



Timor-Leste Nutrition Strategic Review

October 2017



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Acronyms and abbreviations

ACIAR	Australian Centre for International Agricultural Research
AIP	Aid Investment Plan
BMI	Body Mass Index
CEPAD	Centre of Studies for Peace and Development
CMAM	Community-based management of acute malnutrition
CSO	Civil Society Organisation
DFAT	Australia's Department of Foreign Affairs and Trade
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organisation
FNSP	Food and Nutrition Security Policy (2017)
GDS	General Directorate of Statistics
GoTL	Government of Timor-Leste
INGO	International non-government organisations
IYCF	Infant and young child feeding
KONSSANTIL	National Council for Food Security, Sovereignty and Nutrition in Timor-Leste
KRQ	Key Review Question
LBW	Low birth weight
MAF	Ministry of Agriculture and Fisheries
MAM	Moderate acute malnutrition
MCH	Maternal and Child Health
MELF	Monitoring Evaluation and Learning Framework
MoH	Ministry of Health
NGO	Non-government organisation
NNS	National Nutrition Strategy 2014–2019
NSA	Nutrition Sensitive Agriculture
ODE	Office of Development Effectiveness
ODF	open defecation free

PAN-HAM-TL	Zero Hunger National Action Plan or <i>Planu Asuan Nasional-Hakotu Hamlaha no Malnutrisaun iha Timor Leste</i>
PHD	Partnership for Human Development
PNP	President's Nutrition Program
SAM	severe acute malnutrition
SBCC	Social behaviour change communication
SDG	Sustainable Development Goal
SDP	Strategic Development Plan
SNIP	Specific Nutrition Intervention Package
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
SUN	Scaling Up Nutrition
TLFNS	Timor-Leste food and nutrition survey 2013
TOMAK	To'os ba Moris Di'ak (Farming for Prosperity)
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	The United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization
WRA	Women of reproductive age

Glossary of Terms

Converged Programming Approach	An approach in which combined nutrition-specific and nutrition-sensitive interventions are jointly targeted to a particular geographical area and/or population to achieve a common malnutrition goal. Convergence implies a high degree of joint planning and review, while implementation is largely carried out by individual sectors. Strong, mutual understanding of how each sector is relevant to improving nutrition is also a feature.
Double burden of malnutrition	The coexistence of undernutrition (as evidenced by anthropometry in children and women, or micronutrient deficiencies) and overweight/obesity in the same country, community, household or even individual.
Food Security	Physical and economic access to sufficient, safe and nutritious food at all times.
Mainstreaming	A development strategy that makes a cross-cutting issue an integral dimension of all stages of activity program cycles, including integrating objectives into policymaking, budgeting and implementation processes. The ‘twin-track’ approach involves varying degrees of integrating cross-cutting issues as secondary goals across all programs (horizontally), as well as financing standalone, vertical programs which have specific cross-cutting outcomes.
Malnutrition	Used to describe both undernutrition and overnutrition, including overweight/obesity and nutritionally-related non-communicable diseases.
Multi-Sectoral Nutrition Programming	An approach in which multiple sectors plan nutrition-relevant activities with varying degrees of joint coordination and integration, but implement them separately. The extent of a shared common nutrition goal is sometimes less defined as individual sectors pursue their own sectoral outcomes as a priority.
Nutrition-Sensitive Program Interventions	Address the underlying causes of malnutrition and development across all related sectors (food security and diversity; access to health and basic services; and a hygienic environment etc.) at the individual, household and community levels, and which incorporate specific nutrition goals and actions.
Nutrition-Specific Program Interventions	Address the immediate causes of malnutrition at the individual level, including foetal and child nutrition and development, and/or the nutritional status of older children and adults (adequate food and nutrient intake, feeding, caregiving and parenting practices, and burden of infectious disease).
Stunting	Excessive shortness due to poor diet – below minus two standard deviations from the median height for age of the reference population (also called chronic undernutrition).
Suco	The suco is the smallest administrative area in Timor-Leste. There are 442 sucos across Timor-Leste. An elected suco council represents each suco.
Undernutrition	Used to describe the state of being stunted, underweight or wasted and/or being deficient in micronutrient status.
Underweight	More than two standard deviations below the median weight for age of the reference population.
Vertical programming	Standalone activities or programs that have specific and primary, nutrition-related outcomes rather than less well defined, secondary contributions from horizontal (mainstreamed) programming.
Wasting	Excessively thin, or below minus two standard deviations from median weight for height, also called severe acute malnutrition (SAM – weight-for-height Z-score <-3) or less severe, moderate acute malnutrition (MAM – weight-for-height Z-score <-2 but >-3)

Executive Summary

Background

Despite ongoing efforts to improve nutritional status, undernutrition remains one of Timor-Leste's most pressing development challenges, with rates of stunting amongst the highest in the world, and wasting levels representing a serious public health problem. Responding to this challenge, Australia has shaped its investments over the years to contribute to addressing malnutrition in an increasingly deliberate manner. The current draft Australian Embassy Nutrition Strategy (2017–2020) (draft Nutrition Strategy) was developed to articulate the nutrition-related outcomes expected from an existing suite of ongoing activities developed under the 2015–2019 Aid Investment Plan (AIP). These are:

- support to the **President's Nutrition Program (2014–2017)**, initially designed to raise awareness about the nutrition situation and reward community effort in seeking solutions;
- **technical assistance** to the National Council for Food Security, Sovereignty and Nutrition in Timor-Leste (KONSSANTIL);
- **Hamutuk (2016–2019)**, a collective action program, developing targeted, multi-sectoral behaviour change messages and delivery methods, and researching their effectiveness;
- **TOMAK (2016–2020)** (To'os Ba Moris Diak – Farming for Prosperity), a nutrition-sensitive agriculture program; and
- **Nutrition-sensitive programming** through the **Australia Timor-Leste Partnership for Human Development (PHD) (2016–2020)** in the sectors of health, education, water and sanitation, nutrition, gender, disability and social protection.

The draft Nutrition Strategy's long-term objective is to support the Government of Timor-Leste (GoTL) to reduce the prevalence of stunting in children aged 0–23 months.

Purpose

Australia's Department of Foreign Affairs and Trade (DFAT) commissioned this Strategic Review to determine whether the Australian Aid program has the right approaches and strategy in place to contribute to reducing malnutrition in Timor-Leste, and to identify broad opportunities for improvements. It addressed the following key questions:

Relevance: To what extent are existing initiatives relevant to the current context of undernutrition and the development priorities of the governments of Australia and Timor-Leste?

Strategy: Does Australia 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?

The scope of this Review is limited to the current bilateral aid program outlined above and did not include considerations of investment effectiveness, however a more targeted, discrete evaluation of the President's Nutrition Program (PNP) was included under this Review, and its findings are available from the DFAT Timor-Leste office.

Methodology

To maximise the Review's utility, the approach focused on close collaboration with the primary audience, DFAT Timor-Leste, particularly to determine the scope of the Review, verify broad findings, and contribute to the development of recommendations. Methods included an initial document review, followed by a 16-day in-country visit (13–30 August), in order to:

- conduct interviews with more than 70 key stakeholders engaged in the sector;
- visit sites in Baucau and Manufahi to meet with recipients of the President's National Healthy Families Nutrition Award, TOMAK partners, Hamutuk partners and community-based nutrition activities; and
- present preliminary findings and recommendations and receive initial feedback and comments.

Main Findings

Relevance: DFAT's current nutrition program in Timor-Leste is highly relevant to the following Australian Aid priorities: enabling human development through attention to global food security, reducing childhood malnutrition, and meeting maternal and child health-based commitments to promote good nutrition. It is also closely aligned to the GoTL's growing commitment to address the urgent problem of malnutrition. As a leading g7+ post-conflict country, Timor-Leste has prioritised the achievement of Sustainable Development Goal (SDG) 2: *End hunger, achieve food security and improved nutrition, and promote sustainable agriculture*. The GoTL has voiced its commitment to reducing malnutrition in the face of its many challenges. As a strategy to engage a range of sectors in combating malnutrition and food insecurity, the GoTL established a high-level National Council for Food Security, Sovereignty and Nutrition in Timor-Leste (KONSSANTIL). While this represents a very positive commitment, KONSSANTIL's ability to fulfil its ambitious mandate at both the national and sub-national levels remains a challenge and requires ongoing support. The GoTL's renewed focus on nutrition under SDG 2 presents a timely opportunity for Australia, as a trusted leader in the area, to build on its responsive and valued support in future programming.

Strategy: The current DFAT portfolio of investments under the draft Nutrition Strategy does not yet adequately reflect an effective multi-sectoral approach. The two key limitations are a lack of geographic convergence that would enable nutrition-specific and nutrition-sensitive activities to complement and strengthen each other, and an adequate balance of nutrition-specific and nutrition-sensitive interventions. These limitations combine to hamper measurable improvement in nutritional status beyond TOMAK and Hamutuk, DFAT's current investments with specific nutrition outcomes.

Clarity of purpose has been obscured by the evolution of the draft Nutrition Strategy and the PHD – which now makes up the majority of the nutrition-related sectoral portfolio – as both inherited a set of geographically dispersed activities with limited focus on nutrition outcomes. The PHD is still in the early stages of deciding the emphasis to give to nutrition aspirations – specifically, whether to view them as end-of-program outcomes in their own right or as part of a broader, more distant contributor to overall wellbeing. The combination of PHD (which now includes Hamutuk) and TOMAK provides comprehensive nutrition-related sectoral coverage, and with the strong focus on gender inclusion across both, represents a unique opportunity to adequately address all elements of a multi-sectoral approach. Converging them geographically and at a municipal-wide scale should consolidate this focus. A more deliberate multi-sector approach in a defined geographic area would also increase the scope to define expected nutritional status outcomes, and provide a broad basis on which to carefully and sustainably build capacity and ownership of successful approaches for eventual expansion into other locations.

Summary Recommendations

Consistent with the Review findings, the Review team makes the following recommendations for DFAT Timor-Leste's consideration:

Maintain a highly relevant nutrition program that meets an urgent priority in Timor-Leste.

Recommendation 1: The emphasis of the DFAT Timor-Leste Country Program in supporting the nutrition aspirations of the GoTL is relevant to the priorities of the Australian Government; addresses an urgent country need; is well aligned with GoTL priorities; is timely; and is broadly very well received. ***Addressing malnutrition should continue to be a high priority of the overall aid program in Timor-Leste.***

Achieve this urgent nutrition priority by adopting a location-specific, multi-sectoral program...

Recommendation 2: DFAT needs to increase its emphasis on nutrition within its overall portfolio. In order to demonstrate current good practice in nutrition programming, and in line with Australia's status as the largest bilateral donor to Timor-Leste, the Review Team recommends that DFAT adopts ***a more deliberate, multi-sectoral strategy for nutrition with a converged geographic focus in a single municipality.***

Converging the nutrition-sensitive sector activities of PHD and TOMAK, and including key nutrition-specific interventions in a single municipality – starting in a single suco and progressively scaling out – has several benefits. It will: provide a scale which is sufficiently broad to align all the required sectors, provide significant learning on cross-program and cross-ministry cooperation, enable greater attribution of real nutritional outcomes, and is within DFAT's financial capacity to support. Selection of the municipality should ideally preference Bobonaro, Manufahi and Baucau, where KONSSANTIL currently plans to trial a converged approach at suco level. Additional selection considerations should include:

- municipal government interest and capacity to scale out to municipal coverage in partnership with DFAT;
- the relative prevalence of malnutrition;
- existing service gaps; and
- existing DFAT nutrition-related program coverage.

...with a more manageable focus on priority interventions...

Recommendation 3: In the currently crowded policy arena, the 15 priorities that will emerge from the 2nd roundtable process in December 2017 represent a promising agenda for action around which to plan and test a more convergent approach in the selected municipality. Although not yet agreed, it is reasonable to assume that these priorities will be sufficiently broad to align closely with the priorities of the new government, as they have been derived from the recommended actions of the Food and Nutrition Security Policy, the National Nutrition Strategy and the Zero Hunger Action Plan (PAN-HAM-TL). ***The 15 priorities from the roundtable process could guide the selection of DFAT's future interventions while also drawing on the existing global evidence base of 'what works'.***

...balanced with some key nutrition-specific support (which may also be scaled up nationally).

Recommendation 4: As the current portfolio of activities is weighted in favour of nutrition-sensitive programming, ***DFAT should undertake a detailed review of options for investing more heavily in nutrition-specific (direct cause) interventions.*** This could include re-examining ways to reduce anaemia and underweight (BMI ≤ 18.5) in women of reproductive age (WRA) to interrupt the low birth weight cycle. The adequacy of supply chains for supplementary feeding and micronutrients could also

be addressed. Priority nutrition-specific interventions most aligned with current needs and gaps in lifecycle programming in Timor-Leste could include:

- intermittent iron/folic acid supplementation for adolescent girls;
- supplementary feeding for underweight pregnant women;
- multi-micronutrient supplements (which should include iron and folic acid) for pregnant women;
- supplementary feeding for wasted infants and young children and use of severe acute malnutrition (SAM) protocols; and
- scaling-up of community-based management of acute malnutrition (CMAM) protocols for more moderately malnourished infants and young children, including the use of multiple micronutrient powders.

While initially focused on achieving adequate scale in the selected convergence municipality, DFAT could consider partnering with other donors (UNICEF, WFP, WHO, EU, UNFPA, etc.) already involved in assisting Timor-Leste's Ministry of Health in order to improve national coverage of these key nutrition-specific interventions. This would require a much more thorough, joint review of the current need and implementation issues than was possible during this Strategic Review.

Recommendation 5: Beyond initial convergence of activities in one municipality, DFAT should make available the evidence-based learning from ongoing operational research (such as Hamutuk in Manufahi), applied research (such as TOMAK's nutrition-sensitive agriculture innovations) and emerging lessons on convergence (i.e. from the convergence municipality) for application on a larger scale. ***Support should also be provided for progressive rollout of 'proven' approaches to the other two municipalities in which KONSSANTIL have selected vulnerable suco for trialling approaches, depending on progress, available resourcing and KONSSANTIL's interest and capacity.***

In pursuit of more ambitious nutritional status outcomes with joint accountability...

Recommendation 6: Assuming a more converged multi-sector approach with an increased focus on nutrition-specific interventions, ***DFAT should consider the inclusion of more specific nutritional status outcomes for their converged Nutrition Strategy, and systematically monitor and report on them.*** These could include committing to the GoTL's SDG 2.2 targets, which are that by 2025, Timor-Leste will achieve:

- a 40% reduction in stunting in children aged under 5 years
- less than 5% wasting prevalence in children aged under 5 years
- a 30% reduction in low birthweight; and
- a 50% reduction in anaemia in WRA aged 15-49 years

DFAT should work with KONSSANTIL to estimate the achievable percentage reduction in the selected convergence municipality within the timeframe, adjusted to be accommodated within the next AIP benchmarks. Other medium-term, intermediate outcomes relating to aspects of behaviour change across sectors and workforce capacity outcomes (for example) would also need to be progressively developed under each sector.

...action should be consolidated under a single, programmatic strategic framework which amalgamates results...

Recommendation 7: Given the near-complete amalgamation of nutrition-related initiatives and sectors under the flagship PHD and TOMAK programs, development of an overarching Nutrition Strategy which captures the synergies of both programs and reports on outcomes of a converged nutrition program in the selected municipality should be considered. This would require agreement between the respective managing contractors, and would need to take into account resource

implications. (TOMAK would retain its current Monitoring, Evaluation and Learning Framework (MELF) for overall program monitoring, as would Hamutuk, as a stand-alone, research-focused program.) This strategy would seek to achieve and report on the nutritional status outcomes in

Recommendation 6.

Once an overarching nutrition strategy for a converged municipal program is developed, DFAT should consider the need for an Embassy-wide nutrition strategy as well. The need for such a strategy and the type of outcomes it could expect to achieve will be dependent on the extent to which DFAT finances and implements *additional nutrition-related* activities beyond PHD and TOMAK's converged program (for example, the nationwide roll out of nutrition-specific interventions in **Recommendation 4**, the support to national KONSSANTIL strengthening in **Recommendation 8** below, or whether PNP continues to be financed). If these broader recommendations are actioned, an Embassy-wide nutrition strategy would also need to be developed to articulate and capture expected outcomes.

...with a strong capacity development focus.

Recommendation 8: DFAT should focus on strengthening KONSSANTIL at both the national and sub-national levels.

At the sub-national level, the focus of strengthening KONSSANTIL should be to build their capacity to effectively plan, implement and monitor a converged, multi-sectoral program in the selected convergence municipality. National-level KONSSANTIL should be seen as an integral driver of this process, but as it is not tasked with implementation, its role would be an oversight one in which DFAT and its partners engage with KONSSANTIL through a process of joint learning under the converged municipal program. Applying multi-sectoral planning principles and encouraging practical, joint sectoral planning at sub-national level will offer lessons for strengthening initially municipal and ultimately national planning approaches, which national-level KONSSANTIL might utilise in other municipalities.

At the national level, DFAT, under GoTL leadership and in close consultation with other stakeholders, should create a role and capacity development program which strengthens the national-level KONSSANTIL to carry out its mandate (managed through the Embassy or by PHD). This would require a strategic capacity review of KONSSANTIL against the extensive expectations of its current role and purpose and the fundamental barriers it faces in fulfilling them. It would also take into consideration the priorities of the new government and the support other donors provide. The capacity review could also consider the merits of elevating KONSSANTIL institutionally to empower its coordination capacity, and resourcing a dedicated secretariat. Other areas for support could include strengthening capacity in broader strategic, inter-ministerial planning; nutrition budgeting / finance planning; ongoing advocacy to keep nutrition on the national agenda; the development of a common results framework to facilitate tracking of progress against SDGs; and advocacy for policy changes (including, for example, addressing overweight and obesity rates, and the regulation of breastmilk substitute formula usage).

1. Introduction

This Strategic Review of the Department of Foreign Affairs and Trade's (DFAT) contribution to improving the nutritional status of the people of Timor-Leste (The Review) is an independent assessment of the overall Australian Aid program's continued relevance and strategic approach. The Review takes stock of the current draft Nutrition Strategy. It examines the range of initiatives in place to support the achievement of the Government of Timor-Leste's (GoTL) nutrition-related goals and makes recommendations about the optimal strategic alignment of DFAT's future programming. The in-country visit for the Review took place over 13–30 August, 2017.

1.1 Nutrition Strategy overview

The current draft Australian Embassy Nutrition Strategy (2017–2020) was developed to articulate the nutrition-related outcomes expected from the existing suite of ongoing activities under the 2015–2019 Aid Investment Plan (AIP). This AIP was developed following a 2014 evaluation of Australian Aid's Timor-Leste program, which concluded that little progress on child nutrition had been made in the past eight years¹. The current AIP includes three strategic objectives: improving livelihoods; enhancing human development; and strengthening governance and institutions. Within the AIP, nutrition was positioned as a cross-cutting issue to be mainstreamed along with empowering women and girls and disability-inclusive development. Responding to recommendations from the Office of Development Effectiveness (ODE) evaluation *A window of opportunity: Australian aid and child undernutrition*, 2015, the draft Nutrition Strategy sought to sharpen the AIP focus and elevate the cross-cutting status of nutrition interventions to include nutrition-specific and nutrition-sensitive ('twin-track') investment planning; expand the multi-sectoral approach; improve life-stage targeting; and improve the monitoring and evaluation of the overall nutrition effort.

Adopting the globally recognised Framework for Action developed as part of The Lancet Nutrition Series², the draft Nutrition Strategy aimed to work in partnership with the GoTL to promote nutrition programming across all aid investments and support high-level advocacy. This meant increasing multi-sectoral effectiveness and cross-sectoral collaboration. It also sought to address broader underlying causes of undernutrition by designing programs with primary nutrition outcomes, as well as integrating nutrition-sensitive approaches across all sectors in the portfolio. The current range of initiatives aimed at improving nutrition, and which were the main focus of this Review, are:

- support to the **President's Nutrition Program (PNP) (2014–2017)**: a high-profile national program of the Office of His Excellency the President of the Democratic Republic of Timor-Leste to raise awareness of nutrition issues and recognise and reward community effort in seeking solutions;
- **technical assistance** to the National Council for Food Security, Sovereignty and Nutrition in Timor-Leste (KONSSANTIL), in implementing key areas of Timor-Leste's Zero Hunger Action Plan for a Hunger and Malnutrition Free Timor-Leste (PAN-HAM-TL) and support to other stakeholders working on nutrition;
- **Hamutuk (2016–2019)**, a DFAT collective action program, bringing together a broad range of government and non-government organisations (NGOs) to undertake behaviour change research, develop effective message delivery methods, and measure the impact of a multi-sector approach;
- **TOMAK (2016–2020)** (Farming for Prosperity), DFAT's first nutrition-sensitive agriculture program, which seeks to improve food diversity to increase household nutritional intake, instigate behaviour change at household level, and develop market systems to increase farm incomes; and
- **nutrition-sensitive programming** through the **Australia Timor-Leste Partnership for Human Development (PHD) (2016–2020)**: investments include nutrition related activities in the sectors of health,

¹ Office of Development Effectiveness. *Evaluation of Australian aid to Timor-Leste*, ODE, Canberra, 2014.

² Black et al. Maternal and Child Nutrition Series, *The Lancet*; 382(9890):427–451, 3 August 2013. www.thelancet.com

education, water and sanitation, social protection, gender and disability, as well as nutrition focused initiatives.

The Nutrition Strategy's long-term objective is to support the GoTL to reduce the prevalence of stunting in children aged 0–23 months. Between \$1m and 1.2m³ per year is allocated to activities with nutrition outcomes as a primary objective (Hamutuk, the PNP and technical assistance), and \$5m per year is allocated to TOMAK – with approximately \$1m per year of this allocated to nutrition-sensitive agriculture (NSA). The PHD is a \$120m investment over five years, however nutrition-related spending is not yet reported sectorally. The Embassy is currently considering revising its program expenditure tracking to more clearly identify nutrition-related expenditure.

1.2 Background to the Timor-Leste Nutrition Strategic Review

An evaluation of the overall nutrition program was one of two strategic evaluations scheduled for 2017 by the Timor-Leste country program, as required by the DFAT Aid Evaluation Policy. DFAT's 2017 Annual Aid Evaluation Plan stated that this evaluation would assess the effectiveness of activities and approaches to inform a future program. However, a preliminary evaluability assessment undertaken by the Timor-Leste country program and M&E House found that as the draft Nutrition Strategy was not finalised, and most nutrition interventions were in the early stages of implementation, it was premature to seek evidence of effectiveness. The evaluation therefore more appropriately took the form of a strategic review. It focused on whether the Australian Aid program has the right strategies in place in the current context to contribute to addressing malnutrition in Timor-Leste.

1.2.1 Purposes of the Review

The Review's three purposes were to:

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

1.2.2 Key Review questions

The Review addresses two key questions relating to the relevance of the overall nutrition program, and the appropriateness of the overall Strategy:

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

The key Review questions and their sub-questions are shown in **Table 1**.

³ Around AU\$300,000 of this amount in 2016–17 and 2017–18 is provided through DFAT's innovation exchange.

Table 1: Key Review questions and sub-questions

KEY REVIEW QUESTIONS (KRQS)	SUB QUESTIONS
KRQ 1 – Relevance: To what extent are existing initiatives relevant to the current context of undernutrition and the development priorities of the governments of Australia and Timor-Leste?	<ul style="list-style-type: none"> What are the priorities for improving nutrition in the current context in Timor-Leste?⁴ How does the current DFAT nutrition strategy and initiatives align with these priorities and the priorities of the GOTL? How appropriate is the mixture of modalities used to achieve the intended outcomes? To what extent are Australia’s current initiatives adding value to the GOTL’s nutrition and food security agenda?
KRQ 2 – Strategy: Does DFAT have the right objectives and strategies? Which approaches and outcomes for improving nutrition-related indicators are most appropriate to the needs and capacity of Timor-Leste?	<ul style="list-style-type: none"> Are there lessons/good practice examples from other similar countries that could inform strategic approaches? How appropriate is DFAT’s mainstreaming / multi-sectoral approach to nutrition? Are the gendered and vulnerability dimensions of improving nutritional status adequately addressed in the current portfolio? What are the strengths of the existing nutrition initiatives in Timor-Leste, including those of other donors/partners? To what extent can initiatives supported by Australia contribute to learning across the nutrition and food security sector in Timor-Leste? What are the relevant gaps and overlaps in the current portfolio (design, technical assistance and service delivery) that could be addressed in future programming? To what extent can DFAT- supported initiatives be taken to scale, or contribute to nutrition-related programming at scale?

1.2.3 Scope

This Review limited its scope to the current nutrition-related investments implemented under DFAT’s bilateral aid program listed above⁵. The team also sought information on nutrition programs funded by other donors and the GoTL as part of the consideration of lessons and gaps, and to add to the overall picture of the extent to which and how malnutrition is currently being addressed in Timor-Leste.

Following completion of the Review Plan, a more targeted evaluation of the PNP was added to the scope of this Review. This evaluation addressed the President’s Nutrition Awards component of the PNP specifically. The full PNP Evaluation Report is available from the DFAT Timor-Leste office.

⁴ Drawing upon nutrition-related research undertaken over recent years and interviews with key informants.

⁵ Specifically excluded were the nutrition-related activities under the Australian NGO Cooperation Program, the two Australian Volunteers in Hiam Health, and other major investments with potential contributions to nutrition-related outcomes such as Roads for Development and Governance for Development.

2. Methodology

The Review's approach was designed to maximise its utility, involving close collaboration with DFAT Timor-Leste (the primary audience) to determine the focus, verify broad findings, and contribute to the development of recommendations. The methodology consisted of the following components.

1. A document review and synthesis of: internationally recognised and evidence-based good practice approaches to addressing undernutrition relevant to the Timorese context; documents outlining the policies, strategies and programming of the GoTL; the DFAT Timor-Leste program architecture and strategy for addressing undernutrition; and the designs and reports of key DFAT initiatives. A list of key documents reviewed is included in Annex A.
2. Interviews were conducted with more than 70 key stakeholders in the sector using a purposive sampling method. Semi-structured consultation guides were developed to guide the discussions for each stakeholder group. Interview responses were summarised in written form according to each review sub-question/theme to assist in the synthesis and analysis process. The list of stakeholders interviewed is included in Annex B.
3. Two site visits, to:
 - Baucau Municipality (1.5 days) – for discussions with Catholic Relief Services (a TOMAK partner) and observation of their activities in Namanei suco, discussions with municipal KONSSANTIL representatives, and a visit to a National Healthy Families Nutrition Award recipient group; and
 - Manufahi Municipality (1 day) – to visit a recipient of the National Healthy Families Nutrition Award, to meet municipal KONSSANTIL representatives, for discussions with various Hamutuk partners, and see a brief demonstration of Hamutuk's prototype mobile application.
4. A preliminary analysis of the data was prepared while the Review team was still in Dili, and the findings and recommendations were presented and discussed at a three-hour validation and recommendations workshop. Participants from DFAT, the PNP Secretariat, and a DFAT partner (Catalpa) provided feedback and comments, which assisted with triangulation. Final evaluative judgements were made by the Review Team.

2.1 Limitations of the Review

Whilst the Review addressed only two key questions, the scope of sub-questions as articulated in the final Review plan proved overly ambitious for the relatively short time in-country (eight working days for interviews and field trips). This resulted in further refinement of priorities to ensure that the most important were addressed adequately. Consequently, questions about resourcing, modality considerations, and civil society/beneficiary participation were largely ignored during the (sometimes) brief interviews.

The main limitation, however, was in relation to the timing of the Review, which immediately followed the election of a new government and the appointment of a new President (with the selection of the new Prime Minister pending during the reviewers' visit). This served to cloud discussions on 'government' priorities, ongoing nutrition-related commitments, and optimal institutional arrangements. In addition, DFAT's Timor-Leste nutrition program itself was in a transition stage, in that three nutrition initiatives and a nutrition adviser previously under the Embassy program were only very recently incorporated into the PHD program. More importantly, PHD itself was midway through developing Monitoring, Evaluation and Learning Frameworks (MELFs) for each component, including articulating nutrition outcomes within an evolving program architecture. Higher-level performance assessment framework (PAF) indicators for DFAT's current AIP against which the draft Nutrition Strategy might be assessed were also still under discussion.

Finally, many key stakeholders were not well represented in the data collection phase, including the Prime Minister's Office, key KONSSANTIL representatives at the national and municipal levels, and Catalpa – a key implementing partner. For all these reasons, the recommendations within this Review are crafted to set the parameters for DFAT's ongoing discussion between the GoTL, KONSSANTIL and other important stakeholders. A list of stakeholders interviewed is in Annex B.

2.2 Structure of the report

This report presents answers to the key Review questions. Section 3 is concerned with the overall alignment between DFAT's current program and the needs and priorities of the GoTL in order to respond to questions of relevance. Section 4 takes a more detailed look at the range of initiatives and approaches to respond to the question of the appropriateness of the overall strategy. In doing so, effort has been made to keep overlap and repetition to a minimum, although it is acknowledged that the separation of relevance and strategy considerations is often somewhat artificial. The major findings are immediately followed by the relevant recommendations in order to demonstrate links, and a full list of recommendations is included in the executive summary in a coherent order of priority. Section 5 provides a brief conclusion.

3. Findings: Relevance

3.1 Key Review question 1

Relevance: To what extent are existing initiatives relevant to the current context of undernutrition and the development priorities of the governments of Australia and Timor-Leste?

3.1.1 The current nutrition context in Timor-Leste

Nutrition data from Timor-Leste presents a consistent picture: encouraging on the one hand, with improvements seen over the past decade, and challenging on the other, with rates of malnutrition and food insecurity remaining well above normal thresholds – despite ongoing improvements in the social, health and economic sectors. Timor-Leste has the highest rates of stunting in the Asia-Pacific and third highest globally (approximately half of all children under five years). Underlying these rates are issues of serious food insecurity at both household and national levels, and high rates of acute malnutrition (wasting) well beyond recognised severe or emergency levels in some municipalities. Continued high rates of anaemia also persist. Whilst the prevalence of overweight (BMI $\geq 25\text{kg/m}^2$) in women is increasing across all municipalities⁶, undernutrition and micronutrient deficiencies remain overwhelmingly more urgent priorities.

The typical Timorese diet was described in 2013 as consisting predominantly of rice, maize, wheat flour/bread, vegetables, oil/butter, sugar and salt, with occasional consumption of cassava and pulses/lentils. Households reported that food groups less often eaten were meat and fish, fruits, pulses and milk⁷. This lack of dietary diversity is one of the main nutrition-related problems, along with household food insecurity and maldistribution, all of which lead to a shortfall in protein and total dietary energy intakes and micronutrient deficiencies. Unusually, while higher levels of undernutrition are seen in poorer households, somewhat richer households with less food access barriers also experience high levels of undernutrition. In addition, the 2015 Population and Housing Census revealed that just 69% of households in rural areas have access to drinking water from an improved source and 49.5% have access to improved sanitation. An estimated 80% of the country's rural roads are in poor condition, hindering access to health facilities and markets to sell and buy food – further mitigating against achieving better nutritional status.

Infants and young children: Timorese mothers suffer from chronic undernutrition and thinness from inadequate diets and other socio-cultural factors. As a result, there are continuing high rates of stunting in their infants and young children. The incidence of low birth weight (LBW) newborns is also likely to be high, but recent reliable data on birthweight is lacking. Stunting among children under five is reportedly declining in prevalence, from 58% in 2010⁸ to 50% in 2013⁹, and the latest unpublished findings from 2016 show a trend towards a further decline. However, wasting prevalence remains high at 10%¹⁰ (but has fallen from the 19% reported in the 2009/10 Demographic and Health Survey (DHS).

⁶ Grieve H, dos Reis Albino O, Da Costa F. The nutrition situation in Timor-Leste. In: Nesbitt et al. (eds.), *Food security in Timor-Leste through crop production* (pp. 19–29). Proceedings of TimorAg 2016. Dili, Timor-Leste. 2016.

⁷ Ministry of Health Timor-Leste, UNICEF and DFAT. *Timor-Leste Food and Nutrition Survey*. Dili, 2013.

⁸ National Statistics Directorate Timor-Leste, Ministry of Finance, ICF Macro Timor-Leste. *Demographic and Health Survey (DHS)*, Dili 2009–10.

⁹ Ministry of Health Timor-Leste, UNICEF and DFAT. *Timor-Leste Food and Nutrition Survey*. Dili, 2013.

¹⁰ Ibid.

Nonetheless, these prevalences of stunting and wasting are severe and are associated with increased risk of child deaths.

Iron deficiency anaemia is present in 39% of non-pregnant women (14–60 years) and may be as high as 63% in young children (6–59 months)¹¹, increasing risk of poor intellectual development and impaired immunocompetence. There is less information about other micronutrient deficiencies, but given the reported poor diversity of diets and very low intake of animal-source foods, deficiencies in iron, folic acid, and zinc are likely. In 2013 the Timor-Leste Food and Nutrition Survey (TLFNS) collected the first national level data on vitamin A (in women and children), showing mild levels of Vitamin A deficiency in children aged less than five years (8%) and moderate levels in women (13%), and adequate iodine levels in non-pregnant mothers and of zinc in children.

Poor infant and young child feeding practices (IYCFs) exacerbate stunting and underweight. The exclusive breastfeeding rate improved from 51.5% to 62% in 2013¹², but the findings from the 2016 DHS show a decline for infants under six months¹³. Conversely, early breastfeeding practices are both encouraging and improving, and Timor-Leste has one of the highest levels of early introduction breastfeeding in the world. The generally poor complementary feeding patterns, however, remain a major challenge, with only 17.6% of children aged 6–23 months meeting the criteria for a minimum acceptable diet.¹⁴

Adolescents girls and women of reproductive age: As discussed above, earlier stunting as young children has led to short adolescent girls and WRA, with consequences both for their health and wellbeing and rates of maternal mortality. Thinness remains common, and the prevalences of anaemia in both adolescents and WRA are increasing, with almost a quarter of WRA anaemic. Another factor affecting young and adolescent girls is early pregnancy, with a World Bank report suggesting that by age 19 around 20% of young women have given birth¹⁵. This intergenerational cycle of LBW newborns leading to stunted children and then to short young women of reproductive age who, in turn, have newborns of LBW is a significant problem for Timor-Leste. These data suggest that breaking this cycle is essential to ensure that women enter adolescence and pregnancy well-nourished and give birth to infants who are at lower risk of malnutrition as children and adults.

Pregnant and lactating women: Maternal malnutrition is also a serious challenge, as many women enter their pregnancy stunted, underweight, and anaemic, and some reported that there is a cultural practice of ‘feeding down’ in order to produce smaller babies for fear of complications during delivery. Encouragingly, the 2016 DHS figures show that almost three-quarters of women attend at least four antenatal care visits, although rural women have generally poorer access.

These ongoing nutrition challenges continue despite impressive recent progress in the social, health and economic development of this post-conflict country.

3.1.2 The GoTL’s current policy response

Attaining food and nutrition security has continued to be a high-level national development priority since independence, as evidenced by the adoption of the Comoro Declaration in 2010. In line with emerging global good practice, this Declaration involved seven line ministries¹⁶ making a commitment

¹¹ Ibid.

¹² UNICEF. UNICEF data: monitoring the situation of children and women. 2015 (cited by Grieve et al. 2016).

¹³ General Directorate of Statistics (GDS) and ICF. *Timor-Leste Demographic and Health Survey 2016: Key Indicators*. Dili, Timor-Leste: GDS, and Rockville, Maryland, USA: ICF, 2017.

¹⁴ Ministry of Health Timor-Leste, UNICEF and DFAT. *Timor-Leste Food and Nutrition Survey (TLFNS)*. Dili, 2013.

¹⁵ Provo A, Atwood S, Sullivan E and Mbuya N. *Malnutrition in Timor-Leste: A Review of the Burden, Drivers, and Potential Response*. World Bank. Working Paper, 2016.

¹⁶ Ministries of Agriculture and Fisheries, Health, Education, Commerce, Industry and Environment, Social Solidarity, State Administration, Public Works, Transportation and Communication, and Finance.

to end hunger and malnutrition through cross-sectoral collaboration and cooperation in addressing the immediate and underlying causes of malnutrition. A cross-ministerial National Council on Food Security, Sovereignty, and Nutrition (KONSSANTIL) was established at national and eventually municipal levels to monitor progress. Since then, the GoTL has sought to reduce undernutrition through policy frameworks and strategies developed with support from various donor partners¹⁷.

Timor-Leste's development vision to 2030 is framed in the Timor-Leste Strategic Development Plan 2011–2030 (SDP), which highlights improved nutrition as an essential input for social and economic development. Aligned with the SDP, nutrition aspirations have more recently been articulated principally through the framework of the 2015 Sustainable Development Goals (SDGs), of which Timor-Leste is one of the Global Champions, particularly SDG 2 – *End hunger, achieve food security and improved nutrition, and promote sustainable agriculture*. This was reaffirmed in May 2017 during a meeting of the g7+ Secretariat hosted by Timor-Leste to develop a Roadmap for SDGs in Fragile and Conflict-Affected States. Timor-Leste committed to monitoring 20 priority SDG indicators and selected three priority SDGs for 2017, including four select outcomes under SDG 2¹⁸. In addition, the Office of the Prime Minister has set up a unit tasked with monitoring progress towards their achievement. Beyond 2017, the priority afforded to SDG 2 will need to be reconfirmed by the incoming government.

Predating the focus on SDG 2 and implemented in parallel, Timor-Leste was the first country in Asia and the Pacific to sign-up for the global Zero Hunger Challenge in 2014¹⁹. Timor-Leste's Zero Hunger Action Plan for a Hunger and Malnutrition Free Timor-Leste (PAN-HAM-TL) was subsequently developed, and KONSSANTIL was tasked with coordinating and overseeing its implementation. PAN-HAM-TL's main nutrition focus is expressed in Pillar 2: zero stunted children less than 2 years of age. Together with its other four pillars, the plan comprises 170 actions – most of which are focused on achieving food security and sovereignty within the overall purview of the Ministry of Agriculture and Fisheries (MAF), as well as through an array of potentially nutrition-sensitive sub-activities across other sectors. The estimated cost of full implementation of this ambitious plan was US\$176 million over 10 years.

Of equal importance, the National Nutrition Strategy (NNS) 2014–2019, which supplements the overall Ministry of Health (MoH) Health Sector Strategic Plan (2011–2030), is largely focused on how the more immediate causes of malnutrition might be addressed under Pillar 2 of PAN-HAM-TL, and is therefore the priority strategy of the MoH²⁰. The purpose of the NNS is to accelerate the reduction of maternal and child undernutrition through implementation of mostly nutrition-specific interventions.

The Food and Nutrition Security Policy (FNSP) was approved in 2017. The FNSP builds on lessons from the 2005 Food Security Policy, in particular to guide and coordinate 'fragmented' actions from various stakeholders, reconciling conflicting policies and aligning them towards achieving common, higher-level development goals. The policy framework comprises eight cross-sectoral priority outcome areas and 47 strategies to achieve them, and tasks KONSSANTIL with oversight. As with PAN-HAM-TL, this policy has a strong agricultural focus, and is mostly associated with the MAF.

Overall, the current Timor-Leste policy environment exhibits many of the key indicators of system-wide commitment, globally recognised as necessary for making gains in tackling nutrition challenges nationally: high-level political interest and commitment is evident in policy development; government

¹⁷ Principally DFAT, The Food and Agriculture Organisation (FAO), UNICEF, the WFP and various universities.

¹⁸ These include: 2.1 By 2030, end hunger and ensure access by all people...; 2.2 By 2030, end all forms of malnutrition...; 2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women...; and 2.5 By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals...

¹⁹ Whilst the Community of Portuguese Language Countries' Together Against Hunger campaign (ESAN-CPLP) was also launched in 2014, and Timor-Leste hosted the first extraordinary meeting in 2015, this was not referred to in any of the interviews as a priority campaign as its commitments are considered to be consolidated within PAN-HAM-TL.

²⁰ Provo et al. *Malnutrition in Timor-Leste: A Review of the Burden, Drivers, and Potential Response*. World Bank Working Paper, 2016.

awareness of the need for action is apparent; specific goals and targets have been articulated; an overarching framework for plans of action is in place (inclusive of a wide variety of nutrition-specific and nutrition-sensitive actions); and a high-level, multi-sectoral body has been established to coordinate planning and implementation²¹. While some progress is evident, as outlined above, much remains to be done to meet the GoTL's SDG 2 and PAN-HAM-TL aspirations. The following section examines some of the more persistent barriers to progress.

3.1.3 Analysis of challenges to moving ahead with policy implementation

Globally, several challenges to the effective implementation of nutrition policies have been observed:

- unclear policies and unresolved differences on which solutions to pursue;
- lack of institutional ownership and unclear roles and responsibilities;
- under-resourcing of agreed solutions;
- challenges of translating national policies into implementable local level action plans; and
- lack of effective monitoring, reporting on progress, and accountability overall.²²

Key challenges in the Timor-Leste policy environment are as follows.

A complex policy environment

The recent plethora of policies, strategies and recommended actions detailed above has presented the GoTL with an overabundance of choices for action. Whilst largely comprehensive, these documents often reflect the biases of the supporting donor partners for approaches that either highlight food security (and/or sovereignty), agricultural-based income generation, or health-based solutions. Often overlapping in scope, with similar expected outcomes and targets but differing timelines²³, this has contributed to some extent to a paralysis of action. While some participating line ministries are incorporating aspects of these policies into their existing overall strategic plans to differing extents, there is little evidence that activities have been made more deliberately nutrition-sensitive, or that they are being more effectively coordinated across locations to reflect the good practice in the stated 'multi-sectoral' approach.

The 2017 review of SDG 2 progress noted a bias in current GoTL approaches that concentrates efforts on increasing cash crop production and agriculture-based economic growth. These efforts do not yet reflect the promising nutrition-sensitive agriculture options contained within existing policies, such as increased volume and diversity for home consumption, improved food processing and storage methods, and targeting more vulnerable populations²⁴. A food security approach, while necessary, is unlikely to be enough to make up for the very low dietary diversity reported throughout the country unless it is also strongly focused on increasing household consumption²⁵ and improving within-household distribution.

²¹ Pelletier et al. *Nutrition agenda setting, policy formulation and implementation: lessons from the Mainstreaming Nutrition Initiative*, Health Policy and Planning, 2011; 1-13.

²² Adapted from Pelletier et al., 2011, *op. cit.*

²³ For example, PAN-HAM-TL has a 2025 timeline, and the SDG a 2025/2030 timeline to reduce stunting, but in different age groups (under-2s versus under-5s); the NNS expires in 2019; and the Food and Nutrition Policy adopts a 2020 timeline and includes anaemia in its expected outcomes.

²⁴ Centre of Studies for Peace and Development (CEPAD) Timor-Leste and Johns Hopkins University. *Timor-Leste Strategic Review: Progress and success in achieving Sustainable Development Goal 2*, 2017.

²⁵ World Bank, *Improving Nutrition through Multi-sectoral Approaches*, IBRD/ World Bank, 2013.

Institutional ownership and capacity of KONSSANTIL

As the key coordinating body tasked with implementing PAN-HAM-TL, and more recently the FNSP, KONSSANTIL is led by the Coordinating Minister of Economic Affairs and MAF, with the Secretariat coordinated by and housed within MAF. KONSSANTIL has a broad mandate to coordinate and consolidate the roles and functions of the eight participating ministries in order to align their investment decisions with nutrition-related outcomes (although its role in overseeing SDG 2 coordination is unclear).

While capacity issues are progressively being addressed, stakeholder interviews indicated that KONSSANTIL was still facing significant barriers in realising its mandate for a variety of reasons. Principal among these is its current organisational structure, which means it is viewed as an MAF-related institution (and therefore somewhat separate from the MoH and other relevant ministries). In addition, its capacity to coordinate all ministries with real authority, mobilise funding, or monitor and report progress is considered to be poor. Many stakeholders were of the view that in order to be truly effective and overcome institutional bias, KONSSANTIL's institutional home should be elevated to the President's or the Prime Minister's Office. While noting that coordination bodies located above the ministerial level are generally more empowered, evidence suggests that either institutional arrangement is appropriate as long as high-level stewardship is ensured along with adequate support.²⁶ Recent attempts to rotate meetings between the member ministries under the current institutional arrangement appear to be bearing fruit, with increasing engagement of the MoH noted in particular²⁷. This Review did not explore the current institutional arrangements in depth, and a more detailed capacity review would be needed to determine the most effective stewardship and institutional home. While the establishment of KONSSANTIL represents a very positive commitment by the GoTL, its ability to fulfil its very ambitious mandate remains uncertain, and it requires additional and ongoing support.

Challenges of translating national policies into workable, local level action plans

Despite the development of detailed national action plans (PAN-HAM-TL in particular), few actions have filtered down to municipal-level implementation, and there is little evidence that the municipal-level KONSSANTILs are functioning in a structured way. For example, there was little evidence that that line ministry activity planning has been modified to achieve nutrition-related outcomes articulated in the plans, or that consolidated reporting is occurring beyond their individual line ministry program obligations²⁸. More fundamentally, as a recent World Bank study observed, while individual ministry programs include actions which may address underlying drivers of malnutrition, their potential nutritional impact tends to be limited by financial and human resource constraints to their implementation.²⁹

²⁶ Levinson FJ and Balarajan Y. *Addressing Malnutrition Multi-Sectorally: UNICEF and MDG Achievement Fund*, New York, August 2013.

²⁷ This was confirmed anecdotally during interviews with national-level KONSSANTIL members.

²⁸ As evidenced in interviews with municipal KONSSANTIL members during the review.

²⁹ Provo et al. *Malnutrition in Timor-Leste: A Review of the Burden, Drivers, and Potential Response*. World Bank Working Paper, 2016.

Lack of budgetary commitment

Consistent with the reported challenges faced by KONSSANTIL to implement PAN-HAM-TL to its full capacity, many interviewees reported insufficient budgetary commitment across government to address malnutrition effectively. While difficult to isolate actual nutrition-related expenditure, crude estimates based on the Ministry of Finance Budget Books for 2016 and 2017 estimated that the health, water, education and agriculture sectors received 1/6th of total expenditure – roughly equivalent to the amount spent on roads alone³⁰. Under the PAN-HAM-TL action plan 2015–2025, line ministries committed to providing 10% of their budget to its implementation, but there is little evidence that this has occurred. On 22 November 2016, a parliamentary resolution on nutrition committed to an increase of 28% in the overall budget for nutrition in 2017; this included an 80% increase in funds to the MOH Department of Nutrition³¹. This resolution accompanied a Roadmap for Nutrition, including actions from the SDP, SDG 2.2, PAN-HAM-TL, and the National Health Sector Strategic Plan. However, actual resourcing levels, ownership and monitoring of the implementation of the Roadmap was not able to be verified during this Review, and it appeared to be a little-known document among the stakeholders interviewed.

Timor-Leste has recognised the problems of food security and nutrition in the country and has acknowledged their significance. However, it needs to strengthen the country's ability to coordinate, implement, and monitor programs in these areas and there needs to be a financial commitment from the government to ensure that Timor-Leste makes more progress to achieving the SDGs than it did for the MDGs.

Timor-Leste Strategic Review: Progress and success in achieving Sustainable Development Goal 2, (2017).

In the meantime, resourcing shortfalls are somewhat made up by donors prioritising key nutrition-related activities, filling the void between national policy declarations and local implementation. International NGOs, faith-based organisations and civil society organisations (CSOs) active in the sector also contribute. In an increasingly decentralised environment, individual municipal governments will be expected to allocate funding to achieving national nutrition-related policies along with their other priorities, representing an additional challenge to setting and achieving national nutrition targets.

Lack of effective monitoring and accountability

While useful data is collected on nutritional status in Timor-Leste, little of it relates to the coverage and uptake of nutrition interventions and their impact.³² At a more fundamental level, there is no reporting framework for the GoTL's strategic plan, and coordinated reporting on SDG 2 remains a work in progress. Specifically, there is no specific reporting on progress towards zero hunger or reductions in stunting targets, monitoring of what has actually been implemented specific to these outcomes, or an overall common results framework to report achievements. Indeed, the progress report of the outgoing government devoted a single paragraph to the 'nutrition program', with selective statistics³³. Other outcomes which may have had a bearing on improving nutritional status were reported generally under their ministerial portfolios³⁴. At best, changes in stunting and wasting prevalences are detected in the roughly five-yearly DHS, offering only vague clues to the causal mechanisms that would account for any changes.

³⁰ <http://laohamutuk.blogspot.com.au/2017/05/observations-for-conference-on-sdgs-and.html> in 2016-17 accessed 01/08/2017.

³¹ National Parliament Resolution on SDG2, 22/11/2016, Ref: 186/GPPN/XI/2016.

³² Webb P. *Household Food and Nutrition Security in Timor-Leste*, April 2013.

³³ For example, the percentage of children whose growth was monitored (30%), provided with vitamin A (59%) and roundworm treatment (53%).

³⁴ Government of Timor-Leste. *Snapshot of the Sixth Constitutional Government Mandate, 2015–2017*.

In summary, the translation of promising policy windows into concrete operational plans and their effective implementation is hampered by the limited high-level strategic planning support to KONSSANTIL, inadequate resourcing of strategies and policies by member ministries, and the absence of collaborative monitoring and reporting on progress to ensure accountability.

3.1.4 Australia's role in shaping and responding to GoTL aspirations to date

Against this background, DFAT's Timor-Leste Country Program has endeavoured to align with the Australian Government's aid program as expressed in *Australian Aid: Promoting prosperity, reducing poverty, enhancing stability*,³⁵ and the nutrition priorities of the GoTL. Notably, the programming currently most aligned with the GoTL's nutrition ambitions includes:

- contributing to the development of select policies and strategies (including financial and technical support to developing the NNS);
- contributing to the collection of quality nutrition-related data to inform overall programming decisions (including financial support to the National Food and Nutrition Survey, 2013);
- responding to an expression of commitment from the Office of His Excellency the President to develop and fund a high-level initiative to raise awareness of the nutritional situation and motivate change – culminating in the PNP. The President's Awards component has demonstrated strong indications of achieving its awareness raising aspirations;
- recently commencing work with Office of the Prime Minister's Unit of Program Monitoring and Accountability to develop nutrition policy markers in order to tag nutrition-related expenditure;
- progressively aligning targeting and reporting of all related initiatives to support achievements of the GoTL's SDG commitments, including the overall PHD program, which contributes to SDG 2 outcomes;
- providing much needed technical support to KONSSANTIL (under the auspices of the PNP program); and
- developing initiatives which focus on contributing to the understanding of a multi-sectoral approach and key behaviour changes (Hamutuk), as well as promoting dietary diversity through agriculture-based solutions (Seeds of Life, TOMAK).

Stakeholder interviews indicated that the ongoing set of consultations which have been developed in partnership with KONSSANTIL and the FAO (referred to as the 2nd roundtable) will provide important information for the GoTL. These were developed in response to the outgoing government's desire to rationalise and prioritise the multitude of policies, strategies and recommended nutrition interventions outlined above. The 2nd roundtable (consultation) process involved:

DFAT advise the KONSSANTIL secretariat on the best ways to apply global evidence in the Timor-Leste context. They also organised the roundtable and help to engage women and youth.

National KONSSANTIL member interview

³⁵ Nutrition is referenced specifically under the Health and Education priority; 'Australia will strengthen our focus on nutrition as part of our commitments to improve maternal and child health and to prevent and manage non-communicable diseases', and the Agriculture, Fisheries and Water priority; 'Our work will enhance global food security and improve early childhood nutrition, a critical driver of better development outcomes'.

1. identifying the following key themes from the three most recent in-country analyses, which produced a wide variety of evidence and recommendations (two of which DFAT contributed to financially)³⁶:
 - (I) involving youth;
 - (II) empowering women and girls; and
 - (III) improving household nutrition promoting practices.
2. mapping the many activities/actions from the three most recent policies/strategies: the NNS; PAN-HAM-TL; and the FNSP; and
3. through a process of consultation with a wide variety of national and municipal level stakeholders and community members, prioritising the many actions identified to agree on a set of 15 priority actions (five each per above themes).

The priority actions will be presented to the incoming government in December 2017, with the aim of establishing future planning, resourcing, implementing and monitoring a set of key interventions that have broad support and the GoTL will have the financial means to implement.

Together, these broad programmatic decisions demonstrate a close alignment with the priorities of the GoTL and a high level of responsiveness to their expressed need. Of particular value was DFAT's recruitment of a Nutrition and Food Security Specialist, previously allocated to the Human Development team in the Embassy (now situated within the overall PHD program). Stakeholder interviews indicated wide agreement that through DFAT's policy and strategy work and the provision of trusted technical advice, the issue of stunting and malnutrition has been elevated in prominence. This has contributed significantly to the GoTL's growing recognition that an effective multi-sector approach to addressing malnutrition represents a necessary condition for moving forward.

In summary, while DFAT was perceived to add value as a trusted broker and 'leading contributor'³⁷ to improving the quality of nutrition advocacy, some stakeholders were less clear with regard to Australia's overall strategy as one of the country's largest donors, and the contribution it hoped to make to improving nutrition-related indicators. The next section examines more closely how this might be addressed.

Recommendation 1: The emphasis of the DFAT Timor-Leste Country Program in supporting the nutrition aspirations of the Government of Timor-Leste is relevant to the priorities of the Australian Government; addresses an urgent country need; is well aligned with GoTL priorities; is timely; and is broadly very well received. Addressing malnutrition should continue to be a high priority of the overall aid program in Timor-Leste.

³⁶ These were: Provo et al. *Malnutrition in Timor-Leste: a Review of the Burden, Drivers and Potential Response*, World Bank, 2016; Centre of Studies for Peace and Development (CEPAD) Timor-Leste and Johns Hopkins University, *Timor-Leste Strategic Review: Progress and success in achieving Sustainable Development Goal 2*, 2017; and Belo E, Snowball K and Grieve H. *Roundtable Dialogue on Nutrition and Food Security: Mapping the Underlying Drivers of Malnutrition in Timor-Leste*, 2015.

³⁷ As expressed during an interview with an INGO partner and two major donor partners.

4. Findings: Strategy

4.1 Key Review question 2

Strategy: Does Australia have the right objectives and strategies? Which approaches to improving nutrition-related indicators and outcomes are most appropriate to the needs and capacity of Timor-Leste?

4.1.1 Analysis of the appropriateness of DFAT's draft Nutrition Strategy

The findings, analysis, and related recommendations of this key Review question were a significant component of this Review and are presented in line with the good practice principles identified through a review of global literature. The literature review identified the following guiding approaches and strategies to address undernutrition which are relevant to the Timor-Leste context:

- adopting a multi-sectoral approach, involving close collaboration across interrelated sectors;
- selecting interventions that address both the immediate causes (nutrition-specific) and underlying causes (nutrition-sensitive) of malnutrition, and for which there is good evidence of effectiveness;
- adopting a life-cycle approach to women's health (including during pregnancy) which seeks to empower women, while also focusing on children's first 1000 days as a priority;
- including outcome indicators to track progress in achieving shorter-term, nutrition-sensitive outcomes, as well as longer-term changes in nutritional status; and
- supporting ownership and governance at both national and sub-national levels.³⁸

As highlighted in section 1.1 above, the draft Nutrition Strategy was developed in response to DFAT's growing desire to consolidate and clarify the contribution of its existing suite of initiatives to addressing malnutrition in Timor-Leste. It was not the result of a considered strategic exercise, and this Review was commissioned in part to inform its finalisation. Under the circumstances of its evolution, the overall strategic approach is sound and includes the main elements of good practice outlined above. The draft Nutrition Strategy, however, does lack overall coherence, describing a mosaic of initiatives with varying degrees of emphasis and potential contribution to the expected outcomes. These expected outcomes were limited to committing one initiative (Hamutuk) to a specific target³⁹, which was also adopted as a multi-sector benchmark in the current AIP⁴⁰.

The extent to which the draft Nutrition Strategy and portfolio of activities adhere to the above good practice principles and ways in which they might be improved are explored more fully below.

³⁸ Adapted from ODE. *A window of opportunity: Australian aid and child undernutrition*, 2015, and Levinson FJ and Balarajan Y. *Addressing Malnutrition Multi-sectorally: UNICEF and MDG Achievement Fund*, New York, August 2013.

³⁹ Reduce stunting by 10% to the 2015/16 prevalence by 2019 – revised to 2025 initially in one suco of 7,000 people with plans to expand based on the interest and capacity of KONSSANTIL partners.

⁴⁰ Performance assessment framework indicators were still being finalised at the time of this review.

4.1.2 Nutrition-specific and nutrition-sensitive programming considerations

What are the most appropriate nutrition-specific interventions for Timor-Leste?

A recent global review itemised 10 nutrition-specific interventions that were strongly associated with reducing deaths in children aged under five by 15% if the population had 90% coverage. These interventions were breastfeeding promotion, multiple micronutrient supplementation in pregnancy (including iron and folic acid), energy and protein supplementation in pregnancy, complementary feeding education, complementary food supplementation, severe acute malnutrition (SAM) management, vitamin A supplementation in childhood, zinc supplementation in childhood, calcium supplementation in pregnancy, and salt iodisation⁴¹.

Implementing most of these interventions at adequate scale requires a reasonably well-functioning health system with good capacity and reach. Although Timor-Leste has made commendable progress in connecting remote areas and scaling up capacity, reach is still constrained through inadequate supply chains. Other obstacles include the lack of centralised food processing, making fortification unviable and requiring other policy measures, such as ensuring all imported salt is iodised (currently only 60% of households consume iodised salt)⁴².

As noted above, Timor-Leste is suffering from an intergenerational cycle of undernutrition, in which stunted, young mothers give birth to LBW babies. Breaking this cycle should be the highest nutrition/health priority, and will require addressing cultural issues such as ‘feeding down’ amongst other food-related taboos and beliefs, requiring well-designed behaviour change strategies⁴³. For Timor-Leste, the key nutrition-specific interventions might therefore include breastfeeding promotion, multiple micronutrient supplementation in pregnancy (including iron and folic acid), energy and protein supplementation in pregnancy, complementary feeding education⁴⁴, complementary food supplementation, SAM management, and vitamin A supplementation in childhood.

Priorities should be further refined based on cost, feasibility and targeting to achieve efficiency. For example, due to the high associated cost, zinc supplementation could be reserved and actively promoted for the treatment of diarrhoea; calcium supplementation in pregnancy is better delivered as part of a high-risk management package of obstetric care; the management of SAM is expensive and will require continued, additional support from a broader range of stakeholders (including UN agencies, the private sector and civil society) to reduce the prevalence of wasting; and the use of effectively targeted multiple micronutrient powders to supplement complementary feeding is likely to benefit young children with poor dietary diversity, especially in the more vulnerable *sucos*.

While most of these interventions are included in the Specific Nutrition Intervention Package (SNIP) program of the MoH with support from UNICEF and WHO, a recent report noted that coverage of SNIP supplementation interventions remains low. In 2013, vitamin A supplementation coverage was 53%; only 32% of women consumed the recommended number of iron–folic acid tablets during their previous pregnancy; and only 33% of children received zinc for the treatment of diarrhoea⁴⁵. The United States Agency for International Development (USAID) Food and Nutrition Technical Assistance

⁴¹ Bhutta et al. for The Lancet Nutrition Interventions Review Group, the Maternal and Child Nutrition Study Group. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet* 2013; 382:452-477.

⁴² Li M. Pushing for better iodized salt coverage in Timor-Leste. *IDD newsletter*. May, 2010.

⁴³ Brewster D, personal communication.

⁴⁴ WHO infant and young child feeding indicators from 14 DHS datasets from low-income countries demonstrated that consumption of a minimum acceptable diet with dietary diversity reduced the risk of both stunting and underweight whereas minimum meal frequency was associated with lower risk of underweight only (Bhutta et al. 2013, *op. cit.*).

⁴⁵ Provo et al. *Malnutrition in Timor-Leste: a Review of the Burden, Drivers and Potential Response*, World Bank, 2016.

Project III also confirmed these key nutrition priorities in its 2014 Timor-Leste Nutrition Profile. It went on to note that their recent health program investments were not sufficiently allocated to nutrition-specific interventions, and that to see improvements in nutritional status, it is critical to implement more nutrition-specific activities aimed at addressing the direct causes of malnutrition⁴⁶.

Despite the reportedly rising prevalence of overweight and obesity, this problem remains comparatively small-scale, and the Review team formed the view that aiming the bulk of the resources at under-nutrition is appropriate at this point in Timor-Leste's development. However, at a policy level, DFAT could work more closely with KONSSANTIL to raise awareness of the links between malnutrition and the rise in non-communicable diseases and influence GoTL's policy responses.

What are the most appropriate nutrition-sensitive initiatives for Timor-Leste?

In assessing appropriate nutrition-sensitive initiatives for Timor-Leste, the Review drew upon global evidence of what has worked as the literature review did not provide many specific lessons from Timor-Leste – highlighting the importance of the draft Nutrition Strategy's focus on developing a contextual evidence base. As noted in the *Lancet* nutrition series, 'Acceleration of progress in nutrition will require effective, large-scale nutrition-sensitive programs that address key underlying determinants of nutrition and enhance the coverage and effectiveness of nutrition-specific interventions'⁴⁷. However, while the sectors of importance are known, guidance on which actual interventions are needed is less clear and varies according to country context. The *Lancet* series authors reviewed evidence of nutritional effects of nutrition-sensitive programs in four sectors: agriculture, social safety nets, early child development, and education. Currently there is limited programmatic evidence of attributable and additional nutrition outcomes from agricultural interventions, although clearly there is need for NSA investments to boost agricultural production, keep prices low, increase incomes, enhance access to diverse diets, and foster women's empowerment. Other nutrition-sensitive interventions such as social safety nets may have some effect, but the evidence is stronger for reducing hunger than achieving nutritional outcomes. Meanwhile, combined early child development and nutrition interventions show promising additive or synergistic effects on child development – and in some cases nutrition, but have yet to be tested at scale. Parental schooling, especially female education, is most strongly associated with child nutrition⁴⁸.

Other studies have examined improved hygiene practice, which is associated with reduced incidence of diarrhoea but not necessarily improved nutritional status; increased incomes in general, which was only effective with strong social behaviour change and communication (SBCC) interventions and the availability of adequate nutritious food to purchase; birth spacing, – which was correlated with improved nutrition, but not in all populations (with reducing adolescent pregnancies more important); and maternal and child health (MCH) services, with a strong correlation between maternal mental health (depression) and malnutrition⁴⁹. The *Lancet* review noted that many potentially nutrition-sensitive programs were not originally designed to improve nutrition, and they suggested ways to enhance program nutrition sensitivity by including improved targeting; use of conditions to stimulate participation; strengthened identification of nutrition goals and actions; and innovations which optimise women's nutrition, time, physical and mental health, and empowerment. There is therefore increasing consensus that properly nutrition-sensitive interventions should:

⁴⁶ Chaparro C, Oot L and Sethuraman K. *Timor-Leste Nutrition Profile*. Washington, DC: FHI 360/FANTA, 2014.

⁴⁷ Ruel MT, Aldeman H, and the Maternal and Child Nutrition Study Group. Nutrition-sensitive interventions and programs: how can they help to accelerate progress in improving maternal and child nutrition? *The Lancet* 2013; 382:536–51

⁴⁸ Spratt S, *Aid for Nutrition: Maximising the Impact of Nutrition-Sensitive Interventions*. Action Against Hunger, 2013

⁴⁹ Spratt S. *op. cit.*

- make a conscious attempt to improve nutrition outcomes – including specific indicators;
- have nutrition outcomes that are additional to what would have occurred otherwise;
- seek to consciously modify policy in key sectors so as to improve nutrition outcomes; and
- monitor their nutrition outcomes⁵⁰.

Without these characteristics, virtually *all* interventions can, to a greater or lesser extent, be seen as ‘nutrition-sensitive’, which may have the unintended consequence of undermining the push for specific additional programming and resources. Recommending the most appropriate sectors and interventions within them suitable for the Timor-Leste context is problematic, but the PNP program’s research into the most prevalent underlying drivers of malnutrition indicated a strong need for investment in improving dietary diversity, access to improved sanitation, and rates of female secondary school attendance. Other interventions that could be explored include women-focused NSA and horticulture, women’s empowerment in general, delaying marriage and age of first pregnancy, and the tweaking of social safety nets.

In terms of design approaches to nutrition-sensitive programming, most current DFAT nutrition interventions are relying on SBCC as the main driver for change. A review of the USAID-funded project Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) in over a dozen countries found that SBCC approaches improve uptake of behaviours conducive to improved dietary practices during pregnancy, breastfeeding, and complementary feeding practices.⁵¹ However, it concluded that from the available evidence, although behavioural change is necessary⁵², it is not always sufficient, as ‘complex contextual determinants also influence individual decisions to consider, test, adopt, and sustain a given behaviour or practice’.⁵³ Deploying consistent and well-designed nutrition messaging across all levels of Government, across programs and by agencies, INGOs and CSOs will reinforce their effectiveness. Given the paucity of causal evidence in nutrition-sensitive programming, both TOMAK and PHD innovations (including Hamutuk) could add usefully to the evidence base for sectoral nutrition-sensitive actions appropriate to Timor-Leste.

Has Australia got the balance right?

As noted above, virtually all development interventions are likely to have some influence on nutrition outcomes. Currently, most DFAT investments appear to be directed towards nutrition-sensitive interventions rather than any substantial resourcing in the more proven nutrition-specific, health-based arena. In particular, there is currently a heavy emphasis on SBCC, which works under some circumstances, but only if more substantial and enabling interventions are present as well. Other donors perceived an imbalance between nutrition-sensitive and nutrition-specific interventions in Timor-Leste in general, with insufficient emphasis on nutrition-specific. Given that nutrition-specific interventions have the best evidence for direct impact, it is important they are adequately supported (e.g. through SNIP). It was not possible during this Review to assess coverage, especially frontline capacity and the adequacy of supply chains, but it is an area that could benefit from a targeted DFAT assessment and support to address the (likely) imbalance.

⁵⁰ Spratt S. *op. cit.*

⁵¹ Lamstein S, Koniz-Booher P, Beall K, Aakesson A, Anson M. *SBCC Pathways for Improved Maternal, Infant, and Young Child Nutrition Practices*. SPRING Working Paper USAID/SPRING/JSI. 2014. pdf.usaid.gov/pdf_docs/PA00K7QM.pdf (accessed August 15 2017).

⁵² e.g. In the Global Burden of Disease report, for risk factors in LBW, 15 of the top 20 health risk factors were predominantly behavioural (Lamstein S. *op. cit.*)

⁵³ Lamstein S. 2014 *op. cit.*

4.1.3 Mainstreaming, twin-track or a multi-sectoral strategy?

Some of the lack of clarity in the draft Nutrition Strategy arises from the use of twin-track terminology. The *Lancet* Nutrition Framework for Action⁵⁴ defines a twin-track approach to nutrition programming as strategies that include both nutrition-specific and nutrition-sensitive interventions. In the broader donor mainstreaming terminology, however, twin-track means a strategy of addressing an issue through both *vertical* programs (e.g. initiatives with a primary nutrition goal) and *horizontal* programming (e.g. integrating aspects into programs that do not have a primary nutrition goal, but seek secondary or probable nutrition influence through sectoral investments where they can). Whilst arguably a matter of emphasis, the AIP appeared to consider nutrition as a secondary issue, to be addressed through an implicit mainstreaming approach but with limited emphasis on more deliberate horizontal integration. This approach is reflected in the design of the PHD. Done well, effective mainstreaming requires significant changes in the culture and established procedures of an organisation to integrate an issue of interest into its values, mission and budgets. Done poorly, it runs the risk of nutrition remaining as a secondary development objective, and potentially disappearing from sight. In becoming every program's business it becomes the responsibility of none, and sectoral activities carry on planning as usual⁵⁵.

In reality, the mix of interventions around which the draft Nutrition Strategy was developed appears not to be specifically twin-track in either of the above senses, as there is:

- little emphasis on nutrition-specific interventions, which appear confined to supporting caring practices through a health promotion approach (Hamutuk), while TOMAK is arguably addressing a nutrition-specific need (increasing dietary diversity), but is considered to be more nutrition-sensitive in nature (i.e. NSA);
- while there are programs with specific nutrition-related outcomes as their primary objective, (Hamutuk, PNP, TOMAK), mainstreaming nutrition outcomes into broader sectoral programming is somewhat limited as yet, with nutritional outcomes barely articulated throughout the sectors; and
- the only significant multi-sectoral approach is embodied in Hamutuk, which is a deliberate program designed to achieve multi-sectoral coordination – albeit somewhat limited to improving the quality and consistency of SBCC messaging rather than specifically improving targeted service provision.

As suggested in the good practice lessons above, an effective *multi-sectoral* nutrition strategy requires more than varying degrees of mainstreaming. As well as achieving adequate coverage of both nutrition-specific *and* nutrition-sensitive initiatives, an additional conditionality is that *they must converge in the same geographic location* in order to capitalise on their synergies. A converged approach necessitates multi-sectoral collaboration in planning and reviewing outcomes rather than simply co-locating activities, leading to better strategic and coordinated programming decisions⁵⁶.

As the vast majority of DFAT-funded nutrition-related activities are now under PHD (excluding TOMAK), it is instructive to examine the extent to which the different nutrition-related sectoral activities can link and converge. As can be seen in Table 2, there is little geographical co-location across sectors, and where there is overlap, this may be more a result of the already established relationships of implementing partners in various municipalities rather than a deliberate attempt to coordinate. In addition, neither the PHD six-monthly progress reports or 2017 Annual Plan outline how each sector will contribute *specifically to nutrition outcomes*, and the nutrition pillar narrative is limited to describing Hamutuk and PNP rather than the expected combined multi-sectoral contributions of the overall program.

⁵⁴ Black et al. Maternal and Child Nutrition Series, *The Lancet*; 382; 9890:427–451, 3 August 2013. www.thelancet.com

⁵⁵ *Mainstreaming Cross-cutting Issues: Seven Lessons from DAC Peer Reviews*, OECD Development Co-operation Peer Reviews, OECD Publishing, Paris, 2014.

⁵⁶ Ved R and Mennon P. *Analyzing Intersectoral Convergence to Improve Child Undernutrition in India*. International Food Policy Research Institute (IFPRI) Discussion Paper 01208, September 2012

As with the draft Nutrition Strategy, PHD as the main vehicle for multi-sectoral planning and implementation is constrained by the inheritance of a set of disparate investments – many of which are programmed for another 2–4 years. As designed, they may be expected to have a positive influence on nutrition outcomes in their various contexts and locations, but collectively, they were never initially programmed to have a specific impact on stunting rates overall, and it is proving difficult to retrofit them under current contracts⁵⁷. In its current phase of consolidating existing investments (only recently transitioning from an operational role), the extent to which PHD itself is or should be viewed as a multi-sectoral program with *direct and deliberate nutrition outcomes* is still in question. Nonetheless, interviews with program management and staff indicated an interest in achieving greater convergence of activities in a single geographic location to pursue a more defined nutrition goal. Bobonaro was mentioned most frequently as the municipality of choice. Reasons included its progress in achieving open defecation free (ODF) status; good relationships with ongoing PHD initiatives; the existing overlap with the food diversity and security focus of TOMAK; its high level of need (one of the bottom five municipalities in terms of acceptable nutritional status); and the selection of a vulnerable suco in that municipality by the national level KONSSANTIL with a view to exploring multi-sectoral approaches in partnership with DFAT.

Table 2: Geographic spread of current investments with stated or implicit nutrition outcomes

LOCATION/PROGRAM	GoTL Advisory	Dili	Baucau	Manatuto	Ermera	Liquisa	Manufahi	Covalima	Lautem	Oecusse	Bobonaro	Aileu	Ainaro	Viqueque
Family Planning		x		x	x	x	x		x	x	x	x	x	x
MCH (Liga Inan)				x	x	x	x	x				x	x	
MCH Essential Newborn Care training			x	x	x	x	x	x				x	x	x
Improving basic education for girls	x	x	x	x		x			x	x	x	x		x
Girls' tertiary scholarships		x			x	x				x		x		
Hygienic Initiative and rural water	x										x			
Open Defecation Free Initiative						x						x	x	
Women's leadership/empowerment	x	x												
Hamutuk*							x*							
Presidents Nutrition Program	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Technical/Support to KONSSANTIL	x	x					x							
TOMAK**			x**	x					x	x	x**			x**

* Indicates phase 1 location only

** Indicates current phase locations

Given the time available, the Review team was unable to investigate the interest in achieving a greater level of convergence in Bobonaro with KONSSANTIL, the municipal government or GoTL. Ideally, a municipality would be selected in close consultation with the new government, and ideally, from one of the three municipalities where KONSSANTIL already plans to trial a converged approach at a suco level (Bobonaro, Manufahi or Baucau) in order to support them in this endeavour. The selection

⁵⁷ For example, the ODE Evaluation *A window of opportunity: Australian aid and child undernutrition*, 2015, noted that repackaging the family planning activity as one that included nutrition counselling and supplementation support was problematic due to their established donor outcomes, the potential to dilute the bodily autonomy and empowerment focus of the program, and the impracticality of retraining staff nearing the end of the program life.

process would also need to take into account the municipality's relative need in terms of malnutrition prevalence, existing service gaps, existing coverage of DFAT nutrition-related programs, and the level of municipal government interest and capacity to scale up to municipal-wide coverage.

Recommendation 2: DFAT needs to increase its emphasis on nutrition within its overall portfolio – whether mainstreaming (as a loosely defined cross-cutting issue) or adopting a more fully realised multi-sectoral approach. In order to demonstrate current good practice in nutrition programming, and in line with Australia's status as the largest bilateral donor to Timor-Leste, the Review team recommends that DFAT consider adopting ***a more deliberate, multi-sectoral strategy with a converged geographic focus in a single municipality.***

Converging the nutrition-sensitive sector activities of PHD and TOMAK, and including key nutrition-specific interventions in a single municipality – starting in a single suco and progressively scaling out – has several benefits. It will provide a scale which is sufficiently broad to align all the required sectors; provide significant learning on cross program and cross ministry cooperation; enable greater attribution of real nutrition outcomes; and is within DFAT's financial capacity to support. Selection of the municipality should ideally preference Bobonaro, Manufahi and Baucau, where KONSSANTIL currently plans to trial a converged approach at a suco level. Additional selection considerations should include:

- municipal government interest and capacity to scale out to municipal coverage in partnership with DFAT;
- the relative prevalence of malnutrition;
- existing service gaps; and
- existing DFAT nutrition-related program coverage.

This recommendation forms only the preliminary basis for further talks with KONSSANTIL and the GoTL to agree on the geographic scope and location of a more converged approach.

Recommendation 4*: As the current portfolio of activities is weighted in favour of nutrition-sensitive programming, **DFAT should undertake a detailed review of options for investing more heavily in nutrition-specific (direct cause) interventions.** These could include reducing anaemia and underweight (BMI \leq 18.5) in WRA to interrupt the LBW cycle. Supply chains for supplementary feeding and micronutrients could also be examined to determine whether inadequacy relates to supplies or their distribution. Priority nutrition-specific interventions most aligned with current needs and gaps in lifecycle programming in Timor-Leste could include:

- intermittent iron and folic acid supplementation for adolescent girls;
- supplementary feeding for underweight pregnant women;
- multi micronutrient supplements (which should include iron and folic acid) for pregnant women;
- supplementary feeding for wasted infants and young children and use of SAM protocols; and
- scaling-up of Community-based Moderate Acute Malnutrition (CMAM) for more moderately malnourished infants and young children, including the use of multiple micronutrient powders.

It is recommended that DFAT consider giving increased attention to complementing the existing SNIP and other existing packages such as obstetric care. While initially focused on achieving adequate scale in the selected convergence municipality, DFAT could consider exploring the possibility of partnering with other donors already involved in assisting the MoH in order to improve national coverage of these key nutrition-specific interventions (UNICEF, WFP, WHO, EU, UNFPA, etc.). Determination of DFAT's optimal role will require a more thorough joint review of the current need and implementation issues than was possible during this Strategic Review.

*Recommendations in the report body are presented as relevant to the analysis and not in the order they are numbered in the executive summary.

Standalone nutrition programming, research focus and scalability

In terms of embedding a multi-sector approach into DFAT's major nutrition programs, both Hamutuk and TOMAK generally embody sound design principles. Hamutuk seeks to harness the potential of existing non-government and government service providers, providing both nutrition-specific and sensitive services across a single suco. The SBCC approach employed assumes that cross-sectoral services are being provided in adequate quantity and quality to enable individual households to implement good practice knowledge. Hamutuk is effectively exploring the possibilities of achieving sustainable gains in multi-sector collaboration within the real resource limitations of the municipal services sector, and contribute to much needed knowledge about 'what works' in the area of behaviour change targeting and message delivery in particular.

TOMAK, on the other hand, is adopting a single-sector approach to agriculture-based economic development and achieving food security through NSA. As well as demonstrating close adherence to the principles of NSA⁵⁸, it is paying specific attention to elements of multi-sectoral SBCC, targeting behaviours assessed as crucial to maximising the benefits of increasing agricultural outputs: infant and young child feeding practices; maternal health; household decision-making (including women's empowerment); and environmental hygiene practices. However, the agro-climatic prerequisites of TOMAK dictated its locations rather than considerations of multi-sectoral complementarity with PHD

⁵⁸ Four principles of nutrition-sensitive agriculture: 1. invest in women; 2. increase access to and year-round availability of high-nutrient-content food; 3. improve nutrition knowledge among rural households to enhance dietary diversity; 4. incorporate explicit nutrition objectives and indicators into project and policy design. World Bank, *Improving Nutrition through Multi-sectoral Approaches*, IBRD, 2013.

(and Hamutuk). Thus there is only limited overlap, with the two programs bridged and coordinated to some extent by sharing the inputs of the Nutrition and Food Security Specialist. Nonetheless, TOMAK is also well positioned to contribute to the evidence base through its applied research on accessible and appropriate agricultural and food storage and processing technologies.

Global experience has shown that where convergence has worked at a local level, inputs have been very intensive due to the pressure to demonstrate short-term results, making them expensive to replicate or scale up. This was a concern expressed by several stakeholders regarding Hamutuk as DFAT's flagship nutrition program. However, global learning from convergence approaches has also noted that, while not adopted in their entirety, some of the processes demonstrated to work have been replicated⁵⁹.

The value of the SBCC targeting and messaging innovation utilising mobile phones (Hamutuk), and the food diversity, processing and storage innovations (TOMAK) may well be in their specificity to the Timor context. The proven parts of these innovations can be scaled up organically by other actors, including KONSSANTIL, and with other funding in the sector. This potential may be difficult to anticipate and plan for, but could be promoted and captured through an evidence-based learning approach once the applicability of successful innovations and the feasibility of scaling up are more clearly understood.

Recommendation 5: Beyond initial convergence of activities in one municipality, DFAT should make available the evidence-based learning from ongoing operational research (such as Hamutuk in Manufahi), applied research (such as TOMAK's NSA innovations) and convergence (i.e. from the convergence municipality) available for application on a larger scale. **Support should also be provided for progressive rollout of 'proven' approaches to the other two municipalities where KONSSANTIL has selected vulnerable sucos for trialling approaches, depending on progress, available resourcing and KONSSANTIL's interest and capacity.**

Other sectoral programming

While the vertical programs exhibit many good practice principles in multi-sectoral planning and implementation, the draft Nutrition Strategy as currently expressed and implemented can be characterised more as implementing sectorally, but not yet thinking, planning and reviewing multi-sectorally, with the future geographic clustering of sectors largely undecided. From discussions with the PHD sector teams who are currently formulating their sectoral ambitions, it is evident that strategic thinking around more deliberately addressing malnutrition is underway, including:

- the health sector is considering integrating nutrition messaging into its regular MCH messaging and including more specific initiatives to directly address iron deficiency/anaemia in pregnant women and girls, as well as incorporating improved men's childcare practice and timely access to nutritious food;
- the gender and disability sector is exploring how it can include messaging relevant to nutrition into its women's empowerment programming, including raising awareness on the risks of teenage pregnancy;
- the education sector is looking at the possibility of strengthening current GoTL school garden initiatives and incorporating nutrition lessons into the curriculum;
- the social protection sector is looking at how to target the current family welfare program (*Bolsa de Mãe*) more specifically to families with children under five years in order to boost purchasing power for food during the formative years, as well as examining the impact of the aged pension on food purchases for grandchildren;

⁵⁹ Ved R and Mennon P. *Analyzing Intersectoral Convergence to Improve Child Undernutrition in India*, International Food Policy Research Institute Discussion Paper 01208, September 2012

- the WASH sector is working with the administration in Bobonaro to move from ODF status to hygienic status, but has not begun to influence current programming to make it more nutrition focused; and
- the PHD nutrition sector is liaising with the other sectoral teams to provide advice on improving the nutrition focus of all activities.⁶⁰

4.1.4 Adopting a life-cycle approach to women's and maternal health

The Review found that current programming is moving towards a focus on women's life cycles, including maternal health. The TOMAK program targets food security and increased dietary diversity for whole households, but it collects data and measures outcomes specifically for WRA and children under two. PHD activities cover all phases of a women's lifecycle – from birth spacing and delayed pregnancy interventions, improved deliveries and promotion of breastfeeding, to increasing girls' access to education opportunities. All ages are targeted through improved sanitation and hygiene and women's empowerment in general. Whilst these activities are largely nutrition-sensitive in nature, capturing results will need specifically nutrition-focused indicators. As well as nutrition-specific interventions, programming must address adolescent health and the incidence of underweight girls approaching their first pregnancies to break the cycle of underweight women giving birth to underweight babies. In addition, while the current focus of the draft Nutrition Strategy on the first 1000 days is widely advocated and was adopted in the multi-sector benchmark target, there may be a need to extend this focus to up to five-year-olds. Recent studies indicate that there are significant improvements to nutritional status to be made through nutrition-specific interventions for adolescence girls⁶¹, and children aged 2–5 years⁶². Increasing the life-cycle focus of the draft Nutrition Strategy to include under-fives for reporting purposes, while retaining the bulk of activities in the first 1000 days, would also improve consistency with other GoTL targets.

4.1.5 Nutrition Strategy expected outcomes, monitoring and reporting

Good practice in multi-sectoral approaches requires that interventions clearly specify anticipated outcomes and the intended route from intervention to outcome, and develop indicators to monitor progress along the expected pathways⁶³. This entails measuring both the changes in nutritional status according to micronutrient status and physical growth, as well as the intermediate indicators which demonstrate progress in achieving them, such as increases in dietary diversity and various improved behaviors and practices⁶⁴. As discussed in section 4.1.2 above, however, it is widely acknowledged that the causal links between many intermediate indicators are not well established, and the utility of trying to quantify the impact of every development intervention with a weaker direct link to nutrition, such as improved roads and other enabling infrastructure, is sometimes questionable.

The draft Nutrition Strategy articulates a single outcome based on physical growth: Reduced stunting in 0–23-month-olds by 10% by 2019 in target sites. However, measurement of this appears to be confined to the Hamutuk suco, in which the MELF timeframe has been realistically extended to 2025 to accommodate initial delays and collect data on this outcome beyond the implementation timeframe. The draft Nutrition Strategy itself does not articulate expected measurable changes apart

⁶⁰ From interviews with the PHD Sector Teams and DFAT sector specialists; these represent possible areas for exploration in forward planning rather than actual commitments.

⁶¹ Prentice et al. Critical windows for nutritional interventions against stunting. *American Journal of Clinical Nutrition* 2013; 97:911-8.

⁶² Roberts JL and Stein AD. The impact of nutritional interventions beyond the first 2 years of life on linear growth: a systematic review and meta-analysis. *Advances in Nutrition* 2017;8:323-6.

⁶³ Spratt S. *Aid for Nutrition: Maximising the Impact of Nutrition-Sensitive Interventions*. Action Against Hunger, 2013.

⁶⁴ Office of Development Effectiveness. *A window of opportunity: Australian aid and child undernutrition*, 2015.

from the sectoral specific activities, but these can be found in individual initiatives (TOMAK, which is still refining indicators), and Hamutuk (which includes a comprehensive set of expected behavioural changes, and ultimately, nutritional status changes as currently measured in the DHS). The Review team considered that the preliminary list of 18 intermediate behaviour change indicators proposed in the Hamutuk MELF (some of which are common to TOMAK, such as women's and household dietary diversity score and minimum acceptable diet for under two-year-olds/children) offers a sound basis for a converged nutrition strategy.

In the absence of clear and measurable strategy-wide indicators of success, DFAT's reporting on progress towards nutrition-related aspirations has been understandably patchy. For example, the 2015/2016 Timor-Leste Aid Program Performance Report (APPR) claims to be devoting attention to nutrition across all programs in the same way that gender and disability inclusive development are treated as cross-cutting issues. However, reporting on progress currently consists of largely descriptive accounts of upcoming programs (Hamutuk and TOMAK), with limited substantive reporting of any intermediate outcomes which could be expected under Objective 2, *Enhancing human development*.⁶⁵ This is not to suggest that nothing positive is occurring under the portfolio, and the PNP, the roundtable processes, and the recently closed Seeds of Life are mentioned in reference to their respective contributions. Nonetheless, the picture at an Embassy-wide strategy level is unclear and perhaps reflective of its aspirational status. This is in large part also a product of the geographically dispersed portfolio, which means that there is a fundamental difficulty in demonstrating how individual activities might have added up to achieving progress towards the anticipated reduction in stunting rates.

In response to these difficulties, DFAT has been considering other ways to capture progress towards nutrition outcomes, such as requiring each sector to report on areas of progress during quarterly meetings. This may satisfy an important need for the Embassy to report on isolated examples of progress, but until agreement is reached on overall indicators of portfolio-wide success, reporting will likely remain patchy.

In terms of setting appropriate targets and indicators, the Review team formed the view that as the largest donor, DFAT may be setting its expectations too conservatively by aiming only for initiative-level behaviour change, and this was a perception echoed by some partners interviewed. For example, even the programs most directly addressing undernutrition (Hamutuk and TOMAK) are unable to commit to achieving actual changes in nutritional status in their selected communities (i.e. neither program will be held accountable as stunting reduction is expressed only as a broader goal to which they will make a contribution). This lack of commitment potentially undermines mutual donor/government accountability for achieving the harder-to-reach nutritional status outcomes expressed in the GoTL's SDG 2 and PAN-HAM-TL objectives.

An inability to commit to achieving attributable change is understandable in individual interventions which are adopting novel approaches (Hamutuk) or are missing potentially vital nutrition-specific and sensitive interventions (TOMAK). In future though, assuming DFAT adopts a more area-specific and truly multi-sectoral, converged portfolio of well-resourced activities, commitment to more ambitious outcomes and targets could be expected. Notwithstanding the challenges, it is anticipated that changes in stunting, wasting and anaemia can be achieved in a 3–5-year timeframe.^{66,67} Adopting a municipal-scale approach in partnership with KONSSANTIL may provide a clearer opportunity to demonstrate Australia's commitment to GoTL goals in achieving changes in nutritional status. To this end, more ambitious end-of-strategy outcomes for a converged program (rather than elevating these

⁶⁵ Objective 2.3 includes: Households, especially the most vulnerable, increasingly practice behaviours that are conducive to better maternal and child health ... To this has been added 'and nutrition' under the description of Objective 2.3 in the management response section, however neither section reports on progress except to describe the PHD program.

⁶⁶ WHO. *Indicators for the Global Monitoring Framework on Maternal Infant and Young Child Nutrition*. WHO, Geneva, 2014.

⁶⁷ Headey et al. *The other Asian enigma: explaining the rapid reduction of undernutrition in Bangladesh*. International Food Policy Research Institute Discussion Paper Ser 1358. Washington, DC: IFPRI, 2014.

to the level of overall broader goals, which may not be measured) could be expected in line with the nutrition-specific interventions in **recommendation 4** above.

Recommendation 6: Assuming a more converged multi-sector approach with an increased focus on nutrition-specific interventions, DFAT should consider the inclusion of more specific nutritional status outcomes for their converged Nutrition Strategy, and systematically monitor and report on them. These could include committing to the GoTL's SDG 2.2 targets, which are that by 2025, Timor-Leste will achieve:

- a 40% reduction in stunting in children aged under 5 years *[Current rate of 50% to 30% - a 20% reduction in 9 years]*;
- less than 5% wasting prevalence in children aged under 5 years *[Current rate of 11%]*;
- a 30% reduction in low birthweight; and
- a 50% reduction in anaemia in WRA aged 15-49 years *[Current rate of 39% to 19%]*.

DFAT should work with KONSSANTIL to estimate the achievable percentage reduction in the selected convergence municipality within the timeframe, adjusted to be accommodated within the next AIP benchmarks. Other medium-term, intermediate outcomes relating to aspects of behaviour change across sectors and workforce capacity outcomes (for example) would also need to be progressively developed under each sector as each program defines more nutrition-focused programming outcomes.

Recommendation 7: Given the near-complete amalgamation of nutrition-related initiatives and sectors under the flagship PHD and TOMAK programs, development of an overarching Nutrition Strategy which captures the synergies of both programs and reports on joint overall outcomes of a converged nutrition program in the selected municipality should be considered. This would require agreement between the respective managing contractors, and would need to take into account resource implications. (TOMAK would also retain its current MELF for overall program monitoring, as would Hamutuk, as a stand-alone, research-focused program.) This strategy would seek to achieve and report on the nutritional status outcomes in **Recommendation 6**.

Once an overarching Nutrition Strategy for a converged municipal program is developed, DFAT should consider the need for an Embassy-wide nutrition strategy as well. The need for such a strategy and the type of outcomes it could expect to achieve will be dependent on the extent to which DFAT finances and implements *additional nutrition-related* activities beyond PHD and TOMAK's converged program (for example, the nationwide rollout of nutrition-specific interventions in **Recommendation 4**, support for national KONSSANTIL strengthening in **Recommendation 8** below, or whether PNP continues to be financed). If these broader recommendations are actioned, an Embassy-wide nutrition strategy would also need to be developed to articulate and capture expected outcomes.

4.1.6 Developing strong country ownership and governance

As outlined in section 3 on relevance, resourcing shortfalls aside, the GoTL has expressed a commitment to improving nutritional status through adopting a multi-sectoral approach. Ongoing elements of the draft Nutrition Strategy which are building on and contributing to this are found in the various forms of technical support to KONSSANTIL. These include:

- engaging KONSSANTIL at the national and municipal level in the implementation of the Hamutuk approach, with a view to their expansion into selected pilot sucos (one in each of Bobonaro, Manufahi and Baucau);
- including KONSSANTIL members (national and municipal) in the selection process for the PNP Awards;
- the roundtable initiatives under the PNP program which promote understanding of the multi-sectoral drivers of malnutrition and the current consultations to prioritise key actions discussed in section 3; and
- support to the national KONSSANTIL secretariat (office equipment, etc.).

Stakeholders reported that the roundtable discussions and dialogue have been well implemented. The 2nd roundtable process (as outlined in section 3) is supported jointly by the FAO as part of an initiative to contribute to KONSSANTIL's governance capacity. The high level of national KONSSANTIL engagement in these processes, with their focal points now leading the prioritisation discussions with key stakeholder groups, indicate that significant ownership and leadership has been fostered through this ongoing support.

Much of this engagement, however, is at the national level, and as lessons in effective multi-sectoral approaches indicate, results-based incentives to generate meaningful action at sub-national levels are essential, moving the resources and capacity closer to the level of implementation and including joint donor/government target setting and accountability for progress⁶⁸. Indeed, in terms of challenges to scaling up of nutrition initiatives, the Scaling Up Nutrition (SUN) movement evaluator noted that: '...there is a glass floor through which it is difficult to push any kind of administrative or development innovation from central to local government. ...the gap between [national] policy and implementation remains'⁶⁹. The evaluator further contends that this is particularly true in an increasingly decentralised environment. In Timor-Leste, the process of decentralisation is proceeding slower than anticipated by the GoTL, with various benchmarks for progress remaining unmet. The capacity of municipal KONSSANTIL (and associated line ministry frontline staff) is stretched, with multiple competing expectations to collaborate and oversee both centrally planned as well as municipal-specific donor program implementation. Development of this capacity will largely dictate the pace of sustainable multi-sectoral planning and scale-up.

To this end, the 2nd roundtable prioritisation exercise currently underway provides a unique opportunity for DFAT to support implementation of the 15 priorities which will emerge around the key themes of involving youth, empowering women and girls, and improving household nutrition promoting practices. An implementation program could be developed within a single municipality (at least initially) as a vehicle around which to build real municipal-wide capacity at a municipal level through a converged program partnership effort. This could serve to foster sub-national (including suco-level) ownership and effective coordination across ministries at the frontline of service provision. Successful aspects of this could be replicated in other municipalities beyond those earmarked for trial according to GoTL interest, available resourcing and need.

⁶⁸ Levinson FJ and Balarajan Y. *Addressing Malnutrition Multisectorally: UNICEF and MDG Achievement Fund*, New York, August 2013.

⁶⁹ Mokoro Ltd. *Independent Comprehensive Evaluation of the Scaling Up Nutrition Movement: Final Report – Main Report and Annexes*. Oxford: Mokoro Ltd, 1 May 2015.

Recommendation 3: In the currently crowded policy arena, the 15 priorities that will emerge from the 2nd roundtable process in December 2017 represent a promising agenda for action around which to plan and test a more convergent approach in the selected municipality. Although not yet agreed, it is reasonable to assume that these priorities will be sufficiently broad to align closely with the priorities of the new government, as they have been derived from the recommended actions of the Food and Nutrition Security Policy, the National Nutrition Strategy, and the Zero Hunger Action Plan. ***The 15 priorities from the roundtable process could guide the selection of DFAT's future interventions while also drawing on the existing global evidence base of 'what works'.***

As well as this capacity focus on municipal-level KONSSANTIL, a gap most commonly identified across stakeholder interviews was the need to provide additional and ongoing support to the national KONSSANTIL, in which DFAT was considered to have a clear role (building on past successes). This would be done in collaboration with donor partners who also depend on KONSSANTIL's active engagement (i.e. FAO, WFP, UNICEF, WHO and the World Bank). Specific support suggested by stakeholders included resourcing a dedicated secretariat as well as strengthening line ministry coordination approaches; integrated strategic planning (adopting a 'learning by doing' approach on a municipal scale); ongoing advocacy to keep nutrition on the national agenda; development of a common results framework to facilitate tracking of progress against SDGs; and advocacy for policy changes (e.g. relating to obesity rates, universal salt iodisation and fortification legislation, and the regulation of breastmilk substitute formula usage).⁷⁰ There was no time to explore these areas in depth with either the KONSSANTIL leadership or Permanent Technical Group, but these needs were broadly corroborated during an interview with a donor partner currently engaged in providing direct technical support.

4.1.7 Approaches to gender and disability inclusion

Along with the appropriateness of the twin-track and multi-sectoral approach, other findings relating to key Review question 2 concerned how the gendered and vulnerability dimensions of improving nutrition are being addressed. While the draft Nutrition Strategy does not articulate a strong gender focus *per se*, it is certainly apparent in activities designed to strengthen the evidence base, such as the 1st roundtable dialogue, in which the gendered nature of the underlying drivers of nutrition was highlighted. These were:

- low rates of female secondary school attendance;
- lack of adequate knowledge and practice at household level of both women and men around food security, healthy environments, and the quality of caring practices for children; and
- women and girls' lack of empowerment.

⁷⁰ Other programming gaps were also identified, including the potential to expand the PNDS to include nutrition-focused activities (however, given the unclear status of the program in 2018, the feasibility of this was not pursued in any detail), and the need to regulate the way in which baby breastmilk substitute formula is marketed, which leads to inappropriate, dangerous usage.

Recommendation 8: DFAT should focus on strengthening KONSSANTIL at both the national and sub-national levels.

At the sub-national level, the focus of strengthening KONSSANTIL should be to build its capacity to effectively plan, implement and monitor a converged, multi-sectoral program in the selected convergence municipality. National-level KONSSANTIL should be seen as an integral driver of this process, but as it is not tasked with implementation, its role would be an oversight one in which DFAT and their partners engage with KONSSANTIL through a process of joint learning under the converged municipal program. Applying multi-sectoral planning principles and encouraging practical, joint sectoral planning at sub-national level will offer lessons for strengthening initially municipal, and ultimately national planning approaches, which National level KONSSANTIL might utilise in other municipalities.

At the national level, DFAT, under GoTL leadership and in close consultation with other stakeholders, should create a useful role and capacity development program which strengthens the national-level KONSSANTIL to carry out its mandate, (managed through the Embassy or by PHD). This would require a strategic capacity review of KONSSANTIL against the extensive expectations of their current role and purpose and the fundamental barriers they face in fulfilling them. It would also take into consideration the priorities of the new government and the support other donors provide. The capacity review could also consider the merits of elevating KONSSANTIL institutionally to empower its coordination capacity, and resourcing a dedicated secretariat. Other areas for support could include strengthening capacity in broader strategic, inter-ministerial planning; nutrition budgeting / finance planning; ongoing advocacy to keep nutrition on the national agenda; the development of a common results framework to facilitate tracking of progress against SDGs; and advocacy for policy changes (including, for example, addressing overweight and obesity rates, and the regulation of breastmilk substitute formula usage).

These widely acknowledged drivers of undernutrition are reflected in the strategic thinking behind individual investments. For example, TOMAK has ‘designed in’ women’s empowerment approaches from the beginning, and the Gender and Social Inclusion Analysis in March 2017 deepened this focus and guided the design and implementation of all TOMAK activities. It is well understood in the program design and by the implementing team that headway will not be made on either household nutrition or agricultural marketing without women taking a lead role, and acknowledging that money earned by women is more likely to be spent on children’s needs, including food, indicating a clear targeting strategy for NSA⁷¹. With continuation of the strong DFAT Timor-Leste and Canberra support evidenced ⁷², the TOMAK implementing team members interviewed were of the opinion that they are uniquely positioned to promote ‘transformational change’. Such change could occur through initiatives that engage with women and men (particularly WRA) and encourage men’s engagement in family decision-making around household consumption of nutritious food, child care practices, and increasing agricultural diversity and incomes. In addition, TOMAK is working with disability advocates in Timor-Leste to actively explore ways in which access to technologies promoting food diversity for people with disabilities can be improved.

⁷¹ Darnton-Hill I. The under-estimated impact of food-based interventions. In Thompson B & Amorosos L (Eds.), *Improving Diets and Nutrition: Food-Based Approaches* (pp. 74–88). Rome: FAO/CABI. 2014.

⁷² This included regular Post/TOMAK contact to ensure the contractor finances gender and social analysis and implements the resulting recommendations; facilitating contact between team members of the flagship Ending Violence Against Women Program (NABILAN) to be briefed on how their program can contribute; as well as quarterly Embassy meetings to report on issues, challenges and progress on gender and disability inclusion.

Whilst PHD's nutrition program is still being defined, its gender and disability pillar seeks to address nutrition through an empowerment pathway, strengthening women's leadership overall to better position them in decision-making on household resource use, as well as decisions around birth spacing. In addition, the PNP has awarded three women's groups for their efforts to promote better nutrition practices within their communities, contributing to women's awareness of, and role in, developing practical community-based solutions. Hamutuk is similarly focused on the gendered underlying causes of undernutrition, promoting birth spacing and delay, the nutritional needs of WRA, IYCF practice, and crucially, messaging around the importance of keeping girls in school. Whilst Hamutuk has a disability organisation as a partner, the issue of disability inclusion is not as well advanced as gender across the nutrition portfolio as a whole, and may require a greater understanding of the link between disability and nutrition, as well as identifying the most appropriate entry points for addressing them.

As all PHD sector programs are currently refocusing their activities towards nutrition, the opportunity exists to establish an appropriate gender lens which focuses on women's unique role at important life stages and in all aspects of programming, as well as a greater disability focus. The inclusion of nutrition-specific interventions for WRA and girls (**Recommendation 4**) will assist in more directly responding to gendered nutritional priorities.

5. Conclusion

This Review addressed key questions about the relevance of DFAT's existing initiatives to the current context and development priorities in Timor-Leste, and whether DFAT has the right objectives and strategy in place to achieve them.

Relevance: DFAT's current nutrition program in Timor-Leste is highly relevant to Australian Aid's priorities, enabling human development through attention to global food security, childhood malnutrition, and MCH-based commitments to promoting good nutrition overall. It is also closely aligned to the GoTL's growing commitment to addressing the urgent problem of malnutrition, which is hampering its economic progress. As a leading g7+ post-conflict country which has prioritised the achievement of SDG 2: *End hunger, achieve food security and improved nutrition, and promote sustainable agriculture*, the GoTL will continue to strive to reduce malnutrition in the face of its many challenges. As a result of its growing desire to engage all sectors in combatting malnutrition and food insecurity, the GoTL established a high-level National Council for Food Security, Sovereignty and Nutrition in Timor-Leste (KONSSANTIL). While this represents a very positive commitment, KONSSANTIL's ability to fulfil its ambitious mandate at both the national and sub-national levels remains uncertain and will require ongoing support. The GoTL's renewed focus on nutrition under SDG 2 presents a timely opportunity for Australia, as a trusted leader in the area, to build on its program of responsive and valued support in future programming.

This review concluded that an effective multi-sectoral approach requires:

Convergence (to test multi-sectoral approaches)

Consolidation (all partners adopt high-impact initiatives)

Coherence (of messages and actions)

Contribution (resources to enable progressive scale-out)

Strategy: The current DFAT portfolio of investments under the draft Nutrition Strategy does not yet adequately reflect an effective multi-sectoral approach. The two key limitations are a lack of geographic convergence that would enable nutrition-specific and nutrition-sensitive activities to complement and strengthen each other, and an adequate balance of nutrition-specific and sensitive interventions. These limitations combine to hinder measurable improvement in nutrition status beyond TOMAK and Hamutuk, DFAT's current investments with specific nutrition outcomes.

Clarity of purpose has been obscured by the evolution of the draft Nutrition Strategy and the PHD – which now makes up the majority of the nutrition-related sectoral portfolio – as both inherited a set of geographically dispersed activities with limited focus on nutrition outcomes. The PHD is still in the early stages of deciding the degree of emphasis to give to nutrition aspirations – specifically whether to view them as end-of-program outcomes in their own right or as part of a broader, more distant contributor to overall wellbeing. The combination of PHD (which now includes Hamutuk) and TOMAK provides comprehensive nutrition-related sectoral coverage, and with the strong gender inclusivity of both, represents a unique opportunity to adequately address all elements of a multi-sectoral approach. Converging them geographically and at municipal-wide scale should consolidate this focus. A more deliberate multi-sector approach in a defined geographic area would also increase the scope to define expected nutritional status outcomes, and provide a broad basis on which to carefully and sustainably build capacity and ownership of successful approaches for eventual expansion into other locations.

6. Annexes

Annex A List of key documents reviewed

Government of Timor-Leste documents

- Government of Timor-Leste National Food and Nutrition Security Policy, Jan 2017
- Government of Timor-Leste Strategic Plan 2011–2030
- KONSSANTIL Revised Statutes, Structure and Functions, April 2017 (PowerPoint presentation)
- Ministry of Health National Nutrition Strategy, 2014–2019
- 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)
- 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)
- General Directorate of Statistics and ICF. Timor-Leste Demographic and Health Survey 2016: Key Indicators. Dili, Timor-Leste: GDS, and Rockville, Maryland, USA: ICF, 2017.
- Roadmap for Nutrition Action Plan, November 2016
- Zero Hunger Action Plan (KONSSANTIL), 2014

DFAT Timor-Leste Strategy Documents

- Timor-Leste Aid Investment Plan – Overview
- Timor-Leste Aid Investment Plan 2015–2019
- Draft Nutrition Strategy, Australian Embassy Timor-Leste (2017–2020 – unpublished)
- Timor-Leste Aid Program Performance Report 2015–2016, September 2016
- Office of Development Effectiveness, Evaluation of Australian aid to Timor-Leste, ODE, Canberra, 2014.

DFAT Timor-Leste Investment Documents

- Hamutuk, NCIP Strategy and M&E Overview Document, March 2016
- Hamutuk Draft Monitoring, Evaluation and Learning Framework, July 2017
- Partnership for Human Development Investment Design Document (undated)
- Partnership for Human Development Annual Plan, 2017
- Partnership for Human Development, Six-monthly Progress Report, July–December 2016
- Partnership for Human Development, Six-monthly Progress Report, January–June, 2017
- President’s Nutrition Program, Draft Concept Note, 29 November 2012
- President’s Nutrition Program, Draft Implementation Plan, December 2013
- Memorandum of Understanding between Government of Australia and The Presidency of the RDTL, May 2014
- President’s Nutrition Program, Application Pack, 2015
- President’s Nutrition Program, Joined Team Consultation TORs, August 2017

- President's Nutrition and Food Security Roundtable Dialogue II – 2017 (PowerPoint presentations)
- Terms of Reference, Nutrition and Food Security Specialist (undated)
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- TOMAK, Guiding Program Strategy, December 2016
- TOMAK Nutrition-Sensitive Agriculture – an Operational Guide for Applying the NSA Approach in Timor-Leste, Mercy Corp, 2017
- TOMAK Gender Equality and Social Inclusion Analysis, Revised February 2017
- TOMAK Draft Monitoring, Evaluation and Learning Framework, April 2017
- TOMAK First Annual Progress Report 2016-17, July 2017
- TOMAK Draft Social and Behaviour Change Strategy, July 2017 – June 2018, July 25, 2017

Timor-Leste-specific nutrition studies

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Gender Dimensions – Timor-Leste

- Asian Development Bank Timor-Leste Gender Strategy, 2016–2020
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Annex B List of people consulted

Stakeholder Group	Name	Role / Position
Key DFAT staff	Peter Doyle	Ambassador
	Rachael Moore	Counsellor Development – Human Development
	Daniel Woods	Counsellor, Governance and Rural Development
	Claire Chivell	First Secretary – Development (Nutrition)
	Teresinha Soares (Nina)	National Nutrition Adviser
	Paul Regnault	Second Secretary Development, Rural Development
	Julia Magno	Health Adviser
	Regan Field	Second Secretary – Aid Effectiveness
	Pedro Aquino	Aid Effectiveness
	Tim Cadogan-Cowper	First Secretary, Economics and Governance
	Tracie Starkey	First Secretary (Health)
TOMAK	Richard Holloway	Team Leader
	Inga Mephram	GESI Adviser
	Cecilia Fonseca (Ceci)	GESI Program Manager
TOMAK Partners	Alberto dos Reis Freitas	Partnership Strengthening Capacity Manager (all CRS partners)
	Dena Lewerke	Head of Office and Agriculture Program Manager (for CRS Baucau Projects)
	Claire Charamnac	Nutrition Sensitive Agriculture Program Manager (for CDNIP and TOMAK)
	Father Mario de Carvalho Soares	Director Caritas Baucau
	Antoninho Pereira	Nutrition Project Manager (for CDNIP and TOMAK)
	Regina Soares	Program Coordinator (TOMAK and CROPS), Caritas Baucau
	Fabiano Valente Franz	World Vision, Country Director
	Antonia Salamat	World Vision, Operations and Program Quality Manager
	Wahyu Nugroho	Mercy Corps, Director of Programs
Partnership for Human Development	Sonja Litz	Team Leader
	Cath Barker	Deputy Team Leader
	Erkulanu Sousa	Nutrition Sector Lead
	Heather Grieve	Nutrition Technical Adviser
	Armandina Gusmao-Amaral	Health Sector Lead
	Umbelina Rodrigues	Health Sector Team
	Heather Moran	WASH Sector Lead
	Dulce da Cunha	GESI Sector Lead
	Sandra da Silva	Social Protection Sector Lead
	Misael Racines	Education Senior Coordinator - PLMP
Hamutuk Partners	Various staff attending the mobile application training	Water Aid, Marie Stopes, Alola Foundation, Cooperative Café Timor, MAF extension officer, Mercy Corps, MoH staff Luta ba Futuru, Luta ba Mudanza, Ra'es Hadomi Timor Oan World Fish

KONSSANTIL Baucau	Sr Antonio Guterres Sr Dario Sr Jacob da Costa Sr Simao Pineiro Sr Sebastiao Silveres Sr Joao Augustu Sr Eduardu Filipe Ximenes Sra Manuela Ximines Sr Agostinho Guterres	President Authority Administrator (various line ministries)
KONSSANTIL Manufahi	Sr Cipriano Guterres	Ministry of Social Solidarity
KONSSANTIL - national	Dra Olinda dos Reis Sr. Helder Alberto Neves	Head of Department of Nutrition, MoH Head of Cooperation, National Directorate of Food Security and Cooperation, MAF
President's Office	Sr Filipe da Costa	Former adviser to the Presidents Nutrition Program
	Joao Pereira	Presidents Nutrition Program – secretariat
	Josh Fernandes	Presidents Nutrition Program – secretariat
Prime Minister's office	Sara Maria Pereira	Planning Monitoring and Evaluation Unit
World Food Program	Stephen Kearney	Representative and Country Director
UNICEF	Dr Hemlal Sharma	Chief, Child Survival and Development
Food and Agriculture Organisation	Solal Lehec	FAO, Timor-Leste, Policy Officer, FIRST Programme
	Paula Lopes da Cruz	Assistant Representative (Programme)
WHO	Dr Rajesh Pandav	Representative to Timor Leste
UN Resident Coordinator office	Knut Ostby	UN Resident Coordinator
	Adelina Carly Tilman Lourdes	Head of Office
USAID	Mark Henderson	Director, Office of Economic Growth
European Union	Dr Paolo Bardugani	Attaché, Health and Nutrition
Agricultural Innovation for Communities (AI-Com)	Rob Williams	Technical Coordinator
Other key stakeholders	Prof. David Brewster	Australia Timor-Leste Assistance for Secondary Services II, Head of Paediatrics
	Dra Ingrid Bucens	National Hospital, Specialist paediatrician/neonatologist

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