marketing legislations to institutionalize the government's commitment to improving the overall food environment in each country. To improve the effectiveness of its school-based interventions, UNICEF can work on a more comprehensive bundle of policy actions simultaneously to improve food environments and influence marketing outside schools. In both countries, UNICEF has initiated preliminary work on restrictions on marketing to children and adolescents. UNICEF South Africa has also mobilized stakeholder action and youth support on the draft for clearer front-of-pack nutrition labelling. However, such actions have been admittedly a lesser priority of both UNICEF COs, with external stakeholders largely holding the same perception. However, linking school food environment work to

other policy actions in its country strategy may help to increase the comprehensiveness of UNICEF's response to the school food environment issue as well as contribute to a larger overall impact on overweight and obesity prevention in the country. FOPNL policies can help inform which foods and beverages should be banned in schools, increasing SSB taxes can contribute towards lower consumption among students, and restrictions on marketing to children can help sustain the reduction of student's exposure to harmful messages around unhealthy food and beverages at homes via social media and television. The COs should pay special attention to harmonizing policy provisions across legislations. Similarly, improved access and affordability of healthy foods can enable students and families to consume diets in line with the nutrition education received in schools.

Leverage its close government relationships to strengthen policy dialogues, avoid the private sector's interference, and support civil society advocacy to influence food environment policies:

Civil society advocacy action by healthy eating alliances in both countries has achieved significant wins on food policies. For instance, the Coalition Actors for Public Health Advocacy's sustained advocacy on introducing a SSB tax has led to the recent passing of legislation imposing a 20 per cent tax on sugar-sweetened beverages, including fruit and vegetable juices. Similarly, HEALA is the leading voice on increasing the health promotion levy on sugary beverages in South Africa. While the South African collaboration with CSOs is relatively stronger, both UNICEF country offices can leverage their comparative advantage of having close working relationships with the government (including the Department of Treasury via other UNICEF sections like social policy) and access to closed-door policy dialogue to limit the influence of private sector in policymaking processes. It would be useful to continue advocacy against the interference of the food and beverage industry with conflict of interest in public

policies, based on UNICEF's programming guidance on engagement with the food and beverage industry.³⁸ This guidance gives UNICEF a strong standing point to be vocal against food and beverage industry interference. UNICEF can also utilize its strong reputation on child rights to champion civil society campaigns on food policies that may not initially attract public support.

Reinforce the effectiveness of its school environment work by further engaging communities to improve the local food environment outside schools:

Both COs can review the community engagement components of their guidelines and implementation plans to promote more community buy-in and support for their school food interventions.



Child receives a meal at Lyndhurst Primary School in Estcourt, South Africa. © UNICEF/UNI82699/Pirozzi

38 UNICEF. (2023). *Engaging with the Food and Beverage Industry: UNICEF Programme Guidance*. Retrieved from <https://www.unicef.org/media/142056/file/Programme%20Guidance%20on%20Engagement%20with%20the%20Food%20and%20Beverage%20Industry.pdf>



A student buys crisps and sweets at the tuck shop at Selba Primary School in Sharpeville, South Africa.
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Annex 1: List of Key Informants Interviewed

Country	Name of Key Informant	Position	Organization
South Africa	Gilbert Tshitauzi	Nutrition Manager	UNICEF
South Africa	Lea Castro	Nutrition Officer	UNICEF
South Africa	Sufang Guo	Chief-Health and Nutrition	UNICEF
South Africa	Andile Dube	Education Manager	UNICEF
South Africa	Rebone Ntsie	Director: Nutrition	National Department of Health
South Africa	Zandile Kubeka	Assistant Director: Nutrition	National Department of Health
South Africa	Carina Muller	Chief Education Specialist	Department of Basic Education
South Africa	Mr Nzama Mbalati	Healthy Living Alliance (HEALA)	HEALA
South Africa	Luyanda Majjja	Associate Director, Communications, Food Policy Program	Vital Strategies
South Africa	Dr Agnes Erzse	Senior Researcher	SAMRC/Wits Centre for Health Economics and Decision Science- PRICELESS
Ghana	Jevaise Aballo	Nutrition Officer	UNICEF
Ghana	Porbilla Ofosu-Apea	Health and Nutrition Officer	UNICEF
Ghana	Felix Osei-Sarpong	Health Specialist (OIC Chief of Health and Nutrition)	UNICEF
Ghana	Christopher Nkrumah	Education Officer	UNICEF
Ghana	Theresa Oppong Mensah	Director: School Health Education Programme	Ghana Education Services
Ghana	Catherine Adu-Asare	Programme Officer	Ghana Health Services
Ghana	Veronica Quartey	Programme Officer	Ghana Health Services
Ghana	Olivia Timpo	Deputy Director: Nutrition	Ghana Health Services



School children buy food from a street vendor outside the primary school, Ghana.
© UNICEF/UNI191490/Asselin

Annex 2: Key Informant Interview Protocols (Including Informed Consent)

For UNICEF Staff

Introduction:

Hello, thank you for joining us for this evaluation interview. I am <insert name>, a researcher with the Economic Policy Research Institute, a social policy think-tank based out of South Africa specialising in research, evaluation, capacity building and policy advisory. 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 'Improving School Food Environments'. 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. The interview will be one hour long.

Consent for Recording and Use of Transcripts:

In order to maximise the utilisation 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 evaluation reports. Kindly note that you will not be personally identified in any reporting of the evaluation's findings. The data from this interview will be kept confidential and will only be shared with EPRI evaluation team and relevant UNICEF Evaluation Office members who are also bound by confidentiality requirements. Your name will only appear in the list of key informants in the annex of the reports. Do you give consent to this interview being recorded?

Consent for Participation:

Thank you for sharing your consent to record the interview. Now we would like to take your consent to participate in the interview. Please note that your participation is voluntary, and you may choose to not respond to any or all questions or may withdraw any time without consequences. Do you give your consent to participate in the interview?

Thank you for your consent to participate in the interview. Before we start, I want to highlight that in case of queries or concerns after this interview, you can contact Sonia Jose, senior researcher from EPRI at sjose@unicef.org. In case you would like to keep the query within UNICEF, please reach out to Beth Ann Plowman, the Evaluation Manager at UNICEF EO at baplowman@unicef.org.

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.

Questions on overall work by the UNICEF CO/NC on overweight and obesity prevention work

1. To what extent is childhood and adolescence obesity prevention a priority for your CO/NC?
2. What factors led to the CO/NC initiating work that is specific to addressing this issue?
3. In what ways is the CO/NC working to address childhood and adolescent obesity prevention in your country?
4. How has the CO/NC mobilised evidence on childhood overweight and obesity in the country context? How has this evidence shaped NC's approach on this issue?
5. What has UNICEF CO/NC done to raise the interests of the government and partners to address this issue?
 - ▶ To what extent has this been effective?
6. How does the CO/NC *view the efficacy and feasibility of 'increasing taxes on unhealthy foods and beverages'* as a policy action in the country's context? Is it a priority in the CO's work on overweight and obesity prevention? Why/why not?

Overview of questions focusing on the case study topic

Based on desk review and inception interviews, we have identified 'Improving School Food Environments' as the focus area for your CO/NC. For the remainder of the interview, we would ask you to reflect on this main programme area i.e., Improving School Food Environments'.

1. When did the CO/NC begin its work on this programme/policy action? How did the CO/NC 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?
2. What were the main objectives of this programme/policy action?

3. What are the main activities undertaken under this programme/policy action?

4. Who are the key UNICEF staff working on this programme/policy action?

Relevance/Appropriateness

1. To what extent are the activities appropriate to achieve the intended results? How did the CO/NC mobilise and utilise evidence to determine the approach/activities?
2. How have external factors like political issues, shocks etc., impacted the action's design, planning and/or implementation? How did the CO/NC adapt to these changes?

Coherence

1. To what extent does the programme/policy action align with the government's national priorities and plans?
2. How does this programme/policy action build on or complement UNICEF's work in nutrition and other sections? In what ways does it compete with UNICEF's work in nutrition and other sections?
3. Is this programme/policy action also a priority of other UN organisations/international organisations/NGOs or coalitions etc.? In what ways is UNICEF leveraging partnerships to implement this programme/policy action?

Effectiveness

1. 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)
2. In what ways are the progress/results achieved attributable to UNICEF's efforts? (Probe: what they think is UNICEF's comparative advantage/unique contribution)
3. Please discuss some of the main challenges UNICEF has faced/is facing in the design/implementation stages? *ask if relevant to policy action/programme*

Efficiency

1. 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?
2. How is UNICEF implementing their programme/policy action activities as per the planned time frame?

Sustainability

1. How is UNICEF working to build local capacity to support this policy action/programme in the long term? *(if relevant)*
2. In what ways is the policy action/programme equipping the government and strengthening government systems to scale up and sustain the programme? *if relevant*

Comprehensiveness

1. What additional areas could UNICEF CO/NC focus on to address overweight and obesity prevention more comprehensively?
2. What plans does the CO/NC have to increase its impact in this country?

UNICEF positioning and leadership

1. 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?
2. 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?
3. What conflicts of interest, if any, does UNICEF potentially face for the implementation of overweight and obesity prevention and management? And how is HQ/RO helping COs/NCs to manage conflicts of interest in this policy agenda?

Learning

1. What are the key lessons learned from your experience in working on this case study area that other countries may benefit from? (success factors, impeding factors, preparatory steps etc.)
2. Are there any documents you could share with us that highlight your work on this issue?
3. Would you like for us to speak to any other internal or external stakeholder for this evaluation?

For Government Stakeholders

Introduction:

Hello, thank you for joining us for this evaluation interview. I am <insert name>, a researcher with the Economic Policy Research Institute, a social policy think-tank based out of South Africa specialising in evaluations, research, capacity building and policy advisory. 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 UNICEF's work in <country name> as a relevant sample for a case study on 'Improving School Food Environments'. For this reason, we are interested in getting information from key stakeholders willing to share their experiences and knowledge with us. We want to understand from your perspective, the work and contributions made by UNICEF on overweight and obesity prevention and on the two case study topics. 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. The interview will be one hour long.

Consent for Recording and Use of Transcripts:

In order to maximise the utilisation 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 evaluation reports. Kindly note that you will not be personally identified in any reporting of evaluation's findings. Your name will only appear in the annex of the evaluation reports. The data from this interview will be kept confidential and will only be shared with EPRI evaluation team and relevant UNICEF Evaluation Office members who are also bound by confidentiality requirements. Do you give consent to this interview being recorded?

Consent for Participation:

Thank you for sharing your consent to record the interview. Now we would like to take your consent to participate in the interview. Please note that your participation is voluntary, and you may choose to not respond to any or all questions or may withdraw any time without consequences. Do you give your consent to participate in the interview?

Thank you for your consent to participate in the interview. If you have any queries or concerns after this interview, please contact Sonia Jose, senior researcher from EPRI at sonia@epri.org.za. In case you would like to direct the query to UNICEF, please reach out to Beth Ann Plowman, the Evaluation Manager at UNICEF EO at baplowman@unicef.org.

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.

Questions on UNICEF's support for overall work on preventing childhood and adolescence overweight and obesity

1. How has UNICEF generated or used quality evidence to inform government programme and policy work on preventing childhood and adolescence overweight and obesity?
2. In what ways has UNICEF been successful in elevating priority for childhood and adolescence overweight and obesity prevention as an issue in this country? (examples include integration into national development plans, health or education

policy, increase in funding, engagement of political champions, high level forums, media etc)

3. What areas of overweight and obesity prevention and management is UNICEF supporting the most in this country?
4. How does the national government view the effectiveness and feasibility of 'increasing taxes on unhealthy foods and beverages' as a policy action to prevent childhood and adolescence overweight and obesity? Is it a current priority for the government?
5. Which areas of overweight and obesity prevention and management could UNICEF do more to support in the future?

Based on initial desk review and interviews, we have identified <country name> as an important example to understand the work being done on the case study topic: 'Improving School Food Environments'. For the remainder of the interview, we would ask you to reflect on this one main policy action.

1. What are the key objectives of the programmes/policy actions? How will they contribute towards preventing childhood and adolescence overweight and obesity in the country?
2. How has UNICEF generated or used evidence to inform programme and policy work on both case study areas?
3. How has UNICEF supported the planning/design/implementation/M&E of case study areas? What, if any, was UNICEF's unique contribution towards this work?
4. How has UNICEF worked with different government sectors to advance efforts on both case study areas?
5. What ways has UNICEF built the capacity of policymakers and government staff to plan/design/implement work on both case study areas?
6. How has UNICEF used their available financial and human resources efficiently in supporting the case study areas?
7. How has UNICEF ensured coherence and integration of the case study areas into the country's other policy priorities?

Way forward:

1. What more can UNICEF do to support advancing the agenda on overweight and obesity prevention in the country? Are there any gaps in UNICEF's current support that could be further improved upon?

For Non-government Stakeholders

Introduction:

Hello, thank you for joining us for this evaluation interview. I am <insert name>, a researcher with the Economic Policy Research Institute, a social policy think-tank based out of South Africa specialising in research, capacity building and policy advisory. 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 UNICEF's work in <country name> as a relevant sample for a case study on 'Improving School Food Environments'. For this reason, we are interested in getting information from key stakeholders willing to share their experiences and knowledge with us. We want to understand from your perspective, the work and contributions made by UNICEF on these case study topics and what they can do to further improve their work. 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. The interview will be one hour long.

Consent for Recording and Use of Transcripts:

In order to maximise the utilisation 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 evaluation reports. Kindly note that you will not be personally identified in any reporting of the evaluation's findings. Your name will be mentioned only in the annex of the evaluation reports. The data from this interview will be kept confidential and will only be shared with EPRI evaluation team and relevant UNICEF Evaluation Office members who are also bound by

confidentiality requirements. Do you give consent to this interview being recorded?

Consent for Participation:

Thank you for sharing your consent to record the interview. Now we would like to take your consent to participate in the interview. Please note that your participation is voluntary, and you may choose to not respond to any or all questions or may withdraw any time without consequences. Do you give your consent to participate in the interview?

Thank you for your consent to participate in the interview. If you have any queries or concerns after this interview, please contact Sonia Jose, senior researcher from EPRI at sonia@epri.org.za. In case you would like to direct the query to UNICEF, please reach out to Beth Ann Plowman, the Evaluation Manager at UNICEF EO at baplowman@unicef.org.

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.

Questions on UNICEF's support for overall work on preventing childhood and adolescence overweight and obesity

1. How has UNICEF generated or used quality evidence to inform government programme and policy work on preventing childhood and adolescence overweight and obesity?
2. In what ways has UNICEF been successful in elevating priority for childhood and adolescence overweight and obesity prevention as an issue in this country? (examples include integration into national development plans, health, or education policy, increase in funding, engagement of political champions, high level forums, media etc)
3. How has UNICEF contributed towards coordinating actions across government and non-government stakeholders to maximise impact on this issue? (for ex: convening stakeholder meetings, supporting building of alliances/steering committees etc.)
4. What areas of overweight and obesity prevention and management is UNICEF supporting the most in this country?

5. How do you view the effectiveness and feasibility of 'increasing taxes on unhealthy foods and beverages' as a policy action to prevent childhood and adolescence overweight and obesity? Is it a current priority for your organisation?
6. Which areas of overweight and obesity prevention and management could UNICEF do more to support in the future?

Based on initial desk review and interviews, we have identified <country name> as an important example to understand the work being done on the case study topic 'Improving School Food Environments'. For the remainder of the interview, we would ask you to reflect on this main programme.

1. What are the key objectives of UNICEF's policy action/programme? How will the policy action/programme contribute towards preventing childhood and adolescence overweight and obesity in the country?
2. How has UNICEF generated or used evidence to inform programme and policy work on this case study topic?
3. How has UNICEF supported the planning/design/implementation/M&E of this case study topic? What, if any, was UNICEF's unique contribution towards this work?
4. How has UNICEF worked with collaborating partners (like NGOs, other UN agencies) to advance efforts on the case study topic?
5. How has UNICEF ensured coherence of their work on the case study topic with the plans and priorities of yours and other organisations working on this issue?
6. How has UNICEF built capacities of other NGOs, UN agencies etc. to plan/design/implement the work on the case study topic?
7. How has UNICEF used their available financial and human resources efficiently in supporting the work on the case study topic?

Way forward:

1. What more can UNICEF do to support advancing the agenda on overweight and obesity prevention in the country? Are there any gaps in UNICEF's current support that could be further improved upon?

Informed Consent: Online Evaluation Survey

This online survey is being shared with you to gather insights for UNICEF's current work and future plans for action on overweight and obesity prevention among children and adolescents. The survey is part of a global evaluation exercise commissioned by the UNICEF Evaluation Office (EO) that aims to assess the early-stage results of UNICEF's work in prevention of childhood overweight and obesity and identify factors that will help inform future work.

This survey can be taken by staff from COs/Multi-COs/National Committee Offices that:

1. Are working on overweight and obesity prevention among children and adolescents already
2. Have not yet started work on overweight and obesity prevention among children and adolescents

Based on your type of work (1 or 2), different sets of questions will be asked to you in this online survey. This survey should take approximately 15-25 minutes to complete. While the beginning sections may seem long, the later sections are much shorter and quicker to complete. If you need to break from filling the form, you can choose the 'edit later' option which will generate a new survey link with saved responses. You can choose the option to email this link to yourself for your easy reference later. Please open this new link later when convenient to resume filling the survey from where you left off. Note: Opening the old link again will cause loss of saved data.

We request you to please complete the survey as soon as possible, latest before the deadline- Friday, 22 September 2023.

In case of queries or concerns, please contact Sonia Jose, senior researcher from Economic Policy Research Institute (evaluation team) at sonia@epri.org.za or Beth Ann Plowman, the Evaluation Manager at UNICEF EO at baplowman@unicef.org

Your response will be kept confidential, and you will not be identified when the survey findings are reported. Individual responses will not be shared with anyone outside EPRI and the UNICEF Evaluation office staff who are also bound by confidentiality requirements. Your participation is voluntary, and you may choose to not answer any or all questions or withdraw without consequences. However, your response is highly encouraged as it will help improve UNICEF's future work. Do you give your consent to participate?



For further information, please contact:

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