Timor-Leste Nutrition Strategic Review

Strategic Review Plan

7th August 2017



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# Strategic Review Summary

This Strategic Review of the Department of Foreign Affairs and Trade’s (DFAT) approach to improving the nutrition status of East Timorese people (The Review) is an independent assessment of the overall Australian Aid program’s continued relevance and strategic approach. The Review provides an opportunity to take stock of the current strategy and range of initiatives in place to support the achievement of the Government of Timor-Leste’s (GoTL) nutrition-related goals – particularly related to the Sustainable Development Goal (SDG) 2 and the Zero Hunger Challenge – in order to make recommendations around the optimal strategic alignment of DFAT’s future programming. As such, the Review will not be concerned with measuring the effectiveness or impact of current initiatives. It will instead describe the current priorities, programs and strategies in Timor-Leste and analyse how well DFAT’s programming is aligned to these; assess the relevance and coherence of their programming; the value of their contribution to nutrition-related outcomes; and consider how the current strategy and initiatives might be strengthened. This review plan sets out the structured approach and steps required to complete the Review – building on the experience of several recent reviews of the overall nutrition sector in Timor-Leste.

The review methodology will comprise a review of recent, relevant documents; consultations with a broad range of stakeholders following semi-structured consultation guides during a two week in-country visit; visits to selected municipalities to gain a decentralised and frontline perspective; and a collaborative stakeholder workshop to validate preliminary findings and contribute to the development of recommendations. The scope of the Review is largely limited to DFAT funded initiatives to which the team has access to designs, progress reporting, internal and external evaluations and reviews. Other significant non-DFAT programs will also be examined where relevant. The Review Team consists of two international specialists (M&E and Nutrition), and a national evaluation consultant.

# Background to the Review

This Strategic Review Plan is intended to assist with further discussions and clarification about the review with DFAT, in particular about what can reasonably be expected to be achieved within the time frame, what information will be collected, from who and by which methods, how the information will be analysed, reported and used, and the overall management of the review. As such, the Plan has been developed by the Review Team in collaboration with M&E House and DFAT Timor-Leste, following an initial review of the documents listed in Section 11. A DFAT Review Steering Committee will approve this plan, provide strategic guidance prior to and during the in-country review, and review the final report submitted.

Inputs and comments on the draft from DFAT and the Review Steering Committee, will be responded to and/or incorporated facilitated by M&E House. This Plan supersedes the review Terms of Reference, and is intended to be a somewhat flexible document which will be adapted, where agreed, to meet emerging implementation challenges and opportunities.

# What is being reviewed?

## The persistent problem of under-nutrition in Timor-Leste

As noted in DFAT’s Draft Nutrition Strategy, Timor-Leste has made progress in improving nutritional status, with reductions in stunting in children (aged 0-59 months), from 58% in 2009-10[[1]](#footnote-1) to 50% in 2013;[[2]](#footnote-2) and, reductions in the prevalence of underweight in women of reproductive age from 27%[[3]](#footnote-3) to 25%.[[4]](#footnote-4) Despite this, Timor-Leste still has the highest prevalence of under 5-years stunting in the Asia-Pacific region and, with Burundi and Eritrea, is one of only three countries in the world with a prevalence of over 50%.[[5]](#footnote-5) In addition, the prevalence of anaemia in children (aged 6-59 months) has risen to 63%, a level classified by the World Health Organization as a ‘severe’ public health issue.[[6]](#footnote-6)

Malnutrition is widespread and independent of income and location. Both urban and rural populations are affected by malnutrition and micronutrient deficiencies. The situation is exacerbated by complex gender and socio-economic dimensions of underlying causes and effects as well as limited knowledge of the value of food and nutrition impacting household decision-making. In addition to the regular ‘hungry season’ from November to February/March, Timor-Leste also experiences El Nino and drought patterns. Knowledge relating to food preservation is low, as is access to appropriate technologies to enable longer-term food storage. The prevalence of overweight and obesity has increased in women of reproductive age from 3% in 2003 to 17% in 2014[[7]](#footnote-7) indicating the need for a focus on improved nutrition practice overall.

A recent extensive analysis of evidence based underlying drivers of malnutrition leading to stunting examined the status of: safe water access, sanitation, women’s education, gender equality, the quantity and quality of food available, and access to health services (using immunization coverage as a proxy) in each Municipality in Timor-Leste[[8]](#footnote-8). The study concluded that while all the underlying drivers of malnutrition require attention, the three main underlying drivers of malnutrition across all municipalities in Timor-Leste were:

1. 1. inadequate dietary diversity;
2. 2. low rates of access to improved sanitation; and
3. 3. low rates of female secondary school attendance

In addition, a recurring and equally important theme that emerged was:

* + - * 1. 4. lack of adequate knowledge and practice at the household level, and therefore a need to
			1. promote behaviour change across a range of nutrition promoting behaviours, within the
			2. domains of:

household food (and nutrition) security,

health environments and

the quality of caring practices.

Despite recent progress, addressing these drivers in a coherent and effective manner across Timor-Leste remains a challenge.

## Australia’s collaboration with the GoTL to address nutrition challenges

The GoTL has committed to addressing malnutrition through a number of policy frameworks and initiatives. Timor-Leste’s developmental vision to 2030 is framed in the Timor-Leste Strategic Development Plan 2011-2030 (SDP). Phase 1 (2011-2015) included attention to SDG2: *End hunger, achieve food security and improved nutrition and promote sustainable agriculture.* Targets for this phase are being reviewed and updated for Phase 2 (2016 – 2020). Attaining national food and nutrition security continues to be a high-level national development priority.

The 2010 Comoro Declaration against hunger and malnutrition is a statement of policy commitment to address nutrition through concerted efforts of line ministries. Timor-Leste is one of the Global Champions for the SDGs and was the first country in Asia and the Pacific to sign-up for the “zero-hunger challenge” in 2015. Through the pre-existing cross-ministerial KONSSANTIL council, Timor-Leste’s *Zero Hunger Action Plan for a Hunger and Malnutrition Free Timor-Leste* (PAN-HAM-TIL) is being implemented at national and municipal level. This 2014 plan covers over 170 actions.

The National Nutrition Strategy 2014-2019 (Ministry of Health) outlines the approach for translating national commitments on nutrition to actions and results, consistent with and aligned with the SDP 2011-2030. The purpose of the National Nutrition Strategy is to accelerate reduction of maternal and child under nutrition through implementation of nutrition specific and nutrition sensitive interventions.

More recently, the 2017 Food and Nutrition Security Policy (GoTL) builds on lessons from the 2005 Food Security Policy to:

* highlight the need for improved coordination of multi-sector interventions
* specifically link agricultural development to nutrition improvements
* align policy actions to improve food and nutrition security with available natural resources, macroeconomic environment and the state of infrastructure development in due consideration of its agro ecosystems and traditional values
* base investment decisions on sound cost-effectiveness analysis (vis-à-vis food and nutrition security), including environmental impact assessments
* ensure investment decisions reflect the budget allocation among and within the concerned ministries
* build human capacity and streamline institutional structure in order to improve efficiency in delivery of support services and social safety net programmes
* improve outreach to target populations by devolving decision making to more local levels
* improve information systems, data quality and timeliness of information to use it for effective policy monitoring and sound investment decision making.

Its purpose is to guide and coordinate ‘fragmented’ actions from various stakeholders implementing the various programs and strategies, reconciling conflicting policies, and aligning them towards achieving common, higher-level development goals. The policy framework comprises eight priority outcome areas and 47 Strategies to achieve them, involving those Ministries already represented in KONSSANTIL, while recognising the need for public and private sector involvement. Understanding the hierarchy of priorities, policies, programs and strategic plans and their level of coherence will be a priority of this review.

Government budget allocation for nutrition is increasing but not sufficient. The Zero Hunger Action Plan approximates that US$176.0 million annually (roughly 1/10th of the General State Budget) will be required to implement the plan over ten years. However, the capacity of KONSSANTIL Ministries to implement the plan in the face of declining oil revenues and the frontloading of investments in infrastructure mean that they increasingly rely on donor support to deliver services envisaged by the Plan and the Food and Nutrition Security Policy[[9]](#footnote-9).

The Government of Australia provides on-going support to the GoTL to achieve its development goals and national development outcomes. Australia’s aid program in Timor-Leste currently has three strategic objectives: improving livelihoods, enhancing human development and strengthening governance and institutions. The program is also committed to the cross-cutting outcomes of: improved nutrition, empowering women and girls and disability-inclusive development.

Responding to recommendations from the Office of Development Effectiveness Evaluation *‘A window of Opportunity: Australian aid and child undernutrition’*, 2015, which included case studies from Timor-Leste, DFAT Timor-Leste increased and sharpened its focus on nutrition specific and nutrition-sensitive (’twin-track’) investment planning. These changes are reflected in the draft Nutrition Strategy 2017-2020 (DFAT Timor-Leste Post) which included expanding their multi-sectoral approach; better life-stage targeting; and improving the monitoring and evaluation of the nutrition effort.

Adopting the Framework for Action developed by Black et al[[10]](#footnote-10) Australia aims to work in partnership with the GoTL through promoting nutrition programming across all aid investments and supporting high-level advocacy. This means increasing multi-sectoral effectiveness and cross-sectoral collaboration through a combination of nutrition specific investments, and through addressing broader underlying causes by mainstreaming nutrition-sensitive approaches across the portfolio. Australia’s long term objective is to support the GoTL to reduce the prevalence of stunting in children aged 0-23 months[[11]](#footnote-11). The current range of initiatives aimed at achieving their nutrition goals, and which will be the main focus of this review include:

* Support to the **President’s Nutrition Program**: a high-profile national program of the Office of the H.E. the President of the Democratic Republic of Timor-Leste.
* **Technical assistance** to the National Council for Food Security, Sovereignty and Nutrition in Timor-Leste (KONSSANTIL), in key areas of Timor-Leste’s Zero Hunger Action Plan for a Hunger and Malnutrition Free Timor-Leste (PAN-HAM-TIL). KONSSANTIL is a cross-ministerial council providing oversight to the implementation of the PAN-HAM-TL.
* **Hamutuk**, a DFAT initiative bringing together a broad range of Government and Non-Government partners, through a collective action pilot, to develop and measure the impact of multisector program approach to address malnutrition.
* **TOMAK** (To’os Ba Moris Diak – Farming for Prosperity), DFAT’s first nutrition-sensitive agriculture program.
* **Nutrition sensitive programming** through the Australia Timor-Leste Partnership for Human Development (PHD) investments under the sectors of health, education, water and sanitation, along with the cross cutting issues of nutrition, gender, disability and social protection.

There is a substantial body of evidence relating to the immediate and underlying causes of undernutrition globally, and broad international consensus on the types of interventions that most effectively address it.[[12]](#footnote-12) What is less well understood is how best to design and implement workable solutions in the Timor-Leste political and social economy. This review is concerned with providing confirmation that the framework of action adopted by DFAT is the most appropriate, and the current portfolio of investments are the most relevant, with a ‘light touch’ review of the current suite of other nutrition-related activities.

# About the Review

## Purpose of the Review

Under the current DFAT Aid Evaluation Policy, the Timor-Leste country program is responsible for conducting a minimum of two evaluations per year. The Nutrition Review is one of the strategic evaluations scheduled for 2017 by the Timor-Leste country program.

While the ODE Evaluation Plan states that the Timor-Leste Nutrition Evaluation will assess the *effectiveness* of activities and approaches to inform future activities, a preliminary evaluability assessment undertaken by the Timor-Leste country program and M&E House found that as the DFAT Timor-Leste Post Nutrition Strategy has only recently been developed, and the majority of nutrition interventions are only in the early stages of implementation, it would be premature to seek data that might demonstrate effectiveness. This evaluation will therefore more appropriately take the form of a **strategic review.** The strategic reviewwill focus on whether the Australian Aid program has the right strategies in place in the current context to contribute to both reduced stunting in children 0-59 months, and to improve women’s nutrition.

The review purpose is threefold:

* to assess the current approach to nutrition programming, including the collaboration between Australia and the GoTL, identifying strengths and challenges;
* to assess the appropriateness of the range of initiatives supported by Australia, identifying potential strategic opportunities; and
* to identify improvements to the Australian Aid program nutrition related portfolio.

## Scope

This evaluation will limit its scope to current nutrition investments implemented under DFAT’s bilateral aid program in Timor-Leste. However, it is expected that the team will also consider other nutrition programs funded by other donors or GoTL as part of the review’s gap analysis.

It is likely that a targeted evaluation of the President’s Nutrition Program (PNP) will be undertaken in 2017. If available, the findings of the evaluation will contribute to the evidence base utilized by this strategic review.

The review will address two key evaluation questions relating to Relevance and to Strategy, or the Efficacy of the nutrition initiatives – refer Table 1.

* + **Relevance**: To what extent are existing initiatives relevant to the current context of under nutrition and the development priorities of the governments of Australia and Timor-Leste?
	+ **Strategy**: Do we have the right objectives and strategies? Which approaches and outcomes to improving nutrition-related indicators are most appropriate to the needs and capacity of Timor-Leste?

As there are only two questions, which are inter-related, they are of equal priority to the review in terms of effort and resources. The complete list of sub-questions and their more specific themes for inquiry are included in Table 1 below.

## Audience

Findings of the strategic review are expected to be of use to a number of audiences.

The Primary audience, or those who are expected to use the findings to make decisions are:

* **DFAT Senior managers involved in the Timor-Leste program –**  who are expected to use findings to inform discussions with the GoTL on ways forward and decisions around future investments and aid effectiveness, for example in developing the AIP (2018-2022).

The secondary audience, or those who may have an interest in or be affected by the findings are:

* **DFAT Timor-Leste activity managers** - to add to the evidence base on the value of sectoral integration, collective impact, and mainstreaming of nutrition into investments.
* **DFAT Canberra nutrition sector advisers** –toadd to their contextual understanding of nutrition issues in Timor-Leste
* **GoTL and the President’s Office** - to strengthen existing initiatives.
* **Other development partners in Timor-Leste** - to further understand the approaches taken.

# Design

Overview of the Review Methodology

This Strategic Review is predominantly concerned with making judgements about the relevance of DFAT’s strategy to address under-nutrition, and the appropriateness of the current investments through which the strategy is implemented in the Timor-Leste context. As such, the overall review method is characterised by one of information synthesis and clarification of the strategy and its proposed interventions. The approach will be broadly utilization-focused, involving close collaboration with the primary audience (DFAT Timor-Leste particularly) in determining the focus of the review, and in verifying broad learnings and contributing to the development of recommendations. The GoTL will be engaged throughout the review process, in particular, through the involvement of representatives of KONSSANTIL.

The methodology will include the following components:

1. **A document review** and synthesis of internationally recognised and evidence-based causes and good practice approaches to addressing undernutrition relevant to the Timorese context, as well as a review of documents outlining the overall policy and programing of the GoTL, the DFAT Timor-Leste program architecture and strategy for addressing undernutrition, and the designs of existing DFAT programs. Where available, progress reporting and Aid Quality Check data will be included to contribute to understanding of effectiveness. The desk review will guide selection of key informants and development of the interview guides. A list of key documents to be reviewed is included in section 12.

2. **Key stakeholder interviews** will be conducted with a range of stakeholders engaged in the sector using a purposive sampling method. DFAT and M&E House will assist in identifying initial key informants, including GoTL officials from Dili, in selected municipalities (including from frontline services); DFAT staff; Aid Investment team members; INGO/NGO program staff; Nutrition specialists from the UN and other relevant donor programs; and Private sector representatives (where relevant). Where possible, group interviews will be arranged to enable the inclusion of multiple views in a time-effective manner. If at all possible, forums/meetings in which multiple members of bodies such as KONSSANTIL at National and Municipal level are already scheduled to congregate will be utilised. Additional stakeholders will be identified as consultations progress. The indicative list of interviewees is included in Annex A. Preliminary semi-structured consultation guides have been prepared for each stakeholder group. A summary of the consultation guides have been included in Annex B. Some interviews may be done by phone in order to gain insights from stakeholders from a wider geographical area (including possibly DFAT Canberra). Interview responses will be summarised in written form to assist in the synthesis and analysis process.

3. **A site visit to two municipalities** will be included (also as part of the stakeholder interview process), where Hamutuk and TOMAK are currently working, and visiting a recipient of the President’s award.[[13]](#footnote-13) Although it is not envisaged to consult widely with the community or people directly impacted by the effects of poor nutrition[[14]](#footnote-14), where possible, community members who have had some interaction with DFAT investments will be sought. A municipal perspective will be included – with meetings with KONSSANTIL members and frontline service providers in two municipalities, in order to ground the data collection in the current decentralised reality.

4. **Data Synthesis and analysis** will take the form of arranging the largely qualitative interview and desk review data according to specific themes in order to answer the review sub-questions and key questions. Relevant quantitative data from the literature review will also be included where relevant. Analysis will be done in two steps. First a preliminary analysis will be prepared while the review team is still in Dili in preparation for presentation and discussion at a validation workshop (see below) which will assist in triangulating the data and testing the team’s preliminary ideas on recommendations. Secondly, further analysis will take place in response to input from the workshop. Table 1 provides more detail on data sources and analysis.

5. A **Validation and recommendations workshop** will be held in Dili following initial data synthesis and analysis. The review team will draft preliminary findings which will include evaluative judgements about the DFAT strategy and implementation approach. These will be presented, along with the supporting data and team observations, at a one-day workshop. Participants from GoTL, DFAT, DFAT partners and other key stakeholders will be asked to comment on and validate the preliminary findings. This will include a process for outlining recommendations jointly, which is intended to promote discussion and ownership of any improvements suggested, and potentially to enhance utilisation. These will be considered by the review team through the second process of analysis and incorporated into the final report. Final evaluative judgements will be made by the review team.

**Review Questions and Data Sources**

The following table broadly sets out the review questions, the intended data sources, and how the data will be collected and/or analysed. Those sub-questions topic areas highlighted **in bold** are of higher priority, meaning that more attention and resources will be committed to them as they are expected to provide the most important sources of information.

Table 1 Nutrition Evaluation Questions

| **Key Evaluation Questions (KEQs) and Sub Questions** | **Sub-question topic areas and themes to guide data collection** | **Methods / Information Sources** | **Output** |
| --- | --- | --- | --- |
| **KEQ 1 – Relevance**: To what extent are existing initiatives relevant to the current context of under nutrition and the development priorities of the governments of Australia and Timor-Leste? |
| **Sub-Questions** |
| 1.1 What are the identified priorities in improving the nutrition situation in the current context in Timor-Leste?(Focus: this is about stated priorities according to real needs in TL, and the extent to which there is coherence on what these should be)  | * **What do the most current documents and GoTL policies say are main priorities to be addressed, and** **is there policy coherence on these?**
* To what extent is there coherence with DFAT priorities, and those of other development partners?
* To what extent to these priorities align with global consensus on the drivers of malnutrition
 | * Document Review
* Key Stakeholder Interviews
 | * Priorities/strategy matrix
* Findings report to include analysis of the key priorities for action on nutrition according to GoTL, DFAT, other development partners, their level of concurrence with global consensus of the drivers, and the level of prominence they are given in the overall development context.
 |
| * **What level of prominence is given to addressing undernutrition priorities given by GoTL among the many other competing development challenges?**
 | * Media analysis/electioneering period data (if available)
* GoTL Budget analysis (if available)
 |
| 1.2 How does the current DFAT nutrition strategy and initiatives align with these priorities, and the priorities of the GOTL? (Focus: this is about stated program architecture to address priorities) – both GoTL and DFAT – and how they align) | * How are the nutrition priorities of GoTL and DFAT reflected in their respective current programming?
* How well do the current DFAT nutrition initiatives align with the overall Australian Aid program priorities?
* **How well do the current DFAT nutrition initiatives align with GoTL programming?**
 | * Document Review:
* Key Stakeholder Interviews
* Mini-Theory of Change/program mapping workshop
* Validation/Recommendation workshop
 | * Priorities/strategy matrix
* Findings report to include a description of programing and how GoTL/DFAT expect to address priorities – analyzing the degree of alignment
 |
| 1.3 How appropriate are the mixture of modalities used to achieve the intended outcomes? (Focus: this is about actual aid delivery modalities in DFAT’s program architecture *–* Bi-lateral Aid, multi-lateral programs, through ANC, Direct budget support, Technical Assistance, Other? | * What are the main ‘ways of working’ DFAT is utilizing to achieve its nutrition strategy outcomes?
* How are other major donors/stakeholders delivering their nutrition-related assistance, and through what type of programming?
* **How does GoTL view the appropriateness of the aid delivery mechanisms modalities used by DFAT vis-à-vis other options?**
 | * Document Review:
* Key Stakeholder Interviews
 | * Matrix of current DFAT programs and their delivery modality
* Findings report to include a discussion on the strengths / weaknesses of the modalities used
 |
| 1.4 To what extent are Australia’s current initiatives adding value to the GOTL’s nutrition and food security agenda?(Focus: This is about what benefits the overall DFAT program bring to GoTL’s nutrition ambitions) | * **How has success been defined for Australian Aid’s nutritional outcomes, and how is it being measured under the current monitoring arrangements?**
* **To what extent is the Aid program contributing to overall efforts to address undernutrition** (*estimated % of overall nutrition spending budget – if available)* what key roles is the Australian Aid program playing that would otherwise not be being addressed? – according to GoTL/other major donors
* How important has Australia’s contribution been? – according to GoTL
 | * Document Review:
* Key Stakeholder Interviews
* Validation/Recommendation workshop
 | * Findings report to include description of DFATs overall nutrition program objectives, the extent of their likely contribution to GoTL’s nutrition goals, and an analysis of its overall value according to GoTL and other major donor perspectives (*NB not a value-for-money analysis*)
 |
| **KEQ 2 – Strategy**:Do we have the right objectives and strategies? Which approaches and outcomes to improving nutrition-related indicators are most appropriate to the needs and capacity of Timor-Leste? |
| **Sub-Questions** |
| 2.1 Are there lessons/good practice examples from other similar countries that could inform strategic approaches? (Focus: This should build on the global consensus on causes (above) to build on the global consensus on appropriate responses, and how DFAT’s strategy compares. | * What does the literature from international examples say is effective in countries with similar nutrition challenges and characteristics?
* **How well does the approach and strategies adopted by DFAT align with good practice/global evidence?**
* Are there approaches/strategies that have not been adequately explored in Timor-Leste to date?
 | * Document Review:
* Key Stakeholder Interviews
 | * Findings report to include analysis of global consensus on effective approaches / strategies and a comparison to the approach and strategy of the DFAT program
 |
| 2.2 How appropriate is DFAT’s mainstreaming / multi-sectoral approach to nutrition? (Focus: This should compare DFAT’s approach to mainstreaming with international good practice, as well as assessing whether it is complementary to or detracts from a multi-sector approach that has geographical convergence  | * How is the ‘twin track’ approach (nutrition specific v nutrition sensitive investments) being implemented through multi-sectoral convergence or mainstreaming by DFAT?
* **How effective is the combination of this approach?**
* How are the outcomes of the mainstreaming approach in particular being monitored and reported in nutrition sensitive programing? (Are nutrition specific/sensitive objectives sufficiently integrated into program designs? Is it attempting to measure nutrition or food security outcomes?)
* **Is DFAT support to KONSSANTIL effective beyond the national level, i.e. at the district level, where decentralized frontline services are implemented?**
* What are the complementarities across DFAT’s program areas, and can the linkages be strengthened?
 | * Document Review:
* Key Stakeholder Interviews
* Mini-Theory of Change/program mapping workshop
* District site visits
 | * Findings report to include analysis of the effectiveness of mainstreaming v multi-sectoral, geographic convergence
 |
| 2.3 Are the gendered and vulnerability dimensions of improving nutritional status adequately addressed in the current portfolio?(Focus: Is the strategy and programming doing everything possible to address undernutrition in a sufficiently equitable manner?) | * What are the gendered/vulnerability dimensions of undernutrition in Timor-Leste?
* **How are the gendered/vulnerability dimensions addressed through current programming – both gender specific and gender sensitive?**
* Are the gendered/vulnerability dimensions of nutritional programming outcomes – both gender specific and gender sensitive - being adequately monitored?
 | * Document Review:
* Key Stakeholder Interviews
* Validation/Recommendation workshop
 | * Findings report to include analysis of the extent to which gender, poverty and disability are addressed in current programming and their outcomes monitored and reported
 |
| 2.4 What are the strengths of the existing nutrition initiatives in Timor-Leste, including those of other donors/partners? | * What are the design aspects that contribute most effectively to achieving sustainable progress on outcomes?
* **Is the delivery strategy and approaches to achieving nutrition outcomes contributing to GoTL ownership/collaboration? OR to what extent is the DFAT strategy supporting the GoTL to implement their policy and plans, or are they implementing their own agenda in parallel?**
* Is the delivery strategy and approaches to achieving nutrition outcomes contributing to Civil Society/Beneficiary ownership/collaboration?
 | * Document Review:
* Site visits to select DFAT initiatives
* Key Stakeholder Interviews
* Validation/Recommendation workshop
 | * Findings report to include analysis of the strengths of current programing in particular, on how it fosters good collaboration and adheres to effective aid principles
 |
| 2.5 To what extent are, or can initiatives supported by Australia contribute to learning across the nutrition and food security sector in Timor-Leste. | * How do current initiatives collect and share lessons from their own programming?
* How does DFAT collect and share these lessons cross-program and more broadly? Are there specific learning fora/platforms utilized presently?
* **What are the current strengths and barriers to cross sector learning?**
 | * Document Review:
* Key Stakeholder Interviews
* Validation/Recommendation workshop
 | * Findings report to include an analysis of the extent to which DFAT supports cross-program learning on approaches to addressing malnutrition and their outcomes, and how these might be strengthened
 |
| 2.6 What are the relevant gaps and overlaps in the current portfolio (design, technical assistance and service delivery) that could be addressed in future programming? | * **Are there important nutrition-related priorities that are not currently being addressed in the current portfolio of activities – especially from the point of view of the GoTL?**
* Are there specific design weaknesses that are hampering/likely to hamper the achievement of outcomes in existing investments?
* Are there specific weaknesses in the current delivery strategy/modalities that are likely to hamper delivery of outcomes?
* What are the possible solutions to addressing these gaps?
 | * Document Review:
* Key Stakeholder Interviews
* Synthesis and analysis of all data
* Validation/Recommendation workshop
 | * Findings report to include a gap analysis, perhaps in matrix form, and a set of recommendations for addressing them
 |
| 2.7 To what extent can initiatives supported by DFAT be taken to scale, or contribute to nutrition-related programming at scale? | * Does the GoTL plan to scale-up programs
* Where there is ample global evidence for scaling-up, will a series of small-scale research interventions be done?
* **What are thought to be the main constraints / enablers to scaling up of GoTL activities in nutrition?**
* What are the main constraints / enablers to scaling up DFAT initiatives?
 | * Document Review:
* Key Stakeholder Interviews
* Synthesis and analysis of all data
* Validation/Recommendation workshop
 | * Findings report to include a discussion on advisability of scaling-up and on constraints and enablers to scaling up DFAT nutrition initiatives
 |

# Duration and schedule of the Review

The expected period of the strategic review is from July 2017 to end of October 2017 – refer Table 2 for the proposed schedule. While there may be some flexibility with the timing, the final report must be submitted by early November 2017, to allow for final editing and publication by December 2017.

Table 2 Proposed Review schedule

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tasks** | **No. of days** | **Month** | **Evaluation Team Leader** | **Int'l Nutrition Specialist** | **National Consultant** | **Editor** |
| Conduct a desk review of relevant documents (National Consultant read of document review - 2 days) | 16 | End July – early August | 8 | 7 | 1 |   |
| Develop and finalise review plan | 6 | Early August (4th August) | 3 | 3 |   |   |
| In country: briefing meetings, key stakeholders interviews, any field visits. Draft case studies. Includes travel days for 2 international consultants | 39 | mid - end August (13th - 25th August) - travel to TL on 13th August | 14 | 14 | 10 | 1 |
| In country: Preparation for, and holding a validation workshop for stakeholders to review the evidence, validate the findings and provide input to recommendations. | 13 | from 26th to 30th August - Verification workshop on 29th August - travel to Australia on 30th Aug | 5 | 5 | 3 |   |
| Write and submit the draft report | 16 | Sept - propose Eval team submit draft report to MEH by 22nd Sept. | 8 | 6 |  | 2 |
| Write and submit the final report, Produce information sheet, summary | 7 | October - Eval team submit final by 6th November | 3 | 2 |   | 2 |
|  | 97 |  | 41 | 37 | 14 | 5 |

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# Limitations and Constraints

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| --- |
| Whilst the review is only addressing 2 key evaluation questions, the time in-country is relatively short – in particular, the time allocated to data analysis and preliminary finding development prior to the workshop in Dili. There have been several recent consultation processes surrounding the issue of Nutrition in Timor-Leste, including one earlier in 2017, which reviewed Timor’s approach to achieving SDG2 (launched in May 2017). This involved extensive consultations in March and a workshop attended by many key people in the sector. It is expected that many of these participants will also be consulted for this Review. While this is potentially a strength, there may be some reluctance from these individuals to contribute their time and views to yet another round of consultations on similar issues.The risk plan in section 10.3 provides an outline of additional risks, and how these will be managed.  |

# Reporting and publication

Reporting will follow standard DFAT reporting requirements and adhere to Standard 6 of the DFAT Monitoring and Evaluation Standards (April 2017). As this review is required to be published in accordance with DFAT’s Transparency Charter and ODE’s evaluation policy, additional editing expertise has been included to ensure the final report is of a high quality.

The draft Report will be submitted to M&E House by the 22nd September (max 25 pages in length, excluding annexes). M&E House will review the document, liaise with the review team if needed and submit the draft review to the DFAT Steering Committee by the 29th September (latest). The DFAT Steering Committee will provide feedback on the report, and M&E House will coordinate this feedback to the review team by 20th October. The review team will make final changes and submit to M&E house. M&E House will undertake any final editing and plan to submit the final report to DFAT by 6 November 2017 in order for DFAT Timor-Leste to provide a management response, which will be included in the final publication prior to the end of December.

# Team Composition and tasks

The Review team is comprised of:

|  |  |  |
| --- | --- | --- |
| **Position** | **Primary tasks** | **Deliverables** |
| Team Leader and M&E Specialist - Ms Helen Moriarty | **The main content area of responsibility will be GOTL and DFAT nutrition policy priorities, strategy and initiatives and their alignment** Lead and direct the evaluation process and team, including allocating tasks among team members * Lead development of a detailed review plan

based on a document review * Guide data collection and conduct key informant interviews as required.
* Guide the data analysis process, and contribute to interpreting and analyzing data in collaboration with the team
* Developing preliminary findings and recommendations in collaboration with the team for presentation at the validation workshop
* Plan and facilitate the validation workshop in collaboration with the nutrition adviser.
* Liaise with M&E House on operational and logistic issues and seek guidance as necessary
* Lead the drafting and finalization of evaluation report.
 | * Draft and final Review Plan
* Preliminary findings and other data for presentation at the workshop
* Draft and final report, including stakeholder comments
 |
| International Nutrition Expert - Dr. Ian Darnton-Hill  | **The main content area of responsibility will be GOTL and other donor nutrition policy priorities, strategy and initiatives and their cohesion with global good practice, including how DFAT’s policy and strategy aligns** Contribute to the development of a detailed review plan based on a document review * Collection data and conduct key informant interviews as required
* Contribute to interpreting and analyzing data in collaboration with the team
* Developing preliminary findings and recommendations in collaboration with the team for presentation at the validation workshop
* Plan and co-facilitate the validation workshop in collaboration with the team.
* Contribute to the drafting and finalization of relevant sections of the evaluation report.
 | * Draft and final Review Plan
* Preliminary findings and other workshop products
* Draft and final report, including stakeholder comments
 |
| National Evaluation Consultant – Mr. Agustinho Caet | * Provide advice and support the Evaluation Team Leader, and the Nutrition Specialist
* Assist in contacting key stakeholders and arranging interviews
* Support identification and collection of any key documents for the review, and providing analysis as agreed with the TL/Nutrition Adviser
* With the team conduct key informant interviews
* Support the interpretation and analysis of information from various sources, with particular guidance on the Timor-Leste context.
* Support the team in conducting the validation workshop
* Provide written input as directed by the Evaluation Team Leader
 | * Document analysis as agreed with the TL/Nutrition Adviser
* Written interview summaries
* Workshop products as required
 |

# Project Management

## Communications Protocols and Governance Arrangements

Given the short duration of the Review process, it is not envisaged that regular updates on progress will be required, unless otherwise agreed.

Key points of contact in M&E House are Keryn Clark, and Myra Navarro Mukii as the initial points of contact.

Key points of contact in Clear Horizon are Helen Moriarty, and Byron Pakula as a second focal point.

Key points of contact for DFAT are Regan Field and Claire Chivell (and the Steering Committee)

## Ethical considerations

It is not intended that interviews will be recorded as there will be limited time for transcription, however, where individual team members need to resort to recording interviews, permission will be sought from interviewees, recordings de-identified, and stored by the team in accordance with ethics standards as defined by The Australasian Evaluation Society of which Clear Horizon is a member. Interview data used in the analysis will also be de-identified – both in the analysis and reporting phase (including where illustrative quotes are used).

It is not intended that children will be interviewed for this review.

## Risk Plan

|  |  |  |
| --- | --- | --- |
| Risk/limitation/constraint | Likely Effect on Review | How it will be managed |
| Key stakeholders may not be available for consultations during the in-country visit | Limited data from the right people to draw on | M&E House will commence arrangement of interview times two weeks prior to the visit to maximise the likelihood of availability / seek alternative representatives in consultation with DFAT |
| Key stakeholders may not be available to attend the validation/recommendations workshop | Limited data validation, weak input to recommendations | M&E House will invite participants at least one week prior to the workshop date.  |
| Data analysis prior to the workshop may not be sufficiently advanced to develop credible findings,  | Only ‘lessons’ which are already well known and do not contribute to additional understanding / fresh perspectives will be presented | Data analysis will need to be ongoing, with regular team meetings to discuss emerging findings. The workshop will spend time with participants to analyse available data together to refine findings. |
| Key Stakeholders may be experiencing ‘consultation fatigue’ around nutrition issues. | Key Stakeholders may be unwilling to participate in interviews | Interviews will follow strict consultation guidelines and be short in duration. Participants will be advised of the expected time required and topic areas. |

# Key Documents

The following key documents will be provided to the Evaluation Team at the commencement of the assignment:

**GoTL Documents**

* Government of Timor-Leste National Food and Nutrition Security Policy, Jan 2017
* Ministry of Health Nutrition Strategy, 2014 - 2019
* Zero Hunger Action Plan (KONSSANTIL), 2014
* KONSSANTIL Revised Statues, Structure and Functions, April 2017 (powerpoint presentation)
* Nutrition in Timor-Leste - MoH, UNICEF infographic
* TL Strategic Plan 2011 – 2030

**DFAT TL Strategy Documents**

* Aid Investment Plan – Overview
* Aid Investment Plan 2015-2019
* Nutrition Strategy, Australian Embassy Timor-Leste (Draft –2017-2020 – NOT FOR CIRCULATION)

**DFAT TL Investment Documents**

* Hamutuk, Strategy Document (March 2016),
* Hamutuk MELF (draft only)
* Hamutuk IAG (when available)
* TOMAK, Design Document and Guiding Program Strategy
* TOMAK Annual Plan
* TOMAK MELF
* TOMAK progress report (if available) & IAG reports (Sept 16, Apr 17)
* SBC strategy – still draft
* NSA Operational Guide – still draft
* President’s Nutrition Program, Design Document/Concept paper (if available)
* President’s Nutrition Program report(s) (if available)
* Program for Human Development, Design Document
* Draft nutrition MELF (this will be draft version by 7 August)
* PHD Progress report (if available)
* TOR Nutrition and Food Security Specialist

**Timor-Leste specific nutrition studies**

* Household Food and Nutrition Security in Timor-Leste (Patrick Webb, April 2013)
* Centre of Studies for Peace and Development (CEPAD) Timor-Leste and Johns Hopkins University (2017). Timor-Leste Strategic Review: Progress and success in achieving Sustainable Development Goal 2.
* Roundtable Dialogue on Nutrition and Food Security Mapping the Underlying Drivers of Malnutrition in Timor-Leste (Nov 2016
* Malnutrition in Timor-Leste: a review of the burden, drivers and potential response (WB) 2017
* Measuring Undernutrition among young children in Timor-Leste 2016 (Monash University)
* Food security in Timor-Leste through crop production 2016 (ACIAR)
* President’s Nutrition and Food Security Roundtable Dialogue II – 2017 (presentations)

**Gender Dimensions- TL**

* Asian Development Bank Timor-Leste Gender Strategy, 2016 – 2020
* The Asia Foundation, 2015 Beyond Fragility and Inequity, Women’s Experiences of the Economic Dimensions of Domestic Violence in Timor-Leste, Nabilan
* The Asia Foundation, 2016 Understanding Violence against Women and Children in Timor-Leste:

 Findings from the Nabilan Baseline Study

* TOMAK- Gender Equity and Social Inclusion Analysis, February 2017

**Global Nutrition-related reports and seminal articles**

* ODE (April 2015) A window of opportunity: Australian aid and child undernutrition.
* ODE (2014) Addressing child undernutrition: evidence review
* Black RE, Victora CG, Walker SP et al. for the Maternal and Child Nutrition Study Group. 2013. Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet* 382:427-451.
* Bhutta ZA, Dasd JK, Rizvi A et al. for The Lancet Nutrition Interventions Review Group, the Maternal and Child Nutrition Study Group. 2013. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *Lancet* 382:452-477.
* Bryce J, Coitinho D, Darnton-Hill I, Pelletier D, Pinstrup-Andersen P for the

Maternal and Child Undernutrition Study Group. 2008. Maternal and child undernutrition: effective action at national level. *Lancet* 371:510-26.

* International Food Policy Research Institute. 2015. *Global Nutrition Report 2015: Actions and Accountability to Advance Nutrition and Sustainable Development*. Washington, DC. 2016. *Global Nutrition Report 2016: From Promise to Impact: Ending Malnutrition by 2030*. Washington, DC.
* Scaling Up Nutrition (SUN) Movement secretariat. 2015, SUN Movement Strategy and Roadmap 2016-2020
* Pelletier, L et al, 2011, ‘Nutrition agenda setting, policy formulation and implementation: lessons from the Mainstreaming Nutrition Initiative’*,* *Health Policy and Planning* 2011; 1-13
* Gillespe, S and van den Bold, M. 2015, Stories of Change in Nutrition – A Tool Pool, International Food Policy Research Institute (IFPRI), Poverty, Health, and Nutrition Division, Washington, DC.
* Pelto, G. et al The focused ethnographic study ‘assessing the behavioural and local market environment for improving the diets of infants and young children 6 to 23 months old’ and its use in three countries, *Maternal and Child Nutrition,* 2012 Blackwell Publishing Ltd Maternal and Child Nutrition (2013), 9 (Suppl. 1), pp. 35–46
* Ruel MT, Aldeman H, the Maternal and Child Nutrition Study Group. 2013. Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? *Lancet* 382: 536–51
* Levinson, F. James, and Yarlini Balarajan, ‘Addressing Malnutrition Multisectorally: What have we learned from recent international experience?’, UNICEF Nutrition Working Paper, UNICEF and MDG Achievement Fund, New York, August 2013
* World Bank, Improving Nutrition through Multisectoral Approaches, 2013, IBRD/WB
* Adair LS, Fall CHD, Osmond Cet al. for the COHORTS Group. 2013. Associations of linear growth and relative weight gain during early life with adult health and human capital in countries of low and middle income: findings from five birth cohort studies. *Lancet* 382: 525–534.
* Webb P, Nishida C, Darnton-Hill I. 2007. Age and gender as factors in the distribution of

global micronutrient deficiencies. *Nutrition Rev* 65:233-45.

Contact Information

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Disclaimer

*This report has been prepared by M&E House for the Australian Government Department of Foreign Affairs and Trade (DFAT). M&E House is implemented by GHD Pty Ltd., in a practical association with Clear Horizon Pty Ltd. GHD disclaims responsibility to any person other than DFAT arising in connection with this report. GHD also excludes implied warranties and conditions, to the extent legally permissible. The services undertaken by M&E House in connection with preparing this report were limited to those specifically detailed in the report and are subject to the scope limitations set out in the report. The opinions, conclusions and any recommendations in this report are based on conditions encountered and information reviewed at the time of preparation of the report. M&E House has no responsibility or obligation to update this report to account for events or changes occurring subsequent to the date that the report was prepared.*

Document Status

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| Version nO. | DESCRIPTION OF VERSION | aUTHOR | rEVIEWER | aPPROVED BY | sIGNATURE | dATE Reviewed |
| 1 | Draft | Helen Moriarty | Keryn Clark | *Kr* |  | 5th August 2017 |
|  |  |  |  |  |  |  |

# Annexes

## Annex A Stakeholder groups for consultation

|  |  |  |
| --- | --- | --- |
| Stakeholder group | Organisation | People/Position (to be confirmed) |
| **A. GOTL (Prime Minister’s Office and senior Ministry Representatives (non KONSSANTIL members) – Perspectives on National priorities, actual resourcing, what is/isn’t effective, value of DFAT’s program and fit with national priorities** | Office of the Prime MinisterHealth Ag and FisheriesPublic WorksEducation |  |
| **B KONSSANTIL National - Perspectives on National priorities, actual resourcing, what is/isn’t effective, value of DFAT’s program and fit with National priorities, role and function, barriers and enablers, progress to date**  | Available members (interview as a group)Any KONSSANTIL members who also have responsibility for the TL Strategy Plan 2011-2030, / Food and Nutrition Security Policy implementation; possible private sector representative |  |
| **C. KONSSANTIL Municipal - Perspectives on District priorities, actual resourcing, what is/isn’t effective, value of DFAT’s program, role and function, barriers and enablers, progress to date** | Available members (interview as a group)MoH MAF  |  |
| **D. DFAT Dili - Perspectives on DFAT’s priorities in nutrition, fit with GoTL priorities, perceived gaps in programming, cross-program learning culture**  | Ambassador Nutrition AdviserNutrition Program ManagerRural Development First SecretaryHuman Development Group – Counsellor and First Secretary.Canberra Nutrition Adviser |  |
| **E. DFAT investment advisers/key staff - Nutrition goals of individual programs, how they are monitored, strengths and weaknesses perceived gaps in programming, cross-program learning culture, ideas for improvements** | HamutukTOMAKPHD – Team Leader, Deputy Team Leader and relevant sector leads/staff – Nutrition, Health, WASH, Gender, Disability Inclusion, Education, SP. President’s Nutrition Program - secretariatKey IAG/MRG members. |  |
| **F. International/National Non-government Organisations and other donor programs - perceptions of GoTL priorities in Nutrition and policy coherence, DFAT’s value add, which approaches are/are not effective in Timor, perceived needs and gaps in programming, cross-program learning culture** | Mercy CorpsCRSWorld VisionHiam HealthWater AidWFPUNICEFFAOWHOEuropean CommissionKoica (Korea)Other Key Informants – Rob Williams, Marion Kelly, Dr David Brewster, Dr Ingrid Bucens. |  |

## Annex B Consultation guide

Introductory text

The Australian Department of Foreign Affairs and Trade is undertaking a review of the contribution it makes to addressing the issue of under-nutrition in Timor-Leste. As their nutrition strategy is still being developed, DFAT is taking this opportunity to take a more strategic view of how they are working with the GoTL to further its own goals to end hunger and improve nutrition outcomes. We are particularly interested in the strengths and weaknesses of DFAT’s current approach, and how their strategy might be strengthened. As part of this review process, the Review Team is consulting with a number of stakeholders involved in nutrition programming: Government, DFAT initiatives, INGO and NGOs, the UN and other donor programs.

We have selected you to be part of our consultations as you have relevant experience in nutrition-related activities in Timor-Leste, and we would like to draw on your experience and opinions to inform this review. We will be using your responses to our questions to help us shape the findings, and to make sure your views are included in considering the recommendations.

Your participation in this consultation is voluntary. We will not be identifying you by name, or associating quotes to individuals consulted in the published review report.

Group A. Government of Timor-Leste

Prime Minister’s Office

1. Can you tell us about the biggest achievements of GoTL in contributing to Timor-Leste’s development 17 years on from Independence?
2. What do you understand the biggest challenges to addressing nutrition to be?
3. How is the challenge of under-nutrition currently being addressed by GoTL?
4. Who was mostly responsible for developing the strategy/plan being most actively implemented?
5. Thinking of your main strategy/plan, how does the GoTL ensure the priority policies and strategies are translated into actual programs and activities that each Ministry funds?
6. Thinking about the main strategies most actively being implemented, can you describe how they are being monitored? (i.e. do we know if there has been concrete progress since the Comoro Declaration?)
7. Overall, what level of priority does the GOTL give to addressing malnutrition / food security compared to the many other development priorities?
8. Is your office able to tell us roughly what % of the overall budget allocated to nutrition specific/sensitive initiatives is contributed by Australia?
9. Are there specific priorities in the key GoTL policies/plans/strategies that are not currently being adequately addressed (i.e. of those considered to be major barriers to progress)?
10. Since the Comoro Declaration, what have been the main areas of your strategy easiest to address/most successful?
11. How would you describe DFAT’s role in assisting you in implementing your vision? Prompt for:
12. Do you have any other thoughts on how DFAT could support your nutrition goals more effectively?

 Ministry Representatives (non KONSSANTIL members)

1. Can you tell us about the biggest achievements of your Ministry in contributing to Timor-Leste’s development 17 years on from Independence?
2. What do you understand the biggest challenges to addressing nutrition to be?
3. How is the challenge of under-nutrition currently being addressed by your Ministry?
4. Do your extension staff/officers promote improved nutrition knowledge / behavior as part of their routine work?
5. Thinking of your main strategy/plan, how does the GoTL ensure the priority policies and strategies are translated into actual programs and activities that your Ministry funds?
6. Thinking about the main strategies most actively being implemented, can you describe how they are being monitored? (i.e. do we know your Ministry has been making concrete progress on nutrition since the Comoro Declaration?)
7. Overall, what level of priority does the GOTL give to addressing malnutrition / food security compared to the many other development priorities?
8. Are there specific priorities in the key GoTL policies/plans/strategies that are not currently being adequately addressed (i.e. of those considered to be major barriers to progress)?
9. Since the Comoro Declaration, what have been the main areas of your strategy easiest to address/most successful?
10. How would you describe DFAT’s role in assisting you in implementing your vision?
11. Do you have any other thoughts on how DFAT could support your nutrition goals more effectively?

Group B Government of Timor-Leste KONSSANTIL Members – National

1. How would you describe the nutrition situation in Timor-Leste?
2. What do you understand the biggest challenges to addressing nutrition to be?
3. How is the challenge of under-nutrition currently being addressed by GoTL?
4. Who was mostly responsible for developing the strategy/plan being most actively implemented?
5. Thinking of KONSSANTIL’s main strategy/plan, how does KONSSANTIL ensure the priority policies and strategies are translated into actual programs and activities that each Ministry funds?
6. Thinking about the main strategies most actively being implemented, can you describe how they are being monitored? (i.e. do we know if there has been concrete progress since the Comoro Declaration?)
7. Overall, what level of priority do you think the GOTL gives to addressing malnutrition / food security compared to the many other development priorities?
8. Are there specific priorities in the key GoTL policies/plans/strategies that are not currently being adequately addressed (i.e. of those considered to be major barriers to progress)?
9. What does KONSSANTIL see as being the major ways the more vulnerable members of society are impacted differently by undernutrition?
10. Since the Comoro Declaration, what have been the main areas of KONSSANTIL’s work easiest to address/most successful?
11. How would you describe DFAT’s role in assisting you in implementing your vision?
12. Do you have any other thoughts on how DFAT could support your nutrition goals more effectively?

Group C KONSSANTIL Members – Municipal and Frontline Service Providers

1. How would you describe the nutrition situation in Timor-Leste?

1. How would you describe the nutrition situation in your Municipality?
2. What do you understand the biggest challenges to addressing nutrition to be?
3. How is the challenge of under-nutrition currently being addressed by GoTL?
4. Who was mostly responsible for developing the strategy/plan being most actively implemented?
5. Thinking of KONSSANTIL’s main strategy/plan, how does KONSSANTIL ensure the priority policies and strategies are translated into actual programs and activities that each Ministry funds?
6. Thinking about the main strategies most actively being implemented, both nationally and at the municipality levels, can you describe how they are being monitored? (i.e. do we know if there has been concrete progress since the Comoro Declaration?)
7. Overall, what level of priority do you think the GOTL gives to addressing malnutrition / food security compared to the many other development priorities?
8. Are there specific priorities in the key GoTL policies/plans/strategies for nutrition that are not currently being adequately addressed (i.e. of those considered to be major barriers to progress)?
9. What does KONSSANTIL see as being the major ways the more vulnerable members of society are impacted differently by undernutrition?
10. Since the Comoro Declaration, what have been the main areas of KONSSANTIL’s work easiest to address/most successful?
11. How would you describe DFAT’s role in assisting you in implementing your vision?
12. Do you have any other thoughts on how DFAT could support your nutrition goals more effectively?

Frontline Service Providers

1. How would you describe the nutrition situation in Timor-Leste?
2. How would you describe the nutrition situation in the area that you are responsible for?
	1. Is the nutrition situation improving overall in your area or becoming more urgent?
3. What are the programs you are responsible for? How do they impact on the nutritional well-being of your community?
4. Do your extension staff/officers promote improved nutrition knowledge / behavior as part of their routine work?
5. What do you understand the biggest challenges to addressing nutrition to be?
	1. Is there anything specific to the Timor situation that creates unique challenges, or calls for a unique approach?
	2. Is there anything specific to the situation in your Municipality that creates unique challenges, or calls for a unique approach?
	3. How does the problem of under-nutrition compare to all the other challenges?
6. What is your understanding of the GOTL’s priorities for addressing undernutrition? How do these priorities fit with the priorities of your NGO/Program?

What other things do you think the GoTL and Municipalities need to focus more on? Where you could use more help to effectively carry out your work?

Group D. DFAT Dili

Part A: DFAT views on GoTL’s nutrition priorities

1. What do you / DFAT understand to be the biggest challenges to addressing nutrition in TL?
2. How is the challenge of under-nutrition currently being addressed by GoTL?
3. Who was mostly responsible for developing the strategy/plan being most actively implemented?
4. How well does the GoTL ensure the priority policies and strategies are translated into actual programs and activities that each Ministry funds?
5. Thinking about the main strategies most actively being implemented, can you describe how they are being monitored by GoTL? (i.e. do they know if there has been concrete progress since the Comoro Declaration?)
6. Overall, what level of priority do you think the GOTL gives to addressing malnutrition / food security compared to the many other development priorities?

Part B: DFAT views on DFAT’s Response to GoTL nutrition priorities

1. How is DFAT programming responding to the priority strategy/plans of the GOTL for addressing nutrition?

1. Can you expand on DFAT’s strategy of implementing both nutrition specific and nutrition sensitive approaches? (this may be explored more through a facilitated mini-ToC/program mapping workshop)
2. Can you describe the modalities through which DFAT is providing its support through this strategy?
3. What support does DFAT provide to KONSSANTIL at the National level?
4. What support does DFAT provide to KONSSANTIL at the Municipal level?
5. What does DFAT see as being the major ways the more vulnerable members of society are impacted differently by under-nutrition?
6. How does/will DFAT monitor and measure the success of its nutrition outcomes?
7. How does DFAT facilitate the collection and sharing of lessons from its different initiatives?
8. Does DFAT have a role in producing and disseminating information / outcomes from its nutrition programming with other stakeholders in Timor?
9. What do you see as the main strengths of DFAT’s current nutrition strategy? Prompt for:
10. What do you see as the main weaknesses of DFAT’s current nutrition strategy?
11. What changes could be made to improve the likelihood of DFAT achieving nutrition outcomes in its overall portfolio?
12. Do you have any thoughts or suggestions on scaling-up your programs?

Group E. DFAT – Investments/Implementing Partner Team Members

Part A: DFAT initiative team members views on GoTL’s nutrition priorities

1. What do you / your program understand to be the biggest challenges to addressing nutrition in TL?
2. How is the challenge of under-nutrition currently being addressed by GoTL? Prompt for:
3. How well does the GoTL ensure the priority policies and strategies are translated into actual programs and activities that each Ministry funds?
4. Overall, what level of priority do you think the GOTL gives to addressing malnutrition / food security compared to the many other development priorities?

Part B: DFAT initiative team member views on their program’s response to GoTL nutrition priorities

1. How is DFAT programming responding to the priority strategy/plans of the GOTL for addressing nutrition?

1. Can you explain how your program is approaching improving nutrition outcomes?
2. What do you / your program see as being the major ways the more vulnerable members of society are impacted differently by undernutrition?
3. How does/will your program monitor and measure the success of its nutrition outcomes?
4. Does DFAT facilitate the collection and sharing of lessons from its different initiatives?
5. What do you see as the main strengths of the way your program is being delivered?
6. What do you see as the main weaknesses of the way your program is being delivered??
7. What changes could be made to improve the likelihood achieving nutrition outcomes in your program?
8. Do you have any thoughts or suggestions on scaling-up your programs?

Group F. International NGOs, National NGOs, UN agencies, other donors, other key informants.

Part A: Views on GoTL’s nutrition priorities

1. What do you / your program understand to be the biggest challenges to addressing nutrition in TL?
2. How is the challenge of under-nutrition currently being addressed by GoTL?
3. How well does the GoTL ensure the priority policies and strategies are translated into actual programs and activities that each Ministry funds?
4. Overall, what level of priority do you think the GOTL gives to addressing malnutrition / food security compared to the many other development priorities they are faced with?

Part B: Views on their own organisation’s Response to GoTL nutrition priorities

1. Can you explain how your program is approaching improving nutrition outcomes?
2. What do you / your program see as being the major ways the more vulnerable members of society are impacted differently by undernutrition?
3. How does/will your program monitor and measure the success of its nutrition outcomes? Prompt for:

Part C: Views on DFAT’s Response to GoTL nutrition priorities

1. What is your understanding of the way DFAT’s /Australia is responding to the priority strategy/plans of the GOTL for addressing nutrition? Prompt for:
2. What do you see as the main strengths of the way DFAT is addressing nutrition in TL?

1. What do you see as the main weaknesses of the way DFAT is addressing nutrition in TL?
2. Does DFAT have a role in producing and disseminating information / outcomes from its nutrition programming with other stakeholders in Timor?
3. Do you have any recommendations for DFAT’s future role and area of focus in addressing nutrition?
1. National Statistics Directorate Timor-Leste, Ministry of Finance Timor-Leste, ICF Macro Timor-Leste. Demographic and Health Survey 2009-10. Dili, Timor-Leste. (TLDHS 2009-10) [↑](#footnote-ref-1)
2. Ministry of Health Timor-Leste, UNICEF and the Australian Department of Foreign Affairs and Trade (DFAT). Timor-Leste Food and Nutrition Survey 2013. Dili, Timor-Leste. (TLFNS 2013) [↑](#footnote-ref-2)
3. TLDHS 2009-10. Note that this was in women of reproductive age 15-49 years. [↑](#footnote-ref-3)
4. TLFNS 2013. Note that this was in women of reproductive age 15-60 years. [↑](#footnote-ref-4)
5. UNICEF-WHO-The World Bank: Joint Child Malnutrition Estimates <http://www.who.int/nutgrowthdb/estimates/> [↑](#footnote-ref-5)
6. The TLFNS 2013 (p.37) found that the prevalence of anaemia in children aged 5-59 months was 62.5% unadjusted for elevation and 63.2% adjusted for elevation. In terms of public health significance, the World Health Organization classifies anaemia as representing a ‘severe’ public health problem if it is equal to or more than 40%. Nutrition Landscape Information System, Interpretation Guide, WHO. http://www.who.int/nutrition/nlis/ [↑](#footnote-ref-6)
7. WHO, National Survey for Non-Communicable Disease risk factors and injuries using WHO Steps approach in Timor-Leste, 2014. <http://www.who.int/chp/steps/Timor-Leste_2014_STEPS_Report.pdf> [↑](#footnote-ref-7)
8. Belo, E., Snowball, K., and Grieve, H. 2015. Roundtable Dialogue on Nutrition and Food Security Mapping the Underlying Drivers of Malnutrition in Timor-Leste. [↑](#footnote-ref-8)
9. From Provo, A., Atwood, S., Sullivan, E., and Mbuya, N. 2016. Malnutrition in Timor-Leste: A Review of the Burden, Drivers, and Potential Response. World Bank. Working Paper [↑](#footnote-ref-9)
10. Black et al, Maternal and Child Nutrition Series, The Lancet, Volume 382, No. 9890, p427–451, 3 August 2013 www.thelancet.com [↑](#footnote-ref-10)
11. Draft Nutrition Strategy, Australian Embassy Timor-Leste 2017-2020 (unpublished) [↑](#footnote-ref-11)
12. ODE *‘A window of Opportunity: Australian aid and child undernutrition’*, 2015 p 14 [↑](#footnote-ref-12)
13. At this stage in planning, the review team will visit Baucau municipality (KONSSANTIL, Catholic Relief Services (CRS) and 1 or 2 location where CRS works, MoH) and Manufahi municipality (KONSSANTIL, the Hamutuk partners and a recipient of the Nutrition awards) [↑](#footnote-ref-13)
14. The views of these stakeholders will be sourced from the primary data collected through other studies conducted in the last five years, such as the recent CEPAD review which consulted widely. [↑](#footnote-ref-14)