

TERMS OF REFERENCE FOR INSTITUTIONAL CONTRACT

PART I		
Title of Assignment	Landscape Analyses of Child/Adolescent Health and Nutrition	
Section & Supervisor	Health and Nutrition; Health and Nutrition Specialist	
Location	Gaborone. Botswana. Travel in Botswana is required.	
Duration	129 days over 6 months	
Start date	From: 01/05/2021	To: 20/12/2021

Background and Purpose

There are now 1.2 billion adolescents (aged 10 to 19) worldwide and this number will increase until 2050. The 10-19 age group is a unique window of opportunity for well-being, health and development, through a person's life. Yet while deaths in children under five halved during the Millennium Development Goals period, reduction in adolescent mortality has stalled. Each year 1.1 million adolescents are dying from preventable causes. Major contributors include road traffic injuries, suicide, interpersonal violence, HIV/AIDS and diarrhoeal diseases. Millions more are suffering abuse, injury and ill health - or failing to reach their potential. Mental health problems among adolescents is also a priority issue, yet often underemphasized. However, the COVID-19 pandemic has amplified mental health issues, including among adolescents, and helped to shine the spotlight on the need to address these issues.

Adolescents are entitled to information and services that meet all their needs, yet they face multiple barriers in accessing the knowledge, information, health-care services and commodities they need. Most of their health and well-being issues are preventable or treatable, but appropriate care and services for adolescents are often either inadequate or absent. In addition, many service providers do not fully understand their needs. Age-specific challenges can be exacerbated by gender, ethnicity, religion, disability, location, education level, poverty, marital status, sexual orientation and gender identity, and migratory status, among other factors.

Further, childhood obesity is a growing global problem with significant impact on adult obesity and chronic disease. Evidence suggests that in absolute numbers, more children in low and middle-income countries suffer from obesity than they are in established western industrialized countries. This phenomenon is also increasingly being witnessed in countries in economic transition and upper middle-income countries like Botswana. The nutrition transition experienced in developing countries has created an environment that promotes changes in the weight status of people. Yet in Botswana, despite anecdotal evidence of high levels of childhood obesity, there is a dearth of information on the nutritional status of other population groups including primary school going children and the extent of the double burden of over-weight/obesity and under-nutrition. Data on overweight prevalence among children under 5 has not been collected recently in Botswana, but the older available data shows prevalence of 11%. The 2016 modeled data referenced in the 2019 State of the World's Children report indicates overweight and obesity prevalence of 18 per cent for children aged 5 – 18 years.

The 2017 Botswana Demographic Survey indicates that in the general population, 14.4 per cent of adult females are overweight, compared to 4.7 per cent of adult males. The survey further indicated 8.4 per cent obesity in adult females compared to 3.2 per cent in adult males. In addition, there is data to show that there is limited consumption of fruits and vegetables in the population with about only 21.8 per cent consuming vegetables three times a week. This poor nutritional intake invariably contributes to increasing rates of stunting in children under the age of five years and overweight into childhood and later in life. It is imperative to conduct an adolescent nutrition and health landscape analysis, particularly that overweight and obesity is a growing concern and childhood overweight/obesity is associated with non-communicable diseases including diabetes, dyslipidemia, fatty liver disease, hypertension, and cardiovascular disease in adulthood.

Poor quality diets in the early years – too little healthy, nutritious food and too much unhealthy food – set children on a pathway of malnutrition through the life course. Although the health and nutrition concerns of school-aged children in general are better than among children under 5, the nutritional problems (particularly

underweight and overweight) of young children typically continue into school-age or may even be exacerbated. Early “double duty” interventions are therefore essential through health, ECD, community and early learning platforms, followed by school-based interventions. Therefore, schools are ideal environments for nutrition and health programme interventions as they reach large numbers of children, in different settings both urban and rural. Additionally, households and communities may be reached with positive parenting and dietary advice and guidance through school aged children, thereby helping to break inter-generational cycles of malnutrition. Addressing unhealthy food environments is central to strategies to improve the quality of diets and prevent overweight, and requires shifts in food policies, private sector collaboration, mobilizing communities, and setting standards for school food environments. UNICEF will support Botswana to strengthen the national response to obesity by ensuring information availability, and utilization for evidence-based planning.

Investment in adolescents delivers the “triple dividend”: improving health and well-being now, enhancing it throughout the life course and contributing to the health and well-being of future generations. A thriving adolescent population fuels economic growth, helping to increase productivity, decrease health expenditure and reduce inequities across generations. In failing adolescents the whole of society is losing out. And we jeopardise efforts to reach the Sustainable Development Goals.

Purpose

The main purposes of this consultancy are:

- i) To conduct a landscape assessment of needs/gaps and entry points, and priority interventions for adolescents within the school health environment and Primary Health Care system of Botswana.
- ii) To conduct a comprehensive landscape analysis of child overweight and obesity prevention in Botswana.
- iii) To organize and convene a stakeholder consultation to develop consensus on a set of priority policies and actions to effectively prevent child overweight and obesity in Botswana.

This study will require desk reviews, focus group discussions and key informant interviews to document the situation of adolescent health and nutritional status (overweight and obesity) in Botswana, assess the landscape of policies, strategies and programmes, identify potential entry points for reaching adolescents, and to inform the government and its partners on priority interventions for Adolescent (10 – 19 years) Health and young children adolescent (0 – 18 years) nutritional status (overweight and obesity) within the school health ecosystem/environment and Primary Health Care system. The landscape assessment of Adolescent Health and nutritional status (overweight and obesity) will identify effective and promising practices based on global and regional experiences; identify gaps to be addressed and key research questions; and offer recommendations that can be implemented based on the context of Botswana.

Justification

UNICEF’s Strategic Plan 2018-2021 outlines a commitment to promote and protect the physical, mental, and social wellbeing of children and adolescents. Adolescent specific results are mainstreamed under all 5-goal areas of the Strategic Plan, including a learning agenda on key emerging issues facing adolescents. UNICEF is working with partners to build the evidence for developing appropriate and scalable models for addressing the health, development, and well-being needs of adolescents through both Health and Education system platforms for example UNICEF and WHO has been working together with WHO on the development and implementation of key global goods including Accelerated Actions for the Health of Adolescents (AA-HA!) interventions and Helping Adolescents Thrive programme.

Further, in the new strategic plan 2022-2025 and nutrition strategy 2020-2030, UNICEF has committed to address overweight among all children aged 0 – 18 years and to support strategies to improve nutrition of primary school-age children and adolescents. UNICEF’S Nutrition Strategy and the accompanying detailed programme guidance on overweight outlines policies and strategies to prevent child overweight and obesity complemented by targeted interventions across the life course. Detailed programme guidance on nutrition of school age children and adolescents has also been drafted to guide country programmes. Both guidance

documents emphasize the importance of conducting situation and landscape analysis to identify gaps and needs and identify entry points for policy change, strategies and programmes.

The UNICEF Botswana office therefore seeks to understand and explore the interconnecting yet complex and interwoven drivers of childhood obesity in Botswana in order to design a preventive intervention likely to make an impact over time.

It will be important to assess the current situation pertaining to childhood obesity among children and adolescents. Given ongoing COVID-19 related restrictions on direct contact with vulnerable groups the assessment will rely on secondary data analysis to determine the current extent of the problem. This will include assessment of health facility records on nutrition status.

It is also important to assess obesogenic environments and behaviours that may be conducive to overweight and obesity among children in Botswana, the existing laws, policies, and programmes and to evaluate the gaps and needs to provide the appropriate framework for future interventions aiming at preventing and / or reversing current childhood obesity trends in children. UNICEF has developed landscape analysis tools for overweight and for schools and these will be adapted for use in the Botswana landscape analysis.

Further, a qualitative assessment is proposed to understand knowledge, practices and values related to diets and food, as well as adolescents' lived experiences of food systems and food environments. Some information on caregivers' and adolescents' diets will be obtained from the remote research currently underway to assess changes in diets resulting from the COVID pandemic, and this may be completed with further remote research and if the COVID situation allows, application of the UNICEF "Lived Experience" methodology to capture, illustrate and communicate how food systems - and food environments in particular - influence the diets of children in the context of their lived experiences, such as household assets and resources, the cultural aspects of food, and social norms.

The work will contribute to the development of a strong evidence-based approach to guide the formulation of guidance and tools needed to intervene to address the situation of childhood obesity especially in and around schools

Scope of Work

Under the supervision of the Health and Nutrition Specialist and in line with global guidance, the consultant will conduct the following;

For landscape analysis of child and adolescent (0 – 18 years) overweight and obesity, school food environments, legislation, policies and programmes:

a) Familiarization with tools and preparation of the database

- The consultant will familiarise themselves with the UNICEF Programming Guidance Global Programming Guidance on the Prevention of Overweight and Obesity in Children and Adolescents and Programming Guidance on Nutrition of School Age Children and Adolescents, and the UNICEF protocols and guides on how to conduct the landscape analyses.
- The consultant will use and adapt the global UNICEF protocols and guides to set up protocols, tools, a database to collect and analyse the relevant information for Botswana.

b) Completion of the landscape analysis

- The consultant will follow the methods set out in the UNICEF protocol and guide to gather and analyse the relevant information to complete the landscape analysis. The methods are likely to include collation of documents and data from internet searches and directly from government and other sources, interviews with key stakeholders etc. Elements of the landscape analysis are likely to include:
 - i) Epidemiological situation with regards to overweight/obesity among children aged 0 - 18 years and women.
 - Review of available data from MICs or DHS surveys, school-based surveys and/or national nutrition surveys.

- Dis-aggregation of data across age and socioeconomic groups, geographical area and over time.
 - Analysis of connections between obesity/overweight and other forms of malnutrition.
 - Analysis of inequities by income, geography, ethnicity or gender.
 - Identification of gaps in data/knowledge.
- ii) Review of data on dietary intake, food availability, affordability and promotion among children aged 0 – 18 years and women of child-bearing age (15 – 49 years).
- Review and dis-aggregation (by group and time trends) of available data on dietary intake including potentially unhealthy food and drink e.g. savoury snack foods; confectionery; sugar-sweetened beverages; low fruit and vegetable intake.
 - Inclusion of available data from market research reports related to sales and marketing of specific product categories. UNICEF EAPRO will support this aspect of the landscape analysis.
 - Review of available studies on the promotion, marketing and sale data of food including potentially unhealthy food and drink targeted at younger and school aged children e.g. studies conducted by academia, development partners and/or government. UNICEF EAPRO will support this aspect of the landscape analysis.
 - Review of available data on current knowledge, attitudes and practices as well as social norms with regards to the consumption of unhealthy food and beverages e.g. studies conducted by academia, development partners and/or government.
 - Analysis of inequities by income, geography, ethnicity or gender.
 - Identification of gaps in data/knowledge.
- iii) Review of policy, legislation, standards and programmes that are in place to address overweight/obesity among children aged 0 - 18 years and women.
- Review of strategies, programmes and action plans already in place that relate to the prevention of overweight in children.
 - Analysis of approaches being adopted e.g. children’s rights approach.
 - Review of specific policies mentioned in the UNICEF programming guidance and whether any of these are reflected in existing policies, laws, regulations, strategies etc, including those that address: food promotion, labelling, composition, retail, price as well as governance dimensions such as policy coordination, monitoring and evaluation. Specific attention should be given to review Code legislation, rules on marketing of commercial foods for infants/young children, restrictions on marketing of food to children, school food standards and policies on sale and promotion of unhealthy foods in and around schools, front of pack labelling and sugar-sweetened beverage taxation.
 - Review of services and key interventions available to prevent overweight via health, education, social welfare and WASH systems, as well as social and behaviour change communication strategies.
 - Identification of gaps.
- iv) Adolescents’ lived experience of food systems and food environments
- Identify suitable approaches, likely remote, and adapt UNICEF methodology for capturing adolescents’ lived experiences.
 - Undertake the processes/assessments
 - Develop adolescent profiles and other communication materials
- v) Stakeholder mapping
- Identification of the main stakeholders involved in the potential prevention of overweight and obesity in children including key ministries and agencies in government, political actors (e.g. parliamentary committees), the private sector, academia, scientific/professional groups, consumer groups, food industry funded groups etc.

c) Preparation of communication materials

The consultant will prepare a set of communication materials based on the landscape analysis of child overweight, and the adolescent profile of the lived experience of food environments. This will include summary evidence papers, policy briefs and adolescent profiles.

d) Identification of priority policies and actions through stakeholder workshop

- The consultant will support organisation of a key stakeholder workshop to build consensus on context specific priority policies and actions for child overweight and obesity prevention. The workshop is likely to last for half a day and bring together nutrition and public health specialists in Botswana.

For Adolescent health landscape analysis, the consultant will;

1. Conduct desk review of available documents and publications in Botswana, regionally and internally that are relevant to adolescent health programme in Botswana.
2. Familiarize themselves with WHO guiding documents and UNICEF assessment tools and follow outlined protocols and guides on how to conduct the landscape analyses as well as interventions prioritization, based on the Global Accelerated Action for the Health of Adolescents (AA-HA!)¹.
3. Conduct key informant interviews and focus group discussions with key stakeholders (including partners, Ministry of Health and Wellness, Ministry of Basic Education, Ministry of Youth, Sports and Development, etc.) within the country.
4. Review the existing interventions related to adolescent health in Health and Education system platforms and identify gaps.
5. Conduct an in-depth analysis of Inter-agency collaboration, investments in quality, and other critical factors related to the existing health system with potential to influence the implementation of Adolescent Health programming;
6. Conduct an in-depth assessment of key interventions related to adolescent health in a few purposively sampled Health and School sites in Botswana
7. Collate information on funding sources, government commitment, government response, priorities and budget
8. Based on the various inputs mentioned above, identify:
 - a) needs for an adolescent health programme in Botswana and the existing gaps;
 - b) entry points in the current health and Education system that will enable an effective implementation of an adolescent health programme;
 - c) priority interventions and an implementation plan for the same.

For both components of the work outlined, the consultancy will primarily report to the Health and Nutrition Specialist. All meetings and follow ups will be planned with the Health and Nutrition Specialist. Partners as part of the Technical Working Group (TWG) will be consulted and followed up from time to time as may be agreed during the TWG meetings. The Regional Office (Nutrition and Health sections) will also provide technical assistance.

Overall deliverables

The consultancy is expected to deliver the following key results:

- (1) Inception report outlining the methodological approach and timelines
- (2) Landscape Assessment report that includes situation analysis, entry points in the health system, and prioritised interventions for an adolescent health programme in Botswana
- (3) Landscape Assessment report on overweight and obesity in young children and adolescents in Botswana. Report to include situation analysis, entry points in the health and education systems, and priority policies and interventions
- (4) Present the findings to the stakeholders in country and incorporate comments on the final reports
- (5) Two separate final reports incorporating UNICEF feedback along with an executive summaries and two PowerPoint presentations of key findings

¹ https://www.who.int/maternal_child_adolescent/topics/adolescence/framework-accelerated-action/en/

Deliverables	Duration (Estimated # of days or months)	Timeline/Deadline	Schedule of payment
Inception report outlining methodological approaches and timelines incorporating desk review of existing documents, academic papers and stakeholder consultations.	24 working days	End – May 2021	15%
Familiarization of UNICEF overweight/obesity assessment tool and adolescent assessment tool, adaptation and preparation of the tools and database for data collection as well as tools for adolescent health landscape analysis.	15 working days	3 rd week – June 2021	25%
Field work and stakeholder consultations report	20 working days	End – July 2021	
Two draft Landscape Assessment reports that includes as a minimum situation analysis, entry points in the health system, and costed priority interventions for an adolescent health programme in Botswana; as well as landscape analysis of overweight and obesity in young children and adolescents in Botswana	20 working days	End – Aug 2021	25%
Final communication materials to include summary evidence papers, policy briefs and adolescent profiles	10 working days	Mid-Sept 2021	35%
Identification of priority policies and actions	10 working days	End-Oct 2021	
Stakeholder dissemination of draft reports	10 working days	Mid-Oct 2021	
Incorporation of comments	10 working days	End Oct 2021	
Final reports along with an executive summaries and a PowerPoint presentations of key findings	10 working days	End Nov 2021	
Total	129 Working days		

*Number of days and timelines will be adjusted according to proposal and agreement

Desired competencies, technical background and experience

The team is expected to be comprised of 3 experts (one international team lead, international experts and one or more national experts) with extensive experience in their fields. The team lead is expected to have a solid understanding of adolescent health and nutrition programming, with at least 10 years' experience in the area. A gender balanced and culturally diverse team will be considered positively. Fluency in English is required and working Setswana either with the experts. Across the team the following qualifications, skills and experience are expected:

- Adolescent Health expert:

- Advanced University Degree (MSc or PhD) in public health or health policy
- At least 8 years experience in designing, researching and monitoring health programmes in developing countries, including proven experience of adolescent health programmes (e.g. around teen pregnancy, sexual and reproductive health, physical activity, adolescent mental health, school health programmes)

- **Nutrition (overweight prevention) expert:**
 - o Advanced University Degree (MSc or PhD) in public health or health policy, nutrition or nutrition policy.
 - o At least 8 years experience in designing, researching and monitoring nutrition programmes in developing countries, including proven experience of child and adolescent nutrition programmes (e.g. around addressing both overweight and undernutrition, obesity prevention policies, laws and programmes)

All experts should be in possession of the following skills:

- Strong ability to multi-task and a drive for on-time delivery
- Excellent data collection and analysis skills, including demonstrated research skills and familiarity with capturing key themes from key informant interview and triangulating data from different sources (qualitative and quantitative)
- Work experience in southern Africa and/or similar country contexts is an added advantage;
- The team will have solid procedures for quality assurance of work, procedures for confidentiality of information collected, etc.
- Excellent communication, writing and editing skills, and command of the English language, including ability to present information at different levels and to different technical and non-technical audiences.
- Experience in engaging effectively with national governments and counterparts; professional associations and other key stakeholders.
- Fluency in English language is required; Knowledge of the local language will be an advantage.

Administrative issues

1. The institution will use his/her own equipment to produce deliverables. Office space will be provided at UNICEF as available and necessary.
2. The consultant(s) is/are expected to travel and work in-country and remotely based on an agreed upon schedule. Timing for visits and planning will be jointly agreed with TWG and UNICEF Botswana Country Office. The institution is required to indicate an all-inclusive fee for this assignment, considering travel to Botswana and in-country travel as applicable. Airfares and in-country living expenses based on existing UN rates, will therefore be part of the all-inclusive fee. Virtual meetings with country partners to be scheduled based on need.
3. As per UNICEF DFAM policy, payment is made against approved deliverables. No advanced payment is allowed unless exceptions against bank guarantees, subject to a maximum of 30 percent of the total contract value, in cases where advance purchases, for example for supplies or travel maybe necessary.
4. The candidate selected will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts.

Proposal should be send to :

BTW_procurement@unicef.org

Closing date for Submission: **[18th May 2021 at 1700 HRS](#)**

Any **enquiries** regarding this advert should be sent to the above email.

cc ritumeleng@unicef.org

Risks

Stakeholder consultations may experience delays due to limited travel within the country in accordance with COVID-19 protocols. Availability of government TWG members may be disrupted by competing government priorities. UNICEF through the Representative will advocate through the Ministers of Health and Wellness,

Basic Education, Local Government and Rural Development to endorse the project. Further, virtual meetings where possible will be used for consultations and/or results dissemination.

Technical Evaluation Criteria and Relative Points

The bidding institutions will be assessed based on agreed criteria. The applicants will firstly be evaluated on their technical capacity by a panel composed of UNICEF and Ministry of Health and Wellness. After this, a Financial evaluation will be conducted. The ratio between technical and financial offer weight will be 70/30 and only applicants who will receive a minimum of 55 points under a technical evaluation will be considered technically compliant and assessed on price proposal. The criteria for evaluating the submissions of proposals/bids are as below:

Technical Criteria	Description of Technical Sub-criteria	Maximum Points %
Overall Response	Completeness of response (i.e. includes all relevant elements: Organisation statement, programme proposal, personnel cvs, evidence of similar work etc).	Yes/no criteria
	Overall concord between RFP requirements and proposal	10
Maximum Points		10
Institution & Key Personnel	Range and depth of qualifications and experience by the applicant and team members with similar projects. Clarity on proposed team members for the assignment and roles and responsibilities.	20
	Range and depth of experience by the institution with similar projects	10
	Number of customers and size of previous projects.	5
Maximum Points		35
Proposed Methodology and Approach	Proposed Methodology for this project	15
	Proposed Work Plan to accomplish the Project	10
Maximum Points		25
Total Score for Technical Proposal		70
Minimum Acceptable Score for Technical Proposal		55
Financial proposal		30

