

Timor - Leste

Mid-Term Evaluation

**Thematic window: Children, Food security
& Nutrition**

**Programme Title: UNICEF-WFP joint project on children food
security and nutrition in Timor-Leste**

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Prologue

The current mid-term evaluation report is part of the efforts being implemented by the Millennium Development Goal Secretariat (MDG-F), as part of its monitoring and evaluation strategy, to promote learning and to improve the quality of the 128 joint programs in 8 development thematic windows according to the basic evaluation criteria inherent to evaluation; relevance, efficiency, effectiveness and sustainability.

The aforementioned mid-term evaluations have been carried out amidst the backdrop of an institutional context that is both rich and varied, and where several UN organizations, working hand in hand with governmental agencies and civil society, cooperate in an attempt to achieve priority development objectives at the local, regional, and national levels. Thus the mid-term evaluations have been conducted in line with the principles outlined in the Evaluation network of the Development Assistant Committee (DAC) - as well as those of the United Nations Evaluation Group (UNEG). In this respect, the evaluation process included a reference group comprising the main stakeholders involved in the joint programme, who were active participants in decisions making during all stages of the evaluation; design, implementation, dissemination and improvement phase.

The analysis contained in the mid-term evaluation focuses on the joint program at its mid-term point of implementation- approximately 18 months after it was launched. Bearing in mind the limited time period for implementation of the programs (3 years at most), the mid-term evaluations have been devised to serve as short-term evaluation exercises. This has limited the scope and depth of the evaluation in comparison to a more standard evaluation exercise that would take much longer time and resources to be conducted. Yet it is clearly focusing on the utility and use of the evaluation as a learning tool to improve the joint programs and widely disseminating lessons learnt.

This exercise is both a first opportunity to constitute an independent “snapshot” of progress made and the challenges posed by initiatives of this nature as regards the 3 objectives being pursued by the MDG-F; the change in living conditions for the various populations vis-à-vis the Millennium Development Goals, the improved quality in terms of assistance provided in line with the terms and conditions outlined by the Declaration of Paris as well as progress made regarding the reform of the United Nations system following the “Delivering as One” initiative.

As a direct result of such mid-term evaluation processes, plans aimed at improving each joint program have been drafted and as such, the recommendations contained in the report have now become specific initiatives, seeking to improve upon implementation of all joint programs evaluated, which are closely monitored by the MDG-F Secretariat.

Conscious of the individual and collective efforts deployed to successfully perform this mid-term evaluation, we would like to thank all partners involved and to dedicate this current document to all those who have contributed to the drafting of the same and who have helped it become a reality (members of the reference group, the teams comprising the governmental agencies, the joint program team, consultants, beneficiaries, local authorities, the team from the Secretariat as well as a wide range of institutions and individuals from the public and private sectors). Once again, our heartfelt thanks.

The analysis and recommendations of this evaluation report do not necessarily reflect the views of the MDG-F Secretariat.



Joint Program
Promoting Sustainable Food and Nutrition
Security in Timor-Leste

Mid-Term Evaluation

FINAL REPORT

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Please mind that the viewpoints expressed in this report are those of the evaluator and do not necessarily reflect the opinion of Government of Timor-Leste, UN Agencies and other development partners.

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Acronyms & Abbreviations

AAA	Accra Agenda for Action
AECID.....	Spanish Agency for International Development Cooperation
DHS	Demographic and Health Survey
BMI	Body Mass Index
CMAM.....	Community-based Management of Acute Malnutrition
ECOSOC	Economic and Social Council
FAO	Food and Agricultural Organization
GOTL.....	Government of Timor-Leste
HACT	Harmonized Approach to Cash Transfer
HRBA.....	Human Rights-Based Approach
JP	Joint Programme
MDG	Millennium Development Goal
MDG-F.....	Millennium Development Goal Achievement Fund
MSG	Mother Support Group
MTSP.....	Mid-Term Strategic Plan
NGO	Non-Governmental Organization
NP	National Priority
OECD DAC.....	Organization for Economic Cooperation and Development – Development Assistance Committee
PD	Paris Declaration
PLA.....	Participatory Learning and Appraisal
PMC.....	Programme Management Committee
PMU.....	Programme Management Unit
SISCa	Integrated Community Health Service
UN	United Nations
UNCT.....	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNICEF	Children's Fund of the United Nations
UNMIT	United Nations Integrated Mission in Timor-Leste
UNRC	UN Resident Coordinator
WFP.....	World Food Programme
WHO.....	World Health Organization

Map of Timor-Leste indicating location of Districts



(Source: National Statistics Directorate, Ministry of Finance, Democratic Republic of Timor-Leste and ICF Macro, *Timor-Leste Demographic and Health Survey 2009-2010*, Dili, November 2010.)

EXECUTIVE SUMMARY

- i. Timor-Leste became independent in 2002 after much destruction had taken place due to a campaign of violence by militia groups. After a period of crisis in 2006 and the re-establishment of security GOTL engaged in a process to revive the economy and to tackle the country's social problems. One of those is the high level of malnutrition of children under five and the low nutritional status of women of reproductive age. In addition to aspects of food security, the causes of malnutrition include inadequate child feeding practices, high incidence of illness and inadequate access to health and nutrition services.
- ii. The Joint Programme in Timor-Leste is meant to address the malnutrition of children under 5 years of age and the low nutritional status of women of reproductive age, which issues reach the level of a severe public health challenge. It is implemented in four districts of Timor-Leste and builds on support that the individual UN agencies concerned, i.e. FAO, UNICEF, WFP and WHO, have been providing before. The overall goal of the programme is meant to be achieved through three outcome areas: improved health and nutritional status of under-five children and pregnant and lactating women; school feeding programme; and establishment of a food security and nutrition surveillance system.
- iii. The present mid-term evaluation is formative in nature and seeks to generate knowledge, identify best practices and lessons learned, and improve implementation of the joint programme in Timor-Leste for the remaining period of implementation. The evaluation makes use of four of the five DAC Evaluation criteria i.e. relevance, effectiveness, efficiency and sustainability. It combines a desk review of materials and a country visit in which key stakeholders were consulted making use of semi-structured interviews, focus group discussions and a validation meeting.
- iv. The relevance of the programme is relatively high with the programme goal and objectives responding to the severe conditions of children under five and those of pregnant and lactating mothers. The programme appears in line with the policy of GOTL which has an enhanced focus on achieving the MDGs and an increased ownership of initiatives to enhance the nutritional conditions of children and women. The goals and objectives are also in line with the UNDAF outcomes.
- v. The programme has been relatively effective in the parts in which activities could be started. In particular this has been the case for strengthening the health system's capacity to deliver quality nutritional services and increasing demands for such services by families and communities. Moreover, activities were started in enhancing the availability of micro-nutrient rich foods. In particular in the programme components on food supplementation, salt iodization, vitamin A supplementation and production of blended food, results are being achieved. Promotion of vegetable gardens, small livestock rearing and aquaculture activities were delayed substantially. Moreover, programme outcome areas on school gardens and establishment of a food security and nutrition surveillance system have been delayed. This has meant that results in these parts of the programme have lagged behind expectations.
- vi. Given the delays in support to small scale food production, linkages between nutritional and food security components of the programme could not yet be realized. While the startup and initial implementation of the programme has required a high level of coordination amongst parties concerned, the synergy between the various components of the programme have so far been limited, meaning that the 'costs' of joint programming have not yet been followed by the benefits in terms of enhancing the results at the local level.
- vii. While there appears a balanced approach between supply and demand side issues in the support to the development of health systems, there is less of a balance between supply and demand side issues in the

- support to agriculture and gardening, where there is room to further work with groups of farmers to improve farming practices. Moreover, in areas with market access, the drive for vegetable growing appears cash oriented which differs from the design of the programme in which a subsistence approach to vegetable production is assumed. This needs to be incorporated in the implementation framework of the programme. The concerns on quality and quality control and on efficiency of production as practiced in the set-up of a supplementary food plant need to be more rigorously applied to the salt iodization component of the programme in order to enhance its implementation.
- viii. Socio-cultural aspects play a substantial role in the way in which issues of food security, nutrition and malnutrition are explained and dealt with at the local level. There is a need for the programme to incorporate this diversity of socio-cultural aspects of the local context in Timor-Leste and to fine tune programme implementation accordingly, ensuring the inclusion of vulnerable and difficult to reach populations and groups.
 - ix. The activities of the various parties of the MDG-Fund are part of a wider range of programmes and policies of the stakeholders concerned. Therefore the changes at the level of programme outcomes and goal cannot necessarily be attributed to the joint programme alone. The extent as well as the way in which the programme contributes to outcome- and goal-level changes can be established by inclusion of sufficient intermediate level indicators that address capacity changes and other intermediate changes needed to reach broader objectives and goals.
 - x. With the high level of incidence of parasites found in young children, enhanced attention to de-worming appears required in order to improve nutritional conditions.
 - xi. Monitoring of the programme is relatively weak with the programme results framework not containing enough indications of progress along the results chains in the various components of the programme. This means that though the framework might provide an overall impression of programme progress, the data and information provided is not sufficiently detailed to inform programme management. There is a need to further enhance the framework in this respect in order to support results-based management in the second part of programme implementation. This could also reinforce programme reporting, which has been weak, in particular during the first year of the programme. Parties should take the opportunity to regularly analyse monitoring data and in this way enhance learning and inform programme management decision-making based on progress made so far and constraints met.
 - xii. The governance set-up of the programme has been combined with the Gender Equity and Women's Rights Joint Programme, making use of the same National Steering Committee. For management purposes the programme has used an existing working group, which has enhanced efficiency of governance and management arrangements of the programme and reduced transaction costs.
 - xiii. Many of the delays in the programme have been related to staff turn-over and recruitment. Partly this relates to the specific situation of Timor-Leste, in which it appears difficult for most organizations to recruit technically qualified national and international staff. Moreover, UN recruitment procedures prove to be time consuming and there appeared no HR format for a joint programme coordinator within the UN system.
 - xiv. The systemic focus of the programme, building in particular capacities at the organizational level, enhances the likeliness of the results to sustain beyond the life time of the programme. Additional attention to the process of capacity development, enhancing local knowledge development and experience through a 'learning by doing' approach could further increase the options for sustainability.

- xv. Relationships with NGOs are often driven by annual plans rather than by longer-term partnership arrangements and concerns, which at times jeopardizes opportunities to build longer-term civil society capacities, which is of particular importance in Timor-Leste.
- xvi. Private sector involvement in the blended food plant can be expected to sustain results and it will be useful to document the experiences gained so far so that lessons learned can be used for engagement with the private sector in other contexts.
- xvii. The MDG-F Joint programme has enhanced the focus of GOTL and UN agencies on nutrition and food security and has shown how these issues can be addressed. There is a high expectation of UN agencies and other donors regarding GOTL allocation of resources to address the issues concerned. With the severity of the present conditions there will need to be a longer term commitment and investment of the GOTL and the donor community in order to sustainably address the issues concerned.

Recommendations (abridged):

1. Further enhance the development and consolidation of a shared understanding of the reasons for malnutrition in Timor-Leste, amongst GOTL Ministries and Departments and UN agencies, - developing a framework in which immediate as well as underlying causes of malnutrition and undernutrition are identified, paying particular attention to the relationships between nutritional aspects and issues of food security; - jointly advocate for the use of such a framework in the development of initiatives to address nutritional conditions as well as in the reporting of the Food and Nutrition Security Task Force
2. Enhance relationships between the various components of the programme in particular between food security and nutrition aspects and enhance the synergy that is meant to occur through the combination of programme components at the local level;
3. Enhance selected capacity development aspects of the programme;
4. Reinforce the targeting of the programme and the extent to which it is adapted to socio-cultural specific contexts and requirements of vulnerable groups through further focusing the participatory learning and action approach of the programme in selected districts and communities;
5. To enhance results-based management and maximizing program results through improved program monitoring, adapting the programme results framework and conducting focused joint monitoring initiatives for key aspects of the programme;
6. Enhance reporting of the programme by improving the analysis of monitoring data involving the various GOTL and UN agencies concerned.

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1 INTRODUCTION

Background

- 1.1 Timor-Leste gained its independence in May 2002 after four centuries of colonial rule by the Portuguese and 24 years under Indonesian occupation. Between 1999 and 2002, Timor-Leste was administered by the United Nations. After voting for independence in 1999, an estimated 75% of the population was displaced and nearly 70% of buildings, homes, schools etc. were destroyed through a campaign of violence carried out by militia groups.
- 1.2 As a result of unfulfilled developmental aspirations and political polarization, a period of crisis emerged in 2006¹, leading to the displacement of some 150,000 people in Dili and surrounding areas. These events stalled the development process². In the aftermath of the conflict, the GOTL's first priority was to resolve Timor-Leste's political and security problems and to achieve stability. More recently, increasing attention has been paid to revive the economy and tackle the country's social problems. Given that most post-conflict countries require at least 15 to 30 years to transit out of fragility, social and economic development in Timor-Leste has been regarded as remarkably fast.³
- 1.3 Timor-Leste's petroleum reserves are key to the country's prosperity. Mindful of the problems that can occur with use of these natural resources, the previous Government created a petroleum management structure in which petroleum revenues are deposited into a Petroleum Fund, managed by the Banking and Payments Authority. The latter invests the proceeds to support economic development in Timor-Leste over the longer term, with the interest income passed on to the State Budget.⁴ As of 2011, reserves amounted to over 6 billion USD.⁵ The GOTL annual state budget has increased substantially, and has almost tripled over the last three years.⁶
- 1.4 Economic growth in Timor-Leste picked up after 2007. Eighty percent of the population depends on agriculture, forestry and fisheries for their livelihoods, yet productivity remains relatively low. In 2001 40% of the population lived below the national poverty line of USD 0.55 per day, whereas in 2007 poverty worsened due to political conflict and related economic decline, as well as over-dependence on subsistence agriculture, a high rate of population growth and inflation fuelled by the global financial and food crisis⁷. In 2009 about 85% of the men and 40% of the women aged 15-49 were employed, mainly in agriculture.⁸ The rate of unemployment is high in particular in the age group of 15 – 24 years and in the capital Dili. The low overall living standards are reflected in the average life expectancy of 59.7 years. In 2008 and 2009 150,000 IDPs were supported to return to their homes and communities. In 2009 41% of the population was living below the poverty line, which meant a reduction of 9 percent compared to the situation of 2007.⁹
- 1.5 The country is experiencing high maternal mortality rates at 557 deaths per 100,000 live births, which is one of the highest rates in the region.¹⁰ Under 5 mortality has decreased and was assessed to be at 64 per 1000 live births in 2009, which was a considerable improvement compared to the data from 2003 when it was at 83. This is due mainly to a decrease in infant mortality.¹¹ It is the neonatal mortality rate which is of particular concern as

¹ UNICEF *Situation Assessment and Analysis of Children and Women in Timor-Leste*. August 2008.

² GOTL *Millennium Development Goals 2010. Where we are now! Where do we want to be in 2015?* Dili, 2011.

³ World Bank *Timor-Leste Country Brief*.

⁴ World Bank Group and Asian Development Bank, *Economic and Social Development Brief*, August 2007.

⁵ Forward of the Prime Minister in GOTL, *Millennium Development Goals 2010. Where we are now! Where do we want to be in 2015?* Dili, 2011.

⁶ Ibid.

⁷ UNICEF *Situation Assessment and Analysis of Children and Women in Timor-Leste*. August 2008.

⁸ National Statistics Directorate, Ministry of Finance, Democratic Republic of Timor-Leste *Timor-Leste Demographic and Health Survey 2009-10*, November 2010.

⁹ GOTL *Millennium Development Goals 2010. Where we are now! Where do we want to be in 2015?* Dili, 2011.

¹⁰ In order for Timor-Lest to reach the MDG target of improving maternal deaths it would need to be 252 by 2015 (UNICEF, *Situation Assessment and Analysis of Children and Women in Timor-Leste*. August 2008).

¹¹ National Statistics Directorate, Ministry of Finance, Democratic Republic of Timor-Leste *Timor-Leste Demographic and Health Survey 2009-10*, November 2010.

it has declined less compared to infant mortality rates. The relatively high level of disparity across the 13 districts of Timor-Leste is reflected in the under-five mortality rates, which varies from 42 (Baucau district) to 102 (Ermera district). Results from the Timor-Leste Demographic and Health Survey (DHS) confirm the relationship between mothers giving birth at a relatively young age and childhood mortality.¹²

- 1.6 Malnutrition and under-nutrition remain at a high level and form an obstacle to potential economic growth in Timor-Leste. Fifty-eight percent of children under the age of 5 are stunted (i.e. short for their age) including 33% who are severely stunted, a result of lack of adequate nutrition over an extended period and recurrent or chronic illness. Nineteen percent of children under the age of 5 are acutely malnourished (wasted or thin for their height) including 7% who are severely wasted. Prevalence of underweight (low weight for age) remains very high at 45% which means an increase compared to 2003 when it was at 42%.¹³ Moreover, 15% of children proved severely underweight. These figures show the severe state of young children and the high level of malnutrition across all three indicators.¹⁴
- 1.7 Although under-nutrition of women has decreased in the past decade, it remains high with 27% of non-pregnant women aged 15 to 49 chronically underweight (Body Mass Index below 18.5) indicating a severe situation of food insecurity. Fourteen percent of women in this age group gave birth before reaching the age of 18.¹⁵ Under-nutrition of young women is an important determinant of maternal and child health. In instances where under-nutrition is high, malnourished women and adolescent girls often give birth to babies who are born stunted and small, which leads to an inter-generational poverty cycle.
- 1.8 Major contributing factors for the high rates of malnutrition and under-nutrition in Timor-Leste include high levels of food insecurity, poor knowledge on young child feeding and caring practices (including breastfeeding), high incidence of acute respiratory infection, malaria and diarrhoea, and inadequate access to health and nutrition services.¹⁶
- 1.9 Although use of breastfeeding is nearly universal, exclusive breastfeeding rates during the first six months are relatively low at 52%. The percentage of children that are breastfed early has increased over the past six years, in particular for children breastfed within one hour of birth which has increased from 47 to 82%. Traditional belief systems at times constrain young child feeding practices, like the practice of discarding the colostrum (the first breast milk), delaying initiation of feeding and provision of pre-lacteal feeds. Complementary feeding practices are relatively poor and influenced by local beliefs as well as the difficulty and relatively high cost of preparing nutritious food.
- 1.10 According to a food security analysis conducted in 2006 about 20% of the population is food insecure, an additional 23% is highly vulnerable to becoming food-insecure and 21% is moderately vulnerable. The percentage of population with per capita food consumption below the food poverty line increased from 31.2 to 42.1% between 2001 and 2007. Food insecurity is most severe in the county's lean season, from October to March, and in upland areas, among subsistence farmers, female-headed households and households with sudden crisis. Inadequate staple food production and storage, low availability of quality seeds and other inputs for agriculture and recurrent natural disaster are reasons behind food insecurity.¹⁷
- 1.11 Access to health services has improved over the last decade but remains low with one third of the population still more than two hours walk from the nearest health facility¹⁸. In addition to access, a patient referral system, health information system and viability of supplies and essential drugs remain high priorities. The proportion of children with full immunization

¹² National Statistics Directorate, Ministry of Finance, Democratic Republic of Timor-Leste *Timor-Leste Demographic and Health Survey 2009-10*, November 2010.

¹³ Figures from DHS 2009-10 and DHS 2004 respectively, making use of WHO child growth standards.

¹⁴ National Statistics Directorate, Ministry of Finance, Democratic Republic of Timor-Leste *Timor-Leste Demographic and Health Survey 2009-10*, November 2010

¹⁵ Ibid.

¹⁶ GOTL, MDG Achievement Fund, *Joint Programme Promoting Sustainable Food and Nutrition Security in Timor – Leste*. 2009.

¹⁷ Ibid.

¹⁸ Ibid.

coverage has increased from 18% in 2003, 23% in 2007, to 53% in 2009. The high child and maternal mortality rates are considered clear indications of a need for a primary health care system accessible to and addressing the problems of women and children, in addition to improved family knowledge and health seeking behaviour.¹⁹

- 1.12 The GOTL has identified National Priorities, which for 2011 include: i. Basic Infrastructure; ii. Rural Development; iii. Accelerated Human Resources Development; iv. Access to Justice; v. Service Delivery to the Public; vi. Good Governance and vii. Public Security and Stability. Community based health service delivery, focused on maternal and child health, is a priority area in the health sector with special attention to skilled attendance at birth, increased immunisation coverage, increased coverage of treatment of common childhood illnesses and coverage of essential nutrition interventions.
- 1.13 The Timor-Leste Strategic Development Plan 2011-2030 recognizes the enormity of the problem of malnutrition of young children and women and highlights the importance of adequate nutrition in the first years of life as essential for children's physical and mental growth. The strategy includes promotion of the diversity and consumption of locally produced food and includes improved mother and child nutrition care practices, improved access to and quality of nutrition services at health facilities in the community, and nutrition behaviour change programs.²⁰
- 1.14 This is a considerable change from the situation in 2007, when an assessment found that at the national level there was a relatively high level of commitment to tackle nutritional issues, which though were usually regarded as being addressed through supporting economic development. What was seen as lacking at that stage was the realization that nutrition problems constrain economic development itself and tackling these issues through short routes means making an investment in the country's economic development.²¹
- 1.15 In agriculture the primary goal is to achieve food security by 2020, and to reduce rural poverty. This is meant to be achieved through support to the transition from subsistence farming to commercial farming of crops, livestock and fisheries, improved farming practices and enhanced productivity, while ensuring environmental sustainability and the conservation of Timor-Leste's natural resources. Special attention is given to rice, maize and other staple food crops, fruits and high-value vegetables and the development of niche cash crop products.²²
- 1.16 One of the four axis of the GOTL Rural strategy for 2010 – 2020 concerns farming and food production with a focus on production. One of the indicators for success is a reduction in the proportion of under-five year old children who are under-weight with a target reduction from 49% in 2007 to 31% by 2020.²³
- 1.17 Fertility rates in Timor-Leste remain the highest in South East Asia at 5.7 births per woman and while prevalent in all age groups, fertility rates are higher in rural compared to urban areas, with an inverse relation to the level of education as well as wealth quintile.²⁴
- 1.18 The Health Sector Strategic Plan (2008 – 2012), focuses on delivery of five basic services, including nutrition, maternal, new-born and child health. These services are meant to be implemented through improved community based integrated service delivery (SISCa) with the support of Ministry of Health (MOH) staff at health posts and community health centres, and with referral care of 6 referral hospitals and one national hospital in Dili. A Medium Term Expenditure Framework have been put in place for the health sector

¹⁹ GOTL, MDG Achievement Fund, *Joint Programme Sustainable Food and Nutrition Security in Timor-Leste*, 2009 and DHS 2009-10.

²⁰ GOTL, Timor-Leste Strategic Development Plan 2011-2030.

²¹ MoH, WHO, UNICEF, *A Landscape Analysis of Readiness to Act in Nutrition: Report of the Country Assessment in Timor-Leste*. July 2009.

²² Ibid.

²³ *The Strategic framework for Rural Development in Timor-Leste (2010-2020)*, July 2010.)

²⁴ National Statistics Directorate, Ministry of Finance Democratic Republic of Timor-Leste and ICF Macro, *Timor-Leste Demographic and Health Survey 2009-10*, November 2010.

- 1.19 The MOH National Nutrition Strategy (2004)²⁵ focuses on three levels of service delivery from national to family level and consists of two components: one focusing on maternal and child nutrition and another on food security with the latter including multi-sectoral interventions.
- 1.20 The UNDAF of Timor-Leste has three priority areas, of which two relate directly to the Joint Programme: the second pillar on Poverty Reduction and Sustainable Livelihoods, and the third pillar on Basic Social Services. The third UNDAF priority relates to Democratisation and Social Cohesion, and supports the conditions needed for the other two to be implemented.
- 1.21 Based on the results achieved so far in the Joint Programme and the perceived need by GOTL and UN agencies for additional support to food and nutrition security initiatives, parties have developed a joint proposal for support to the EU MDG acceleration fund. The proposal is currently under consideration by the EU²⁶.

The Joint Programme in Timor-Leste

- 1.22 The Joint Programme aims to address food insecurity and malnutrition in a coordinated and integrated way and builds on programme activities implemented by the UN agencies and their partners prior to the initiation of the Joint Programme. It is implemented in four districts of Timor-Leste, i.e. Aileu, Baucau, Manatuto and Oecusse three of which have been identified as UN convergence districts (with the exception of Baucau). The project provides the opportunity to establish inter-ministerial dialogue on food security and nutrition issues, which is considered a major added value.
- 1.23 The programme makes use of a convergent approach in which the same communities in each of the four districts are targeted with interventions from each government partner and UN agency in order to reach a combined effect. Use is meant to be made of Joint Participatory Learning and Appraisal methodology with community members leading the process of identifying and prioritizing nutrition and food security issues and appropriate interventions. The same participatory approach is meant to be followed in implementation and monitoring. Guiding principles for the programme are presented in Box 1 below.
- 1.24 The overall goal of the programme is to strengthen institutional capacity and service delivery mechanisms in order to improve and manage the nutritional status of women of reproductive age and under-five children. This is meant to be achieved by working on three outcome areas. The first outcome focuses on improved health and nutritional status of pregnant and lactating women and under-five children in the four selected districts. This is meant to be achieved on the one hand by strengthening the health system to deliver quality essential nutrition services at SISCa posts, health posts and community health centres. Developing the capacity of the health system at the various levels is meant to enhance early detection, treatment and continuum of care. It includes a data management system which is meant to gather quality health information as well as multi-sectoral data related to food security.
- 1.25 The programme also works on the demand side and aims to increase demand for essential nutrition services by families and communities, in particular poor and vulnerable women and children. This is being done through development of information materials and dissemination and promotion activities through health services as well as through civil society organizations. The programme moreover works through Mother Support Groups, i.e. community based support mechanisms which have been developed with support of a national NGO, and which are meant to be further expanded in the programme area. Special attention is given to interventions for under-two children including micro-nutrient supplementation.
- 1.26 In order to enhance the health and nutritional status of pregnant and lactating women and under-five children the programme includes as a third element the improvement of the availability of micro-nutrients. For this component the programme works on increased production, availability and utilization of micro-nutrient-rich foods for women and children. A

²⁵ MOH is planning to revise the strategy to better respond to the current situation.

²⁶ *Infant and Young Child Nutrition Security: Expanding High-Impact Nutrition Package in Timor-Leste for Sustainable achievement of MDG 1, target 1c An initiative of the Government of Timor-Leste*, 2011.

range of support activities to develop household food production systems include establishment of small scale livestock and aquaculture systems, support to home gardening, and linking food production activities with nutrition education in schools. Capacity of farmers to produce raw materials for fortified foods will be increased and the local production of fortified blended food enhanced by the establishment of a fortified blended food facility. Moreover iodization of local salt production and Vitamin A supplementation are included.

Box 1: Principles of the Programme to ensure Joint-ness and Coordination

1. **Joint targeting** by Government partners and communities using PLA
2. **Needs basis for provision of technical support** to government counterparts and stakeholders
3. **Capacities of stakeholders will be built** on all levels through training, continuous supportive supervision and joint monitoring of activities
4. **Ensuring community participation** by implementing the programme with civil society organizations, church based organizations and (I)NGOs
5. **Common Joint Programme support budget** for M&E, advocacy, education and communication campaign
6. **Trainings will be integrated and joined** to ensure that the same message is delivered and to reduce training fatigue
7. **Joint mid-year / annual reviews and annual work plans** will use the same procedures as already in place with relevant government counterparts
8. **Integration of school gardens** into schools of selected districts that implement 'child to child education' programme concept

- 1.27 The second outcome of the joint programme focuses on improved access and completion of quality basic education in the programme area. This is meant to be achieved through improving the quality of school feeding and increased nutrition education in schools and communities, through introduction of school gardens and utilization of nutritious food. This component builds on the school feeding programme of WFP, which ended in August 2011. Training and inputs will be provided for the set-up and maintenance of school gardens. Students as well as Parent Teacher Association members will receive nutrition education. Child-to-child learning will be integrated into the school gardening. The school feeding programme is meant to increasingly utilize locally produced nutritious foods.
- 1.28 The third programme outcome focuses on functioning food security and nutrition information systems at all sub-districts in the four selected districts. This will be realized through strengthening the capacities at national, district and local level to establish and utilize a Food Security Information and Early Warning System and improving the capacity of District Food Security Committees and District Disaster Management Committees to plan and support mitigation and response initiatives and to create linkages amongst them. In the past, support has focused on national level capacity. The joint programme will add a focus on district level and inclusion of nutrition information in the early warning system. Gender is meant to be incorporated across the outcome areas, and coordinated with the MDG-F supported Gender Equity and Women's Rights Joint Programme. For the results framework of the Joint Programme see Annex 1.
- 1.29 Management and coordination arrangements for the Joint Programme include a National Steering Committee for guidance and general oversight. This committee, chaired by the Minister of Economy and Development and the UN Resident Coordinator, comprises of GOTL, UN and AECID representatives. Overall programme resource management and

supervision is the responsibility of the Programme Management Committee (PMC), comprising of GOTL Ministries, UN participating agencies and representatives of other UN agencies, civil society organizations and experts invited to participate as appropriate. Day to day management is the responsibility of the Programme Management Unit, located in UNICEF and operating under the guidance of the co-chairs of the PMC (representatives of MAF and UNICEF).

Mid-Term Evaluation Purpose, Objectives and Scope

- 1.30 The present mid-term evaluation is meant to be formative in nature and seeks to generate knowledge, to identify best practices and lessons learned, and to improve implementation of the joint programme in Timor-Leste for the remaining period of implementation. The main users of the evaluation results are expected to be the National Steering Committee, the Programme Management Committee and the Secretariat of the MDG-Fund as well as the key Ministries and UN agencies concerned.
- 1.31 The evaluation focuses on the design, process and results (or results trends) of the joint programme. The unit of analysis of the evaluation is the Joint Programme. The evaluation will apply an expedited process with the whole of the evaluation process being finalized within a three month period.
- 1.32 More in particular, the evaluation will include the following specific objectives:
- To discover the programme's **design** quality and internal coherence (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the Millennium Development Goals, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action.
 - To understand issues of implementation **process** and how the joint programme operates, the focus will be on the management model in planning, coordinating, managing and making use of resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. This analysis will seek to uncover the factors for success and limitations in inter-agency tasks within the One UN framework.
 - To identify the programme's **results** among its participants, its contribution to the objectives of the Children Food Security and Nutrition thematic window, and the Millennium Development Goals at the local and/or country level.
- 1.33 In terms of the **relevance** of the programme, the evaluation will look at the extent to which the objectives of the programme are consistent with the needs and interest of the people, the needs of the country, the MDGs and the policies of associates and donors. Issues of ownership of the design and national actors' effective exercise of leadership in the development interventions will be included.
- 1.34 Concerning **effectiveness** the evaluation will assess the extent to which the objectives of the programme have been realised or can be expected to be realized, taking into account their relative importance. This includes the programme's contribution on a country level, towards realizing broader goals including the MDG-F Thematic Window and the MDGs and towards implementation of the principles of the Paris Declaration and Accra Agenda for Action. Lessons learned and good practices will be identified.
- 1.35 In terms of the **efficiency** of the programme, the evaluation will look at the extent to which the resources have been turned into results in an efficient way as well as governance mechanisms, and issues of coordination amongst agencies concerned.
- 1.36 In terms of **sustainability** the evaluation will focus on issues of ownership of design, process and results of the program; whether capacities to sustain results have been sufficiently developed; whether financial capacity is adequate to keep up programme benefits, and whether organizational capacities have been sufficiently strengthened to carry out the roles that the joint programme is performing.

Mid-Term Evaluation Methodology

- 1.37 The evaluation process will include a briefing with the MDG secretariat, review of existing documentation through a desk review, a two week country visit with a validation meeting at the end of the visit, data analysis and draft and final reporting. The various stages of the process are outlined in the table below with methodologies for each of the stages detailed. The itinerary of the country visit is presented in annex 2.

Table 1: Stages of the Evaluation Process and Methodologies

Stage	Description	Methodology
Stage 1	Briefing with the MDG Secretariat	Briefing by virtual means
Stage 2	Review of Existing Documentation	Desk Review of available written information and documentation; Preparation of the Inception report, including the results of the desk review
Stage 3	Country visit	<p>Semi structured interviews with a range of country and local level stakeholders including:</p> <ul style="list-style-type: none"> ➤ GOTL: Ministry of Economy and Development, Ministry of Finance, Ministry of Health, Ministry of Agriculture and Fisheries, Ministry of Social Solidarity, Ministry of Tourism, Commerce and Industry ➤ UN: RC Office, UNICEF, WFP, FAO, WHO ➤ Civil Society: Alola Foundation, CARE International ➤ Private Sector: Timor Global ➤ Programme Management Coordinator and team ➤ District officials of selected districts and selected communities ➤ Staff of Community Health Centers, Health Posts and SISCa posts <p>Focus group discussions with members of home gardening group and mother support group</p>
Stage 4	Validation meeting	Meeting with key stakeholders to feed-back initial results of the evaluation, to validate findings and to discuss preliminary conclusions and recommendations
Stage 5	Analysis and reporting	Analysis of data gathered and draft and final report writing

- 1.38 During the country visit stakeholders were involved as much as possible in the evaluation process. For this purpose a wide range of stakeholders was included in the discussions and at the end of the visit, a validation meeting was conducted with key stakeholders in order to validate findings and discuss preliminary conclusions and recommendations. The Evaluation Team adhered to the UNEG Evaluation Standards and Norms, in order to ensure a high level of quality of evaluation process and results.²⁷
- 1.39 For data gathering use was made of key informant interviews for which a semi-structured approach was applied. Moreover, in particular when meeting with programme beneficiaries, focus group discussions were used, thereby enhancing participation of women in these meetings.

²⁷ United Nations Evaluation Group *Standards for Evaluation in the UN System*, April 2005 and United Nations Evaluation Group *Norms for Evaluation in the UN System*, April 2005.

- 1.40 Timor-Leste has been selected as one of the nine focus countries in the MDG-Fund and as such activities on Advocacy and Communication, as well as on Monitoring and Evaluation will receive enhanced attention. This additional support is provided within the framework of the total support of Joint Programmes to the country and will as such be included in the country level evaluation, which is planned for MDG-F Focus Countries, in addition to evaluations on the level of individual joint programmes. Therefore the present evaluation will not specifically focus on this additional support.

2 MID-TERM EVALUATION FINDINGS

RELEVANCE: The extent to which the objectives of a development intervention are consistent with beneficiaries' requirements, country needs, global priorities and partners' and donors' policies²⁸

- 2.1 **Finding:** The objectives of the Joint Programme on food and nutrition security directly link with and respond to the severe nutritional conditions of under five children and pregnant and lactating mothers as identified in the Timor-Leste Demographic and Health Survey 2009-10.

Table 2: Joint Programme Goal and Intermediate Objectives

Programme Goal: To strengthen institutional capacity and service delivery mechanisms to improve and manage the nutritional status of women of reproductive age and under-five children		
Outcome 1: Improved health and nutritional status of pregnant and lactating women and under-five children in 4 selected districts	Outcome 2: 20 per cent more children access, and 25 per cent more children complete, free compulsory quality basic education in 4 selected districts	Outcome 3: Food Security and Nutrition Surveillance Systems established and functioning at all sub-districts in 4 districts

- 2.2 There is a clear linkage between the goal of improving the nutritional status of women of reproductive age and under-five children and identified needs regarding food and nutrition security of under five children and pregnant and lactating women. Under-nutrition of women remains high with over a quarter of women aged 15 to 49 chronically underweight (BMI < 18.5). Nonetheless this means an improvement compared to 2003 at which time 38% of women were underweight. Though child mortality has been reduced, the incidence of under-five malnutrition has actually increased between 2003 and 2009 with the indicators for chronic as well as acute malnutrition increased.²⁹ The results of the child anthropometry indicators show a very high level of public health significance compared to the WHO benchmark for the various indicators (see Table 3 below). This also becomes obvious when comparing the total level of underweight (the composite indicator) of Timor-Leste of 44.7% for 2009, with those of other Least Developed Countries in the South East Asia-Pacific region: Lao PDR with 37% (2003-2009) and Vanuatu 16% (2003-2009).³⁰

Table 3: Nutritional Status Indicators for Children under five in Timor-Leste for 2003 and 2009³¹

Indicator	Description	2003		2009		WHO Benchmark (Total Malnourished)
		Total malnourished	Severely malnourished	Total malnourished	Severely malnourished	
Height for Age	Identifies long term effects of malnutrition; recognizes stunting as chronic aspect	49.4%	28.2%	58.1%	32.9%	over 40% is 'very high'
Weight for Height	Identifies current nutritional status; recognizes wasting as acute aspect of malnutrition	12.4%	2.8%	18.6%	7.0%	over 15% is 'very high'
Weight for Age	Composite indicator referring to under-weight	45.8%	14.9%	44.7%	15.4%	over 30% is 'very high'

²⁸ OECD DAC, *Glossary of Key Terms in Evaluation and Results Based Management*, 2002

²⁹ Timor-Leste DHS 2003; Timor-Leste DHS 2009-10; UNICEF *Situation Assessment and Analysis of Children and Women in Timor-Leste*. August 2008.

³⁰ Ibid.

³¹ Statistical data from UNICEF Country office websites of UNICEF Lao PDR and UNICEF Vanuatu.

- 2.3 With the current severe deficiencies in the nutritional conditions of children under five and pregnant and lactating women combined with the fluctuations in food availability, in particular during the months from October to March (the lean season in rural areas), a food security and surveillance system appears to be a relevant undertaking. This also takes into account the vulnerability of Timor-Leste to a variety of natural disasters including drought, floods and storms, and negative impacts from climate change. With data from various departments and agencies in the areas of agriculture, health, and nutrition, the Early Warning System is expected to be able to identify issues early on, before they lead to main food shortages and nutritional deficiencies and to enhance disaster prevention and preparedness. The system is an important element in the second National Priority on Rural Development.³²
- 2.4 Addressing the nutritional conditions in particular of children up to 2 years of age appears particularly relevant, as research has shown that it is especially growth failure in the first two years of life which cannot be recuperated later. Thus, it is especially malnourishment of children under two years old which puts a heavy burden on their later development as well as on the development of a country.³³
- 2.5 **Finding:** *The objectives of the Joint programme are in line with the policy of GOTL, which has shown increased attention to the MDGs after stability was re-established following the crisis of 2006. Moreover there is a recognized need to address nutritional conditions of children and women of reproductive age and an increasing level of ownership in terms of initiatives for enhancement of nutritional conditions of target groups.*
- 2.6 As the youngest state in Asia, Timor-Leste has had to deal with aspects of state formation and governance for over a decade. With the situation stabilizing since the 2006 crisis and with democratic elections scheduled for 2012, there is an enhanced focus on economic and social development and on achieving the MDGs. A National MDG Steering Committee, supported by an MDG Secretariat was established in 2009, with Nutrition selected as priority in April 2011.
- 2.7 In addition to a focus on food security issues, an enhanced focus by the GOTL on nutrition issues has become apparent. This is reflected, amongst others, in the Comoro Declaration against famine and malnutrition. This declaration was signed in October 2010 and reflects a commitment of the GOTL and the concerned Line Ministries to address issues of malnutrition and food security in a concerted way. The declaration emphasizes the need for “access by anyone, at any given time, to sufficient food that is nutritionally adequate and safe”. It stresses the need “to further strengthen and increase coordination and cooperation in the areas of food security and nutrition between each of our Ministries” alongside international support from development partners. Signees include Minister of Agriculture and Fisheries, Minister of Finance, Minister of Health, Minister of Tourism, Trade and Industry, Minister of Economy and Development, Minister of Education and Minister of Social Solidarity. The signatories are from the same Ministries which play a role in the Joint Programme.³⁴
- 2.8 The Timor-Leste Strategic Development Plan 2011-2030 recognizes the severity of the problem of malnutrition of young children and women and includes a variety of ways to address the issues concerned.
- 2.9 Enhanced GOTL ownership of the agenda for improving the nutritional conditions of young children and pregnant and lactating women is also evident from the latest MDG report, which was prepared by the MDG Secretariat. The analysis of MDG 1 on reduction of poverty and hunger contains a set of issues to be addressed over the coming years in order to improve

³² GOTL Food and Nutrition Food and Nutrition Security Task Force, *Inter-Ministerial Task Force on Food and Nutrition Security Situation Assessment Report*. June 2011.

³³ Young child malnutrition affects development in three ways, through affecting brain development resulting in more limited cognitive and educational performance, through body growth and muscle mass which limits health conditions and individual strength and metabolic system which can result in severe illness. Ministerio de Saude, UNICEF and WHO, *A Landscape Analysis of Readiness to act in Nutrition: Report of the Country Assessment in Timor-Leste*. Dili, July 2009.

³⁴ Comoro Declaration “Putting an end to Hunger and Malnutrition”, Dili, Timor-Leste, 18 October 2010.

nutritional status of children under 2 and pregnant and lactating women (see Box 2 below for details).

Box 2: GOTL proposed Measures to improve Nutritional status of children under two and pregnant and lactating women

- Prioritize nutrition interventions for adolescents, children under 2 and pregnant and lactating mothers
- Increase the reach of education to promote improved feeding practices, including exclusive breastfeeding and timely introduction of complementary feeding
- Build community awareness, acceptance and engagement with nutritional services
- Establish peer support mechanisms such as the Mother Support Group (MSG), Parents Teachers Association (PTA), community health and nutrition champions and networks of community health volunteers
- Provide micro-nutrient supplementation (Vitamin A, iron, iodine, etc.) and food fortification (salt iodization) in consideration of food diversity
- Treat acute malnutrition at health facilities and community levels
- Provide safe drinking water and promote of improved hygiene and sanitation in schools and communities

Source: *Millennium Development Goals 2010. Where we are now! Where do we want to be in 2015?* Dili, 2011.

2.10 Finding: *The objectives of the Joint programme are in line with the UNDAF.*

2.11 The goal and objectives of the programme clearly relate with parts of the Timor-Leste UNDAF as shown in Table 4 below. There is in particular a strong linkage with Pillar 3 on basic social services which includes:

‘improved feeding and caring practices and increased ... utilization of quality nutrition services’.

Joint Programme goal and objectives often form a sub-set of issues of the wider UNDAF outcome area concerned.

Table 4: Linkage of Joint Programme Goal and Objectives with UNDAF Outcome Areas³⁵

Programme Goal and Objectives	UNDAF Outcome Areas
Programme Goal: To strengthen institutional capacity and service delivery mechanisms to improve and manage the nutritional status of women of reproductive age and under-five children	UNDAF Outcome 3: By 2013, children, young people, women and men have improved quality of life through reduced malnutrition, morbidity and mortality, strengthened learning achievement and enhanced social protection.
Outcome 1: Improved health and nutritional status of pregnant and lactating women and under-five children in 4 selected districts Output1: Strengthened health systems and access to nutritional services Output 2: Enhanced demand for nutrition services Output 3: Increased production and utilization of micronutrient-rich foods among women and children	CP Outcome 3.2: Families and communities have improved access to and utilisation of quality health care services CP Outcome 2.1: Vulnerable groups, particularly IDPs, disaster-prone communities, women and youth, benefit from opportunities for sustainable livelihoods CP Outcome 3.3: Families and communities have improved feeding and caring practices and increased access to and utilisation of quality nutrition services
Outcome 2: 20 per cent more children access, and 25 per cent more children complete, free compulsory quality basic education in 4 selected districts	CP Outcome 3.1: 20 percent more children access, and 25 percent more children complete, free compulsory quality basic education
Outcome 3: Food Security and Nutrition Surveillance Systems established and functioning at all sub-districts in 4 districts	CP Outcome 2.2: Local communities and national and district authorities practice more effective environmental, natural resource and disaster risk management

³⁵ Democratic Republic of Timor-Leste, *United Nations Development Assistance Framework, UNDAF 2009-2013*.

EFFECTIVENESS: The extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance³⁶

- 2.12 **Finding:** *The programme has started to achieve results in particular in various parts of outcome area 1 on **Improved health and nutritional status of pregnant and lactating women and under 5 children**, in which activities could be started. Activities in Outcome 2 on **Enhanced access and completion of free compulsory quality basic education** and Outcome 3 on **Food Security and Nutrition Surveillance Systems established and functioning at all sub-districts** were severely delayed, which has limited results achieved so far in these components of the programme.*
- 2.13 Based on the discussions during the mission, the JP progress reports and the PMC and NSC meeting minutes it is clear that the joint programme has started to generate results. Yet, the spread of results across the programme outcome areas is uneven and there have been substantial delays in parts of the programme. An overview of progress until July 2011, as reported in the last progress report, is presented in Table 5 below.
- 2.14 There appears to be substantial momentum in outcome area 1 on improving health and nutritional conditions, with activities to support strengthening of the health system, including guidelines on CMAM in place and staff trained. Based on initial results in the four selected districts, supplementary feeding and CMAM have been expanded to 13 districts rather than being limited to four selected districts. Lessons learned from CMAM in Timor-Leste have been identified and described, which process started during the MDG-F Knowledge Management Regional Workshop in 2011. For details see Annex 3.
- 2.15 With WHO support, training was provided to medical doctors and clinical nurses and guidelines were adapted for the in-patient management of malnourished children in Community Health Centres with beds, Referral Hospitals and the National Hospital. There is a plan for refresher training including training of some staff that were not able to participate in the first round of training. There was informal follow-up of effects of the training, but no formal assessment was conducted. WHO plans to support a dietary guideline of local foods in Timor-Leste as it has done for many other countries in the region, which can help service providers as well as people themselves to inform dietary practice.
- 2.16 One of the constraints mentioned by various parties concerns the limitations in the amount of human resources of health facilities at the local level. One of the ways to further enhance nutrition at the local level would be to locate a nutrition specialist at the sub-district level. Another constraint is the difficulty to reach more isolated areas, in particular during the rainy season when Community Health Centre staff might not be able to reach the SISCa meeting and/or villagers might not be able to reach the SISCa.
- 2.17 Regarding the technical aspects concerned, there appeared to be confusion about the measurement to be used for identification of malnourished children to receive treatment, whether it should be Mid-Upper Arm Circumference (MUAC) or weight (relative to age). In practice weight was used when MUAC is meant to be the measurement for identification of malnutrition, with weight used to monitor whether improvements are occurring, based on treatment provided.
- 2.18 Also work on the demand side has started through community mobilization and Mother Support Groups and is showing results with 20 MSGs established so far and a total of 57 in place (including 37 existing ones as a baseline). Members of Mother Support Groups play an important role in community mobilization as well as in behavioural change communication in SISCa meetings. In a participatory process village facilitators are selected and groups formed to discuss maternal and child health issues, health seeking behaviour, cultural issues as well as decision making in households and related gender aspects.

³⁶ OECD DAC, *Glossary of Key Terms in Evaluation and Results Based Management*, 2002

Table 5: Baseline, Targets and Results so far on Joint Programme Indicators³⁷

Programme Goal: To strengthen institutional capacity and service delivery mechanisms to improve and manage the nutritional status of women of reproductive age and under-five children							
Outcome 1: Improved health and nutritional status of pregnant and lactating women and under-five children in 4 selected districts				Outcome 2: 20 per cent more children access, and 25 per cent more children complete, free compulsory quality basic education in 4 selected districts		Outcome 3: Food Security and Nutrition Surveillance Systems established and functioning at all sub-districts in 4 districts	
Indicator: Weight for Age Children < 5 yrs	Baseline: 44.7% Target: 40.0% Results: 36.1%	BMI	Baseline: n.a. Target: n.a. Results: n.a.	No indicators specified on outcome level		No indicators specified on outcome level	
Output 1.1	Output 1.2	Output 1.3		Output 2.1	Output 2.2	Output 3.1	Output 3.2
1.1.1 # of CHCs and HPs providing outpatient services on CMAM and IYCF* Baseline: 71 Target: 74 Results: 144 of which 73 since JP implementation 1.1.2.% U5 children with acute malnutrition received treatment with RUTF* Baseline: n.a. Target: n.a. Results: Total of 2,235 cases: 1,890 cases in 2010 and 345 in 2011 (Q1,2)	1.2.1. # of Mother Support Groups (MSGs) Established Baseline: 37 Target: n.a. Results: Total of 57 (10 in 2010 & 10 in Q1 & 2, 2011) 1.2.2.% of mothers who received IYCF counselling from MSGs* Baseline: n.a. Target: n.a. Results: 12,792 from Jan 2010 – May 2011 1.2.3.% of caregivers who go to health centres to seek nutrition advice and treatment* Baseline: n.a. Target: n.a. Results: n.a.	1.3.1. # of children 6-23 months who received at least 2 month's multiple micronutrient supplements Baseline: 0 Target: 3,000 Results: (activities have started) 1.3.2.% of HH consuming iodized salt Baseline: 59.9% Target: 80.0% Results: (152 salt producers trained) 1.3.3.% of children 6 – 59 months received Vitamin A Supplementation Baseline: 50.7% Target: 80.0% Results: 41.6% (Q1, 2011) 1.3.4. Metric tons of food produced from pilot local blended food project Baseline: 0 Metric Tonnes Target: 1,500 Metric Tonnes Results : 666 Metric Tonnes 1.3.5. # of households Consuming vegetables from their home gardens Baseline: n.a. Target: 1,000 households Results: (activities have started) 1.3.6. # of farmer groups applying Good Agricultural Practice (GAP) Baseline: 0 Target: 100 Results: (activities have started) 1.3.7. # of farmers groups raising and consuming small scale livestock Baseline: 0 Target: 30 Results: (activities have started in Baucau) 1.3.8. # Aquaculture activities undertaken Baseline: n.a.; Target: 15 Results: (activities have started)		2.1.1. # of school gardens established and providing vegetables Baseline: 0 Target: 150 Results: (activities have started in Baucau district) 2.1.2. # of primary schools adding vegetables in schools meals obtained from school gardens in 4 districts* Baseline: 0 Target: 150 Results: (activities have not yet started)	2.2.1 # of schools organizing regular nutrition education session utilizing school gardens Baseline: 0 Target: 150 Results: (activities have not yet started)	3.1.1. # of district producing monthly integrated FSIEW datasheets Baseline: 0 Target: 4 Results: (activities have started)	3.2.1. # of districts producing quarterly reports Baseline: 0 Target: 4 Results: (activities have started) 3.2.2. # of district verification team meetings conducted* Baseline: 0 Target: 4 Results: n.a. 3.2.3. # of districts with detailed food insecurity and natural disaster mitigation response plan* Baseline: 0 Target: 4 Results: n.a.

³⁷ Joint Programme Progress Report 2011-1.

- 2.19 This part of the programme is implemented through national NGOs, including Alola Foundation, with which UNICEF has a long term relationship. Alola Foundation promotes women's and children's rights and conditions in Timor-Leste and is known as a strong proponent for exclusive breastfeeding for children of 0 – 6 months of age.³⁸ The approach taken concerns a process of engaging with people at the local level through NGOs. In particular changing aspects of child care and child rearing which are linked with the local socio-cultural belief and value system is a time consuming process focused on attitudinal and behavioural changes.
- 2.20 The work on increasing production, availability and utilization of micronutrient-rich foods among women and children³⁹ has so far reached varying results. Activities on food supplementation, iodization of salt, support to Vitamin A supplementation and activities on the pilot local blended food factory have all started. On the other hand, activities on home gardening, small animal husbandry and aquaculture have seen severe delays in implementation and results so far have been limited.
- 2.21 The pilot local blended food factory provides a clear example of results achieved, with supplementary food production started, so far reaching a total production of 670 metric tonnes. The set-up of a factory included working with the private sector and in the process many constraints have been addressed. A critical issue proved to be the quality of the inputs to the factory. With no quality assurance system available in Timor-Leste, production so far has focused on the processing of imported food rather than on the use of locally produced food. However, this is meant to change over time, once a quality assurance system will be available with laboratory facilities set-up and functioning.⁴⁰
- 2.22 Micro-nutrient supplements have been distributed, with a blanket approach for children between 6 to 23 months and based on MUAC measurement for children from 2 years onwards. Supplementary food is provided once a month and an increasing part is provided in the form of *Timor Vita* from the pilot local blended food factory. Main challenge concerns the targeting of small children as supplements can also be used for other household members. Vitamin-A supplementation has been procured by UNICEF and distributed by MOH.
- 2.23 Iodization of salt has started in two districts, with two groups of 10 local salt producers each trained in salt iodization. Internal quality control of salt production is implemented at the producer level to ensure the salt meets the criteria for adequacy of iodine. Moreover, support is provided to the enactment of the national salt iodization law, which includes quality standards, assurance and control.
- 2.24 Activities in home gardening, small animal husbandry and aquaculture were severely delayed. This was caused by delays in procurement of equipment as well as weather conditions in 2010, with considerably more rainfall than average, which limited opportunities for home gardening. Activities have recently started, in all four districts. Programme implementation has been informed by participatory community assessments in all 44 villages of the 4 districts⁴¹ as well as by FAO experiences with previous AECID supported activities. In Baucau district there appeared to be a variety of start-up problems to be addressed including treatment of plant diseases, use of pesticides and timing of training with provision of inputs. The intended use of Farmer Field Schools could provide an enhanced approach to the set-up of farmers' groups.
- 2.25 Activities in outcome area 2 on improved quality of school feeding and enhanced nutrition education have been delayed. An inventory was made on schools that had the minimum requirements for establishment of a school garden, including a suitable plot and access to

³⁸ Alola Foundation works on a variety of women's and children's rights issues including: strengthening women's leadership and networks, improve women's and children's health, support education and literacy, empowerment of women's economic status and support to effective and efficient administration. Alola Foundation, *Annual report 2010*, Dili, 2011.

³⁹ i.e. output 1.3

⁴⁰ Challenges faced and ways in which these were addressed have been summarized in a draft note on *Timor Vita Production*.

⁴¹ Information based on interviews; a report of these assessments was not available at the time of the evaluation.

water at a reasonable distance from the location of the garden⁴². Based on this assessment the target for school gardens to be established was reduced from 150 to a more realistic number of 100. Activities have been started in all four districts.

- 2.26 In outcome area 3 focusing on an early warning system, activities have started after an initial delay which related to limitations in technical support due to resignation of a WFP staff and the difficulties faced in finding a replacement. The Food Security Unit in MAF is in charge of development of the Food Security Information and Early Warning System (FSIEWS). MAF makes use of the extension workers at the sub-district level who gather data on selected aspects. At the district level there is the need for integrating the activities undertaken by the District Disaster Management Committee and the Food Security Unit, which appears to be done already in some districts. Recently things have picked up momentum, with additional support from various development partners, including EU support for an international and national technical advisor in the Food Security Unit of MAF. This latter support will be provided until April and July 2012 respectively. This has allowed for the FSIEWS to be expanded to cover 12 districts.
- 2.27 In line with the Comoro Declaration, an Inter-Ministerial Task Force for Food and Nutrition Security was established in 2011, with the mandate to propose policies, measures and budget expenditure relating to the Task Force's area of competence, to the Council of Ministers and to provide advice on issues concerned. The Task Force regularly reviews the food and nutrition situation in the country and provides recommendations on immediate and short term responses.⁴³ The first report of the Task Force was released in June 2011. The Task Force is chaired by MAF and co-chaired by MSS and meets monthly.⁴⁴ The Task Force makes use of existing data from the various Ministries and indicators identified by them. The Inter-Ministerial Task Force creates a demand for food security and nutrition data from the Ministries and Districts at an early stage of the development of the FSIEWS, which provides an incentive for the development of the data supply side of the FSIEWS on Ministry and district levels. Progress is meant to be measured by the National Priority Secretariat and the MDG Secretariat under the Ministry of Finance.⁴⁵
- 2.28 In the first report of the Task Force mention is made of the importance of feeding back data to the district level authorities for local level decision-making.⁴⁶ Such a feed-back loop within the FSIEWS could enhance the local use of data and indirectly reinforce the quality of data gathered.
- 2.29 The agreement between WFP and MAF Food Security Unit for the development of an early warning system as part of Outcome area 3 ends on 15 April 2012. Nevertheless, the unit expects to need time for implementation till Dec 2012. This issue of timing of outcome 3 activities will need to be addressed in order to ensure results are achieved as planned.
- 2.30 An overview of financial expenses to date is provided in Table 6 below. Allocations for WHO have been spent as planned. Other agencies have spent one third to half of budget allocations. Overall 38% of the budget has been spent. It needs to be noted though that these figures are till the end of the first semester of 2011 and do not contain expenses after that date. WFP figures reflect the period till the end of 2010 only. Thus the 38% mentioned is an underestimation and the percentage of the actual disbursement will be higher, though it is not clear how high.
- 2.31 With some of the target areas of the program activities expanded from 4 to 13 districts this will affect the budget requirements for the remainder of the program. At the time of the

⁴² School Garden Activity Report, July 2011.

⁴³ The Task Force consists of representatives from Ministry of Finance, Ministry of Tourism Commerce and Industry, Ministry of Health, Ministry of Education, Ministry of Economic Development, Ministry of Infrastructure, Ministry of Agriculture and Fisheries, Ministry of Social Solidarity. Terms of Reference Task Force for Food and Nutrition Security in: Food and Nutrition Security Task Force, *Inter-Ministerial Task Force on Food and Nutrition Security, Situation Assessment Report*. June 2011.

⁴⁴ Ibid.

⁴⁵ GOTL Food and Nutrition Food and Nutrition Security Task Force, *Inter-Ministerial Task Force on Food and Nutrition Security Situation Assessment Report*. June 2011.

⁴⁶ Ibid.

evaluation it was not yet clear exactly how this would impact financially. There is a need for clear financial forecasting and planning in this respect.

- 2.32 Financial management of resources is located within each of the UN agencies concerned and reporting is done through each of the agencies' headquarters. This has resulted in a lack of up-to-date information on financial expenses for the PMC and PMU at the programme level to inform financial management.

Table 6: Financial Overview by UN Agency⁴⁷

UN Agency	Approved Budget	Transferred to date		Committed to date		Disbursed to date	
	USD	USD	%	USD	%	USD	%
UNICEF	2,277,856.00	1,800,208.00	79	1,682,437.00	74	1,109,125.00	49
WFP	720,645.00	703,525.00	98	-	-	243,736 ⁴⁸	34
FAO	447,999.00	328,159.00	73	280,287.00	63	180,287.00	40
WHO	53,500.00	53,500.00	100	53,500.00	100	53,500.00	100
Total	3,500,000.00	2,885,392.00	82	2,016,224.00	58	1,342,912.00	38

- 2.33 **Finding:** *The overall attention of the programme to individual, organizational and enabling environment aspects of capacity development is quite balanced. The focus on supply and demand sides in the various components is less consistent and there appears to be room for further attention to capacities of (groups of) farming households at the local level to improve farming practices.*

- 2.34 Capacity development is an important principle of the Joint Programme (see Box 1 above) and is in line with the UNDAF.⁴⁹ The set-up of the project is heavily focused on capacity development with attention to individual capacities through training, as well as to the organizational level (establishment of MSGs, development of a FSIEWS, enhancing the health system to provide services at local level) and the enabling environment level (with the support to the policy on salt iodization as an example).

- 2.35 This approach at the organizational level is quite balanced in terms of working with service providers as well as with demand aspects of local households in the nutritional component of the programme. This is much less the case in the food production aspects of the programme. The use of Farmer Field Schools as suggested by FAO staff in the field, or other farmer to farmer approaches, could provide an important addition to the programme, enhancing local capabilities for generating, adapting and extending knowledge on agricultural practices in specific local ecological settings within farming communities in the project area.

- 2.36 **Finding:** *There is a need to come to terms with the discrepancy between the assumption of the programme design, in which home gardening relates directly with enhanced vegetable consumption and the practice of a cash driven approach in gardening of villagers, in particular in areas with easy market access and once local market opportunities get further developed*

⁴⁷ The disbursement figures in the table refer to expenditures compared to the total approved budget rather than the transferred funds, with the latter usually used in Programme reporting. GOTL, MDG Achievement Fund, *Joint Programme Promoting Sustainable Food and Nutrition Security in Timor-Leste, Progress Report Semester 1-2011*.

⁴⁸ As of December 2010.

⁴⁹ Three pillars of capacity development in the UNDAF are meant to include: (1) skills and knowledge, (2) systems and processes, and (3) attitudes and behaviours. Democratic Republic of Timor-Leste, *United Nations Development Assistance Framework, UNDAF 2009-2013*.

- 2.37 The design of the programme is based on the assumption that farming households will use the vegetables produced in their home garden at least partly for their own consumption. In the field it was found that for households with access to local markets the main incentive to grow vegetables is for sale to obtain cash. Though this does not necessarily exclude consumption, the latter is certainly not to be taken for granted, in particular in places with market access. Enhanced cash income could on the other hand be used for food purchases but could also easily end up serving other purposes, including social obligations. This would be less the issue in more remote areas where opportunities for sale of vegetables would be much more limited. Nevertheless, there is a need to make a clear and explicit linkage between support to gardening on the one hand and promotion of enhancing nutritional practices on the other hand.⁵⁰ The school gardens are a good example of the approach concerned as these are meant for educational purposes of both gardening and food consumption.
- 2.38 **Finding:** *There appears to be a discrepancy between the relatively high quality requirements of production process, inputs and outputs, applied in the local blended food plant and the local level of technology of salt production and salt iodization with less rigorous quality control*
- 2.39 The development of a local blended food plant has included a focus on the quality of raw materials as well as quality aspects and control of the blended food product as output of the production process. Based on quality considerations the decision has been taken to make use of imported inputs for the time being rather than making use of local inputs, of which the quality varies. Moreover, there is at present no laboratory facility in Timor-Leste to regularly test inputs as well as final products.
- 2.40 This sharply contrasts with the approach to salt iodization, in which local salt producers are stimulated and supported to iodize salt. The salt concerned is produced by mostly female members of local households on a small scale making use of basins to heat seawater using firewood. With the production at the household level, there is no systematic quality control mechanism in place for the quality of the water used, and quality aspects of the salt are focused on iodine quantity. At present the produced salt remains unpacked and is sold in the local market with buyers / consumers not necessarily aware of the fact that the salt has been iodized. It appears that there is at present insufficient attention to quality standards in the production process of salt and its iodization. The need to enhance the quality of local salt production and the need for attention to packaging and labelling has been identified. The program will need to further look into these aspects and to address issues of the quality of the salt production process, packaging and labelling as well as quality control of inputs and outputs. Efforts to support the enactment of national salt iodization law, which will guide quality standards, assurance and control, need to be further enhanced.
- 2.41 **Finding:** *Effectiveness of programme interventions is affected by socio-cultural values and belief systems, in particular in relation to pregnancy, delivery, infant and child feeding. Based on differences in socio-cultural characteristics in specific social groups the programme will need to fine-tune its present generic approach to the requirements of specific groups including identified vulnerable and difficult to reach populations.*
- 2.42 Though the population of Timor-Leste is relatively small, this does not mean that the population is homogenous in socio-cultural terms. One of the key characteristics of the population is its diversity with 16 indigenous languages⁵¹ of which Tetum is the most used lingua franca. The social entities around which local society is organized are often referred to as 'source houses', whose membership cut across different categories like descent, marriage

⁵⁰ The booklet that WHO plans to make on nutritional values of local Timor-Leste food products could be a very useful means in this respect.

⁵¹ Twelve of these 16 languages have been classified as part of the Austronesian language family (including Tetum) while four of them are considered to belong to the Trans-New Guinean language family. Hull, Geoffrey, *The Languages of East Timor, Some Basic Facts*. 2002, National University of Timor-Leste.

alliance and residence.⁵² In the context of these specific social and cultural characteristics there is a need for the programme to enhance its understanding of the situation in terms of differences between the various districts as well as amongst groups within districts, in particular with respect to feeding practices, pregnancy, child birth and aspects of child rearing.

- 2.43 There are tools for such assessments, including the ProPan tool for the assessment of nutritional and dietary issues and the wider nutritional situation. As the tool was developed in Latin America, it would need to be adapted to the specific context and requirements of Timor-Leste.⁵³ The approach currently applied across the various districts can be expected to be able to reach part of the population. In order to reach more vulnerable and hard to reach groups, the approach will need to be better adapted to the specific conditions of the groups concerned.
- 2.44 **Finding:** *The supported programme activities are part of a wider set of initiatives of GOTL and UN agencies concerned in the selected districts as well as beyond and therefore the results obtained cannot solely be attributed to MDG-F support.*
- 2.45 The activities supported within the present programme are part of wider policies of GOTL and of the country programmes of the concerned UN agencies. The programme activities are related to the Rural Development policy of GOTL. Promotion of agricultural practices by FAO links to a similar programme that FAO has been supporting with AECID funding in Baucau. UNICEF has promoted and supported the inclusion of a Nutrition Specialist to the District Health Service, which proved to be an important stimulus to the management of nutritional aspects as part of the health system services at the local level. Costs concerned were initially borne by UNICEF but at the time of the evaluation these were covered through the GOTL budget. These linkages with other programmes and initiatives have consequences for the monitoring and evaluation of programme activities, especially as changes in higher outcome and impact levels cannot necessarily be attributed to the MDG-F programme alone. Focus of M&E therefore, will need to include aspects of identifying the contribution that the programme has made to outcome and impact level changes, with the use of intermediate outcome level indicators.
- 2.46 **Finding:** *The MDG-F Joint Programme has contributed to enhanced political attention to nutrition in Timor-Leste and has shown ways in which this can be done in practice*
- 2.47 The programme has contributed to enhanced political attention to nutrition and food security. It has enhanced the realisation by the GOTL that nutritional conditions of children and pregnant and lactating women need to be urgently addressed and shown ways in which this can be done in practice. MDG-F programme has in this respect worked as a catalyst for attention towards nutrition in Timor-Leste. This has most recently resulted in joint development by GOTL and UN Agencies of a proposal for the EU MDG acceleration fund, on further addressing nutritional conditions in the country.
- 2.48 **Finding:** *The level of presence of parasites in children appears to be high and enhanced attention to de-worming could increase the impact of the programme on nutritional conditions of children.*
- 2.49 Preliminary data suggest that the incidence of intestinal parasites amongst children is relatively high (above 50%).⁵⁴ The DHS 2009-2010 assessed the level of de-worming coverage for children of 6 – 59 months at 35%. High levels of parasites affect nutritional conditions of children and interfere with measures meant to address malnutrition. There appears to be a need for the programme to look into this issue and to enhance attention to de-worming support as part of the programme.

⁵² Molnar, Andrea, *East Timor: An Introduction to the History, Politics and Culture of Southeast Asia's Youngest Nation*. 2005.

⁵³ Pan American Health Organization, *ProPan: Process for the Promotion of Child Feeding*. April 2004.

⁵⁴ Informal communication from WHO. A more complete national survey is expected to be carried out in 2012.

EFFICIENCY: A measure of how economically resources / inputs (funds, expertise, time, etc.) are converted to results⁵⁵

- 2.50 **Finding:** *The set-up of the governance of the programme has resulted in an efficient approach to guidance and management with a shared Steering Committee and working group across joint programmes. Coordination amongst the parties of the Joint Programme has been substantially enhanced with the recruitment of a designated programme coordinator. The lack of such a position within the UNICEF human resources system has meant a substantial delay in recruitment.*
- 2.51 For steering and guiding of the Joint Programme a National Steering Committee is established, which is shared with the Gender Equity and Women's Rights Joint Programme that is also supported by the MDG-Fund. Meetings of the Steering Committee deal with issues of both the Food and Nutrition Security and Gender Equity and Women's Rights JPs. This is an efficient way of operating and reduces considerably the transaction costs for GOTL and UN agencies concerned.
- 2.52 Coordination is an important aspect of the Joint-Programme and the coordination mechanism is meant to be nationally owned. The Joint Programme has opted to utilize the Nutrition Sector Working group to function as the Programme Management Committee. This group includes representatives of relevant Ministries concerned, the four UN agencies and civil society organizations working in the field of food security and nutrition.
- 2.53 **Finding:** *The programme has experienced severe delays in the implementation of various components of the programme. In particular the recruitment of qualified staff has proved a constraint, which relates to the specific difficulties of recruitment in Timor-Leste including specific language requirements as well as time consuming UN recruitment procedures. Limitations in hand-over procedures of staff members of UN agencies have limited the transfer of knowledge and experience gained in the early phases of the programme to newly recruited staff members.*
- 2.54 Important parts of the programme have experienced delays including the home gardens, small livestock and aquaculture activities under output 1.3 in outcome area 1 on improved health and nutritional status of women and children, outcome area 2 on school gardens and outcome area 3 on a food and nutrition security early warning system. Parts of the delays in particular in parts of output 1.3 are related to weather conditions and procurement issues. Late approval of the 2011 Annual Budget and work plan as well as implementation of a new GOTL DSA policy have delayed programme implementation in 2011.
- 2.55 Moreover, delays are linked to recruitment of qualified national as well as international staff. It proves difficult to find staff with the right skills to fill technical positions. All UN agencies moreover, had difficulties in recruitment of key international positions for management and coordination. The latter relates to the difficulties of international staff recruitment in Timor-Leste, with its specific language requirements and geographic location. Moreover, the procedures of UN agencies take a minimum of six months for staff recruitment, which is a long period in a competitive market for the type of human resources needed. In the recruitment process of the Joint Programme Coordinator there appeared to be no proper staff position in the human resource system of UNICEF which proved an important factor in the delay of the recruitment process, which in turn has constrained coordination amongst parties concerned including GOTL and UN agencies.
- 2.56 Staff replacements had no or insufficient hand-over periods with their predecessors, which limited the exchange of knowledge and experience built up so far in the various parts of the programme. This has limited the retention and further development of knowledge and experience and constrained the organizational memory of the programme.

⁵⁵ OECD DAC, *Glossary of Key Terms in Evaluation and Results Based Management*, 2002

- 2.57 **Finding:** *The joint-ness of the programme has meant considerable inputs from all parties concerned and time spent in terms of coordination of design and implementation has been considerable. Though this has avoided overlap, this has not yet sufficiently paid off in terms of synergy across the various programme components as expected.*
- 2.58 Joint programming has required a substantial amount of coordination but the pay-off in terms of synergy between components of the programme has so far been limited. This is primarily due to the delays in implementation of some of the programme components. It has resulted in the various types of support not reaching the same local communities more or less at the same time so that results of components can enhance one another. Though food security and nutritional interventions are meant to come together in the same locations and households, this does not yet necessarily occur to the extent needed in practice.
- 2.59 **Finding:** *The results framework of the programme proves to have various weaknesses which limit its ability to provide useful data for programme management. In particular there is a lack of sufficient detail on subsequent levels of the results chain in the various programme components as well as a lack of indicators on two of the three outcome areas of the programme. There is a need to adapt the results framework beyond the changes proposed by the PMU so far, in order to enhance results based management of the programme in the remainder of programme implementation.*
- 2.60 The results framework of the JP proves to have several limitations in its capacity to provide useful data for results based management. With indicators missing at the level of two of the outcome areas as well as the programme goal, there is a lack of data gathering on outcome and impact levels. Some of the data gathered globally by the MDG-F Secretariat as part of the Nutrition Window, including data on underweight, dietary energy consumption, stunting and anaemia prevalence, are available at the population-level on an intermittent basis only. In all three progress reports prepared so far by the JP, data from the DHS 2009-10 are used, so no changes can be identified at this level. Moreover, for several of the indicators in the results framework information proves not available and for a substantial number neither baseline data are provided nor have targets been set. This limits the ability of the framework to generate useful information for programme management as well as for accountability purposes.
- 2.61 The framework contains only few indicators on organizational capacities and often does not include a 'chain of results' including two or three indicators that can show progress over time focusing on aspects which can be expected to be achieved in the short, medium and longer term. This limits the use of the framework in terms of assessment of progress over the course of programme implementation.
- 2.62 The programme staff have started to enhance the quality of the monitoring framework, which has resulted in useful adaptations, in particular in terms of availability of data as well as validity of indicators. Nonetheless, a further enhancement of the results framework is deemed necessary, in particular in order to highlight incremental changes in results chains over time. This will enhance the ability of the data gathered to inform programme management decision-making and to enhance learning. With the programme being mid-course this is a suitable time for the programme to review the results framework, keeping a balance between comparability of result areas across Joint Programmes in the thematic window and the need for locally adapted and useful indicators at the national and local level.
- 2.63 **Finding:** *Joint Programme Progress Reporting has been limited in terms of its ability to inform programme management and improvement of the basis of reporting, i.e. adapting the programme results framework will need to be reflected in enhanced analysis and reporting in order to improve results based management of the programme.*
- 2.64 Three 6 monthly reports have been produced covering two semesters in 2010 and the first semester of 2011. Progress reporting is the responsibility of each UN agency and its respective implementing partners. The PMU is responsible for collating the information

provided and reporting on progress in PMC meetings. Progress will be reviewed bi-annually and presented to the NSC.

- 2.65 UN agencies report to the PMU on project progress based on the reporting format of the MDG-F and the programme results framework. Each of the UN agencies is responsible for reporting progress in its area of responsibility. Though this is certainly possible on the level of activities and their immediate outputs, it is more difficult on the level of outcomes, which are in most cases shared amongst multiple agencies. This goes in particular for the first outcome area, which is shared by all agencies. Moreover, the data available in each of the agencies and within the GOTL is often more detailed than the information asked for in the progress reporting format. One of the underlying issues in terms of reporting is highlighted in the last progress report, which identifies the lack of accurate documentation submitted to the PMU. This in turn, makes it difficult for the PMU to report on activities as well as on the outputs and results that they have contributed towards.
- 2.66 This has resulted in relatively low quality of Joint Programme progress reports, in particular during the first year of implementation, with a considerable amount of repetition amongst the reports and a lack of analysis on what appears to work and what does not work, identification of what constraints and what appears conducive to implementation and reaching outputs and results. The last report covering the first semester of 2011 is a considerable improvement.
- 2.67 In order to further enhance the quality of progress reporting and the usability of these reports for programme management purposes, there is a need to enhance the analysis of the data gathered using the enhanced results framework to assess the extent to which results are being achieved in a joint set-up.
- 2.68 As part of the MDG-F programme Lessons Learned in CMAM have been identified and documented (see Annex 3). There appears to be further opportunities in terms of documenting lessons learned, including the support to the establishment of the blended food factory and working with the private sector. The latter appeared to have started with a short draft note on Timor Vita Production. Strengthening monitoring of programme components could further enhance and inform documentation of learnings in the Joint Programme.
- 2.69 **Finding:** *Financial management makes use of the 'pass-through' modality which as such is not necessarily efficient in that each of the UN agencies makes use of its own systems and procedures. Given that most Ministries and Departments deal mostly with one UN agency, this appears not to have caused many problems. UNICEF's financial assessment of the NGO Alola Foundation has resulted in an efficient means of financial management.*
- 2.70 For financial management the 'pass-through' modality is used which means that funds are channelled from the UNDP Multi-Donor Trust Fund Office, which acts as Administrative Agent, through the headquarters of each of the individual UN agencies to the country level. Each of the UN organizations assumes financial responsibility for the funds disbursed and follows their respective organization's regulations. The UNCT in Timor-Leste received approval from headquarters to defer implementation of the Harmonized Approach to Cash Transfers (HACT) until later in the 2009-2013 programme cycle.
- 2.71 UNICEF is implementing what it calls 'partly HACT', in which it has assessed and qualified the financial procedures and systems in place in Alola. Consequently the NGO is now exempt from providing all receipts and can submit financial reports only. This has enhanced the efficiency of financial management.

SUSTAINABILITY: The continuation of benefits from a development intervention after major development assistance has been completed. The probability of continued long-term benefits. The resilience to risk of the net benefit flows over time⁵⁶

- 2.72 **Finding:** *The focus of the Joint Programme is in particular on development of capacities at organizational level. Development of systemic capacities as such is likely to enhance sustainability.*
- 2.73 In all of the Joint Programme components there is a main focus on building organizational capacities. In outcome area 1 on improved health and nutritional conditions of pregnant and lactating women and under five children there is a focus on building capacities of Community Health Centres and Health Posts to provide out-patient services on CMAM and IYCF in terms of the supply side. Moreover, the programme supports the establishment of Mother Support 'groups on the demand side of the equation. In terms of availability of micro-nutrient rich food the programme focuses on supporting the establishment of a blended food factory through cooperation with the private sector. In outcome area 2 the school feeding system is meant to be enhanced with vegetables from home and school gardens while the education system is aimed to be improved through nutritional education. In outcome area 3 the establishment of a food security and nutrition surveillance system is meant to put into place a functioning early warning system.
- 2.74 **Finding:** *There is limited explicit attention to process issues of capacities, which can jeopardize longer term sustainability. Enhanced attention to process issues of capacity development can further local knowledge development and experience through a 'learning by doing' approach and as such enhance sustainability.*
- 2.75 The examples mentioned above of building capacities at the organizational level, all support the establishment or the improvement of functioning systems, which are meant to sustain after project implementation. The sustainability of such an approach can be improved by sufficient attention to the process of capacity development. In the example of a food factory there was a mixed approach with substantial attention paid to inclusion of all GOTL and private sector parties concerned, building capacities in the process. At a certain moment in time though the plant needed to be established in order to get progress in actual production. After establishment of the plant the capacity building process continued and with TA in place, many of the constraints faced are tackled in a hands-on approach, which enhances capacities of stakeholders concerned. Also in the set-up of the Mother Support Groups there is substantial attention to building head and member capacities as part of the process. This approach could be further enhanced in the home garden and school garden part of the program. Moreover, these aspects of capacity development could be made more explicit, and included in monitoring of programme progress as well as in programme progress reporting.
- 2.76 **Finding:** *Relationships with NGOs appear in practice to be driven by contractual aspects of programme implementation. This can at times jeopardize the longer term relationships with civil society organizations. There appears to be a need to build civil society capacities over the longer term and to enhance their sustainability, in particular in the specific context of Timor-Leste.*
- 2.77 UNICEF has a longer term relationship with the Alola Foundation, which plays an important role in supporting children's and women's issues in Timor-Leste. The day to day relationship with the Alola Foundation is governed by PCA's which have a one year time span. For such a PCA, a clear annual work plan needs to be provided, which is agreed by both parties in order to be able to disburse funds concerned. Structural support to the capacity of an

⁵⁶ OECD DAC, *Glossary of Key Terms in Evaluation and Results Based Management*, 2002

organization can be provided for a period of 2 years only, after which support needs to be fully programme oriented. PCA's stress the contractual aspects of the relationships between UNICEF and an NGO and can at times jeopardize the longer term partnership relations. This limits the extent to which UNICEF can build civil society capacities through longer term partnerships with selected NGOs, something which is clearly needed in the context of Timor-Leste.

2.78 **Finding:** *Private sector involvement is likely to enhance sustainability of project results in terms of the blended food plant. Monitoring has been limited to more informal approaches and more attention could be paid to documentation of this experience, which could be used as an important lesson learned in terms of working with the private sector.*

2.79 In the establishment of the blended food plant the programme has worked in close cooperation with the private sector, in particular with Timor Global, a producer of coffee and spices for export in Ermera district. This company is interested from a corporate responsibility perspective but on the other hand the bottom line will be whether a profit can be made from supplementary food production. The establishment of the factory has seen many constraints including limited supply of electricity and water, limited and fluctuating quality of produce of local farmers, no possibilities for quality control of inputs as well as outputs and the need to send samples elsewhere for testing. All these issues were resolved one by one in close cooperation between WFP and the company. Once the company will make a profit out of production of Timor Vita, this can be expected to sustain production of supplementary food in the immediate and medium term.

2.80 The various parties involved in the blended food factory do not necessarily have the same understanding of acquisition and resulting ownership arrangements of machinery, which could jeopardize the sustainability of this part of the joint programme after phase out. It will be necessary to get a shared understanding of the actual arrangements amongst all parties concerned. At the time of the evaluation parties were in discussion on a revised agreement in which ownership issues are meant to be clarified in order to ensure sustainability.

2.81 **Finding:** *There is an expectation of donors and UN agencies supporting nutrition security in Timor-Leste that GOTL will increasingly invest part of its resources to address nutritional issues of children and women*

2.82 With the GOTL budget increasing over the past few years, there is the expectation of donors and UN agencies that GOTL will increasingly invest resources in supporting nutritional security in the country, with donors and UN agencies providing additional support. In this way GOTL would reinforce addressing the issues concerned. This will be important given the possibility of enhanced donor support through the EU-funded millennium acceleration fund.

3 CONCLUSIONS

- 3.1 The relevance of the programme is relatively high with the programme goal and objectives responding to the serious nutritional conditions of under-five children and pregnant and lactating mothers. Moreover, the programme is in line with the policy of GOTL in which there is an enhanced focus on achieving the MDGs and an increased ownership of initiatives to enhance nutritional conditions of children and women. The objectives are also in line with the UNDAF outcome areas.
- 3.2 The programme has been relatively effective in the parts in which activities could be started. In particular this has been the case for strengthening the health system's capacity to deliver quality nutritional services and increasing demands for such services by families and communities. Moreover, activities were started in enhancing the availability of micro-nutrient rich foods. In particular in the programme components on food supplementation, salt iodization, vitamin A supplementation and production of blended food, results are being achieved. Promotion of vegetable gardens, small livestock rearing and aquaculture activities were delayed substantially. Moreover, programme outcome areas on school gardens and establishment of a food security and nutrition surveillance system have been delayed. This has meant that results in these parts of the programme have lagged behind expectations.
- 3.3 Given the delays in support to small scale agriculture and gardening, linkages between nutritional and food security components of the programme could not yet be realized. While the start-up and initial implementation of the programme has required a high level of coordination, the synergy between the various components of the programme have so far been limited, meaning that the 'costs' of joint programming have not yet been followed by the benefits in terms of synergy between the components at the local level.
- 3.4 While there appears a balanced approach between supply and demand side issues in the support to the development of health systems, there is less of a balance between supply and demand side issues in the support to agriculture and gardening, where there is room to further work with groups of farmers to improve farming practices. Moreover, in areas with market access the drive for vegetable growing appears largely cash oriented, which differs from the design of the programme, in which a subsistence approach to vegetable production is assumed. This needs to be incorporated in the implementation framework of the programme. The concerns on quality and quality control and on efficiency of production as practiced in the set-up of the supplementary food plant need to be applied to the salt iodization component of the programme in order to enhance its implementation.
- 3.5 Socio-cultural aspects play a substantial role in the way in which issues of food security, nutrition and malnutrition are explained and dealt with at the local level. There is a need for the programme to incorporate these diverse socio-cultural aspects and to fine tune programme implementation accordingly, ensuring the inclusion of vulnerable and difficult to reach populations and groups.
- 3.6 The activities of the various parties of the MDG-Fund are part of a wider range of programmes and policies of the stakeholders concerned. Therefore, the changes at the level of programme outcomes and goal cannot necessarily be attributed to the programme alone. The extent as well as the way in which the programme contributes to outcome- and goal-level changes, can be established by monitoring of intermediate level indicators that address capacity changes and other intermediate changes needed to reach broader objectives and goals.
- 3.7 With the high level of incidence of parasites found in children, enhanced support to deworming appears an important aspect to improve nutritional conditions.
- 3.8 Monitoring of the programme is relatively weak with the programme results framework lacking enough indications of progress along the results chains in the various components of the programme. This means that though the framework might provide an overall impression of programme progress, the data and information provided are not sufficiently detailed to inform programme management. There is a need to further enhance the framework in this

respect in order to support results-based management in the second part of programme implementation.

- 3.9 Enhancing the results framework could also reinforce programme reporting, which has been weak in particular in the first year of programme implementation. Parties have not sufficiently taken the opportunity to regularly analyse monitoring data, enhancing learning and informing programme management decision-making based on progress made so far. Progress reports need to be used both for internal as well as for external purposes.
- 3.10 The governance set-up of the programme has been combined with the Gender Equity and Women's Rights Joint Programme making use of the same National Steering Committee. For management purposes, the programme has used an existing working group which has enhanced efficiency of governance and management arrangements of the programme and reduced transaction costs.
- 3.11 Many of the delays in the programme have been related to high staff turn-over and recruitment. Partly this relates to the specific situation of Timor-Leste, in which it appears difficult for most organizations to recruit technically qualified national and international staff. Moreover, UN recruitment procedures prove to be time consuming and there appeared to be no HR format for a joint programme coordinator within the UN system.
- 3.12 The systemic focus of the programme, building in particular capacities at organizational levels, enhances the likeliness of the results to sustain beyond the life time of the programme. Additional attention to the process of capacity development, enhancing local knowledge development and experience through a 'learning by doing' approach could further increase the options for sustainability.
- 3.13 Relationships with NGOs are often driven by annual plans rather than by longer-term partnership arrangements and concerns, which at times jeopardizes opportunities to build civil society capacities, which is of particular importance in the context of Timor-Leste.
- 3.14 Private sector involvement in the blended food plant can be expected to sustain results and it would be useful to document the experiences gained so that this part of the programme can be used as a lesson learned for engagement with the private sector in other contexts.
- 3.15 The MDG-F Joint programme has enhanced the focus of GOTL and UN agencies on nutrition and food security issues and has shown how these issues can be addressed. There is a high expectation of UN agencies and other donors regarding GOTL allocation of resources to further address nutritional conditions. Given the severity of the present conditions there will need to be a longer term commitment and investment of the GOTL and the donor community in order to sustainably address nutritional conditions of children and women.

4 RECOMMENDATIONS

- 4.1 Further enhance the development and consolidation of a shared understanding of the reasons for malnutrition in Timor-Leste, amongst GOTL Ministries and Departments and UN agencies
- Develop a shared framework in which immediate as well as underlying causes of malnutrition and under-nutrition are identified, paying particular attention to the relationships between nutritional aspects and issues of food security (an example of such a framework is presented in Annex 3)
 - Jointly advocate for the use of the framework in the development of initiatives to address nutritional conditions as well as in the reporting of the Food and Nutrition Security Task Force
- 4.2 Enhance relationships between the various components of the programme in particular between food security and nutrition and enhance the synergy that is meant to occur through the combination of programme components at the local level
- Ensure that activities are implemented in the same areas and that there is attention to timing of implementation in order to enhance opportunities for synergy
 - Coordinate work planning and make linkages between work plans of GOTL partners and UN agencies as well as amongst UN agencies
 - Explicitly link the programme component on home gardening with the promotion of vegetable consumption for small children and women of reproductive age, supporting the provision of information on nutritional values of various food items and options for food preparation
- 4.3 Enhance selected capacity development aspects of the programme
- Focus more explicitly on capacity building as a process, ensuring that the way in which outputs are delivered enhances the capacities of the local stakeholders concerned
 - Enhance the focus on farmer groups and farmer field schools, in this way enhancing the demand side aspects of home gardening and improvement of agricultural practices
 - Enhance outreach activities / advocacy on multiple levels including those conducted in SISCa's with the various Communication for Development approaches that UN agencies are familiar with⁵⁷
 - Assess the need to enhance support to de-worming of children as part of the programme
 - Improve evaluation of training and follow-up on gaps identified in knowledge and skills
 - Make clear linkages between the individual and organizational levels of capacity development, ensuring that the outputs of training and organizational development are mutually reinforcing in order to enhance programme results
- 4.4 Reinforce the targeting of the programme and the extent to which it is adapted to socio-cultural specific contexts and requirements of vulnerable groups through further focusing the participatory learning and action approach of the programme in selected districts and communities. In particular the PLA needs to include the following aspects:
- Assess social organization and identify local vulnerable groups

⁵⁷ FAO, ILO, UN AIDS, UNICEF, UNDP, UNESCO and WHO, Communication for Development. Strengthening the effectiveness of the United Nations. 2011.

- Assess the extent to which programme initiatives reach vulnerable groups
- Assess the attitudes and practices of vulnerable groups regarding pregnancy and delivery, child feeding and child rearing
- Adapt the programme approach to the requirements of specific vulnerable groups

4.5 To enhance results-based programme management and maximizing program results through improved programme monitoring

- Adapt the programme results framework
 - Include outcome level indicators in outcome areas 2 and 3
 - Include additional intermediate level indicators in particular those referring to organizational capacities of partners and process issues
 - Ensure inclusion of indicators on the various levels of the results chains of the programme components
 - Establish clear responsibilities for data gathering on the various levels of the framework
 - Ensure that monitoring data link up with data gathering of government agencies, making use as much as possible of existing data gathering systems
 - Assess the extent to which and the way in which the various components of the programme come together and result in synergy at the local level
 - Include feed-back loops of monitoring information in the Early Warning System as well as in parts of the programme monitoring system, feeding back information on programme level to the entities providing information concerned
- Conduct focused joint monitoring initiatives for key aspects of the programme, including:
 - Joint monitoring of SISCa's in order to assess present level of coverage in particular regarding vulnerable groups and to identify aspects that need to be enhanced
 - Joint monitoring of supplementary food supplies and storage to identify and address constraints

4.6 Enhance reporting of the programme by improving the analysis of monitoring data involving the various GOTL and UN agencies concerned

Annex 1: Results Framework of the Joint Programme

Programme Title: Promoting Sustainable Food and Nutrition Security in Timor -Leste

Programme Goal: To strengthen institutional capacity and service delivery mechanisms to improve and manage the nutritional status of women of reproductive age and under-five children						
Outcome 1: Improved health and nutritional status of pregnant and lactating women and under-five children in 4 selected districts			Outcome 2: 20 per cent more children access, and 25 per cent more children complete, free compulsory quality basic education in 4 selected districts		Outcome 3: Food Security and Nutrition Surveillance Systems established and functioning at all sub-districts in 4 districts	
Output 1.1	Output 1.2	Output 1.3	Output 2.1	Output 2.2	Output 3.1	Output 3.2
Increased <ul style="list-style-type: none"> • availability • access to • utilisation of quality essential nutrition services at <ul style="list-style-type: none"> • SISCa posts, • Health Posts and • Community Health Centres Strengthened health systems' capacity Strengthened local communities' capacity	Increased demands for essential nutrition services by the families and communities, especially by the poor and vulnerable women and children in 4 districts	Increased <ul style="list-style-type: none"> • production, • availability, • utilization of micronutrient-rich foods among women and children in 4 selected districts	Improved quality of on-going school feeding in 4 districts	Increased nutrition education in schools and communities Introduction of school gardens Utilization of nutritious food	Strengthened capacity of Central and District Team to utilize Food Security Information and Early Warning System at the national, district and community levels	Improved capacity of District Food Security and Disaster Management Committees to plan and support mitigation and response initiatives

Annex 2: Itinerary of Country Visit

Day	Date	Time	Programme
Monday	26-Sep	AM	Meeting with PMU
			Meeting with Unicef: Deputy Representative
			Introduction UNRC
		PM	Meeting with WFP: Deputy Country Director
			Meeting with WFP: Programme
			Meeting with PMC Co-chairs
Tuesday	27-Sep	AM	Briefing with ERG
		PM	Meeting with MTCI program
			Meeting with FAO
Wednesday	28-Sep	AM	Meeting with Unicef: nutrition program
			Meeting with Director, Alola Foundation
		PM	Meeting with DG & Director of Policy & Planning, MAF
			Meeting with Food Security unit, MAF
Thursday	29-Sep	AM	Meeting with Nutrition Department, MoH
			Meeting with WHO Representative
			Meeting with WHO, nutrition focal point
		PM	Meeting with Nutrition Program Coordinator, Alola
			Meeting with MSS
Friday	30-Sep		Meeting with DG MoH
			Meeting with Vice Minister MoH
			Site Visit: Ermera, Liquica
			Visit Timor Global, discussion with Director
			Visit Salt Iodization site and focus group discussion
Saturday	01-Oct		Analysis and write-up
Sunday	02-Oct	PM	Leave for Baucau
Monday	03-Oct		Site Visit: Baucau
			Visit home gardens, livestock, school garden and focus group discussions
			Visit Hospital Referensia Baucau
Tuesday	04-Oct		Site Visit: Manatuto
			Visit District Health Service
			Visit Community Health Center and SISCa
			Focus Group discussion with Mother Support Group
Wednesday	05-Oct	AM	Meeting with UNICEF Communication
			Meeting with UNICEF Representative and Deputy Representative
			Meeting with UNRC
		PM	Meeting with PMU
			Meeting with MDG Secretariat
Thursday	06-Oct	AM	Meeting with Minister of Economy and Development
		PM	Meeting with AECID Director
			Meeting with EU
Friday	07-Oct	AM	Debriefing with NSC and ERG members
		PM	Wrap up with PMU and PMC co-chairs

Annex 3: Lessons Learned in CMAM in Timor-Leste⁵⁸

Context:

Timor-Leste has a very high prevalence of under-nutrition in children aged under 5 years and in women. The Demographic and Health Survey (DHS 2009) shows 45 percent of children under 5 years old are underweight, 58 percent stunted, and 19 percent wasted. Among women of reproductive age, 27 percent are malnourished (having BMI of less than 18.5). There are many factors that are contributing to this situation. One factor is the lack of knowledge about under-nutrition within communities and especially among caregivers. This lack of knowledge includes not knowing the signs and symptoms of under-nutrition, the ways to prevent it and the ways to treat it. A further factor is the low utilization of health services that are available to communities. This low utilisation is across the board of services offered and not only those related to nutrition. Some of the reasons identified for this include long distances and difficult access (e.g. during the wet season).

Joint Programme:

The Joint Programme (JP) is addressing the high prevalence of under-nutrition by expanding Community – based management of acute malnutrition (CMAM) programme. The integration of CMAM into the health system – from lowest level outreach posts (SISCa) to highest level of referral hospital - had already been piloted in one district in Timor-Leste in 2008 and has been seen as a model to replicate and expand. As CMAM was introduced as an activity within SISCa, cases of malnutrition could be identified and followed up. The supplementary food provided at SISCa and health facilities acted as an incentive for children to come and receive other services such as vitamin A and de-worming.

Strategy:

CMAM includes four major components: (1) community education and social mobilization for active case finding and treatment seeking, (2) prevention and treatment of moderate acute malnutrition (MAM) through supplementary feeding with locally produced fortified blended food, (3) treatment of Severe Acute Malnutrition (SAM) through out-patient care with therapeutic feeding, (4) treatment of SAM with medical complications through in-patient care with therapeutic feeding and medical interventions. The 1st and 3rd components are supported by UNICEF while 2nd and 4th components are supported by WFP and WHO respectively.

The UN agencies have worked together to support the Ministry of Health (MoH) in developing the operational guidelines, which have been printed, disseminated and implemented.

District nutritionists have been hired and trained to coordinate activities in each district. Their responsibilities include requisition (from central level) of logistics such as RUTF and supplementary fortified blended foods, Vitamin A, De-worming table, and other essential nutrition items for community health centers (CHCs), health posts (HPs) and outreach clinics (SISCas) in their respective district. They are also responsible for data collection, reporting, supervision and monitoring of CMAM programme.

Village volunteers (PSF) and mother support groups (MSG) have been mobilized to promote CMAM at the community-level. Pilot studies have recently been conducted in Aileu and Oecusse districts to improve community mobilization, and to conduct a comprehensive evaluation of the program's coverage and access. This pilot focuses on training of PSFs on community mobilization techniques and case finding to increase access and coverage. The pilot also involves sensitization and re-orientation of community leaders and influential persons such as church leaders at community level, traditional birth attendants (TBA),

⁵⁸ The documentation of these Lessons Learned was initiated in the MDG-F Knowledge Management Regional Workshop in 2011.

women organizations and NGOs, on CMAM programme. While not directly providing treatment, the PSFs' role is to inform and encourage community to access the programme at SISCas and to educate community on health issues. Outpatient treatment is given at SISCas, HPs, and CHCs. It is expected that the pilot will provide valuable input to reinforce active case finding.

Results and Impacts

To date, CMAM has been scaled-up nation-wide to all 13 districts. In 2010, 2,560 children aged 6-59 months with SAM received treatment with ready-to-use therapeutic food (Plumpy'nut), whereas 37,463 children as well as 13,015 pregnant women and lactating mothers were given supplementary feeding. The MoH has taken over the salary payment of the district nutritionists from January 2011, indicating national ownership and better chance of sustainability.

Another step forward towards a sustainable programme has been the commencement of local production of supplementary food (Timor Vita). WFP Maternal and Child Health and Nutrition project had experienced some constraints with regards to the use of imported fortified blended foods, including the need of frequent importation due to limited shelf life, long overseas transportation, extended storage period at the warehouse or at the clinic level, as well as procurement issues such as high prices, and production delays. To overcome this, the JP has enabled local production of Timor Vita. The target beneficiaries are all children between 6 to 23 months old, malnourished children from 24 to 59 months, malnourished pregnant women, and all lactating mothers of children under 6 months and malnourished lactating mother of children 6-23 months. This project has been led by WFP and MoH, with the support of the Ministry of Agriculture and Fisheries (MAF), the Ministry of Tourism, Commerce and Industry (MTCI), and Timor Global Lda. The general beneficiaries prefer Timor Vita as it is a locally produced, it tastes better than regular CSB (Corn Soy Blend) and it is easier to carry because it is distributed in pre-packed bags of 3kg. At this stage, the factory is capable to produce around 150 metric tons of this high quality fortified blended food every month. In the future, production will be increased to try to meet the needs of all the targeted beneficiaries planned for the next years – 99,000 children and women.

Lessons Learned:

The implementation of the CMAM programme has identified a number of lessons.

- Advantages must be taken of well-functioning existing programmes and initiatives, as well as seizing new funding opportunities.
- CMAM relies on active participation of community leaders and community mobilization and this component of the programme needs to be robust with full commitment of all stakeholders to ensure continued and widespread success
- Village volunteers (PSF) have been highly instrumental in the screening, identifying and treatment of children with malnutrition. Several factors can hinder longer term engagement and result in high turn-over. These include high work load with competing demands from a variety of programmes lack of incentives – financial or other.
- In a context where there is no food processing factory, many assumptions have to be developed before starting production. To avoid breaks in production, the following should be available: national quality standards for food, an independent food laboratory, good management and food technologists, an agreement signed between all the partners of the project, including government and private company. More technical support on food security and quality control needs to be provided.

Potential application:

The CMAM programme with all its components has been implemented in all 13 districts within Timor-Leste. National ownership, commitment and associated funding are necessary prerequisites to ensure the sustainability of the programme.

Next steps:

The next steps to be taken to root the CMAM programme more firmly is the training of government Health Promotion Officers, both at the district and national level. These officers work in all of the districts and cover many community programmes. They are familiar with the districts they work in and are best placed to understand the community's needs as well as being able to get buy in and community commitment for the programme to enhance community mobilization.

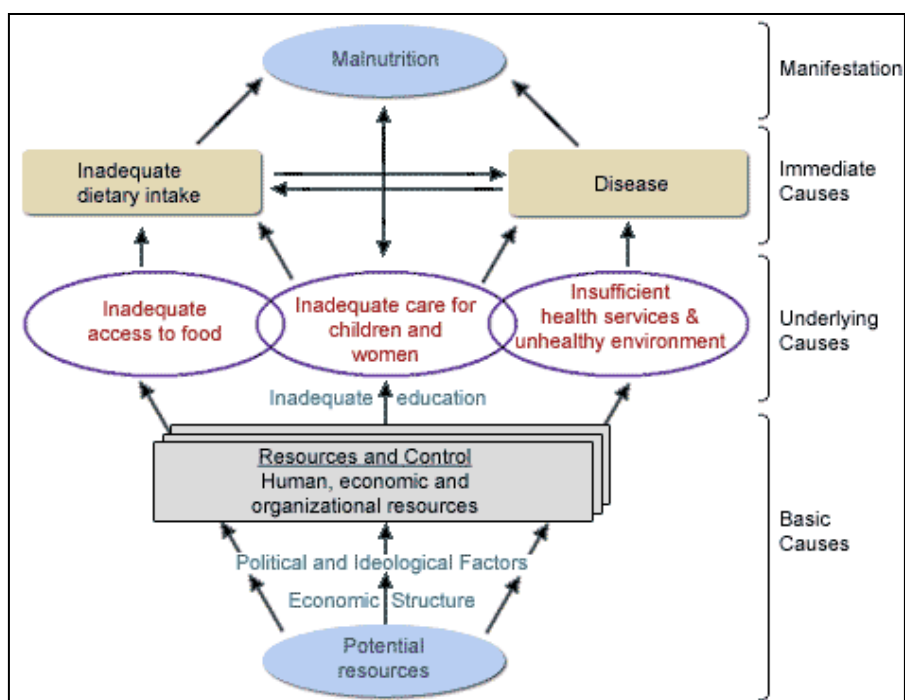
These officers and others working in the development sectors need to find effective mechanisms to engage village leaders specifically as they play a key role in guiding and motivating their community in decisions related to nutrition.

Village volunteers need to be better recognized for the vital role they play in the CMAM programme, their workloads need to be adjusted and the possibility of incentives needed to be investigated.

Further, it is necessary to integrate recommended infant and young child feeding (IYCF) practices into CMAM. MoH is working on this with support from partners.

Timor Vita's production needs to gradually increase to meet the requirement for the programme. More attention needs to be directed to quality control systems (raw materials, storage, production, storage, final product, distribution) to avoid losses and delays in distribution.

Annex 4: Framework of Causes of Malnutrition



Source: Ministry of Health, WHO, UNICEF, *A Landscape Analysis of Readiness to Act in Nutrition: Report of the Country Assessment in Timor-Leste*. July 2009.

Annex 5 TERMS OF REFERENCE

MID-TERM EVALUATION OF THE JOINT PROGRAMME ON PROMOTING SUSTAINABLE FOOD AND NUTRITION SECURITY IN TIMOR-LESTE

1. GENERAL CONTEXT: The MDGF and the Children Food Security and Nutrition Joint Programmes

In December 2006, the UNDP and the Government of Spain signed a major partnership agreement for the amount of €528 million, with the aim of contributing to progress on the MDGs and other development goals through the United Nations System. In addition, on 24 September 2008 Spain pledged €90 million towards the launch of a thematic window on Childhood and Nutrition. The MDG Achievement Fund (MDGF) supports countries in their progress towards the Millennium Development Goals and other development goals by funding innovative programmes that have an impact on the population and potential for duplication.

The MDGF operates through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies. The Fund uses a joint programme mode of intervention and has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs. With US\$134.5 million allocated to 24 joint programmes, this area of work represents almost 20% of the MDG-F's work. Our efforts contribute to achieving the MDG goals of reducing child mortality and eradicating extreme poverty and hunger.

Interventions range from providing low cost nutritional packages that can save lives and promote healthy development to engaging with pregnant and lactating mothers ensuring they are healthy and aware of key nutrition issues. Advocacy for mainstreaming children's right to food into national plans and policies is also a key element of the fight against under nutrition.

The 24 joint programmes encompass a wide range of subjects and results. Nevertheless, certain similar underlying characteristics can be identified across most of these joint programmes. The majority of the programmes in the window seek to contribute to (1) directly improving the nutrition and food security of the population, particularly children and pregnant women, and (2) strengthening the government's capacity to know about and plan for food security and nutrition problems. Most of the other outcomes fit in these two themes, broadly defined. For example, improving food security and increasing the supply of nutritious foods with agricultural interventions is directly related to the first outcome, reducing food insecurity and malnutrition. Similarly, many Joint Programs propose improving policies on foods security, either through mainstreaming into general policies or through the revision of current policies on food security.

The beneficiaries of the Joint Programs are of three main types. Virtually all joint programs involve supporting the government, at the national and/or local levels. Many programs also directly target children and/or pregnant women, who are the most vulnerable to malnutrition and food insecurity. Finally, many programs also benefit the health sector, which is at the forefront of the fight against, and treatment of, malnutrition.

The following points should be provided by the joint programme team

- Describe the joint programme, programme name and goals; include when it started, what outputs and outcomes are sought, its contribution to the MDGs at the local and national levels, its duration and current stage of implementation.

The Joint Programme on Promoting Sustainable Food and Nutrition Security in Timor-Leste aims to address the country's food security and nutrition issues, focusing primarily on children, pregnant women and lactating mothers, in 4 districts (Aileu, Baucau, Manatuto, Oecussi). Four UN agencies (UNICEF, WFP, FAO and WHO) implement the Joint Programme in collaboration with government partners, including the Ministry of Health, Ministry of Agriculture and Fisheries, Ministry of Tourism, Commerce and Industry, Ministry of Education and Ministry of Social Solidarity, as well as local NGOs and private sector.

The Joint Programme seeks to contribute to MDG 1 (Eradicate extreme poverty and hunger), target 1.C (Halve, between 1990 and 2015, the proportion of people who suffer from hunger), and eventually MDGs 2, 4 and 5, through the following expected outcomes and output:

1. Outcome 1. Improved health and nutritional status of pregnant and lactating women and under-five children in 4 selected districts
 - a. Output 1.1. Strengthened health system's and local communities' capacity to increase availability of, and access to quality essential nutrition services at SISCa, health posts and community health centers (CHCs) in 4 districts
 - b. Output 1.2. Increased demand for essential nutrition services by the families and communities, especially by the poor and vulnerable women and children in 4 districts
 - c. Output 1.3. Increased production, availability and consumption of micronutrient-rich foods among women and children in 4 districts
2. Outcome 2. 20 percent more children access, and 25 percent more children complete, free compulsory basic education in 4 selected districts
 - a. Output 2.1. Improved quality of on-going school feeding in 4 districts
 - b. Output 2.2. Increased nutrition education in schools and communities through introduction of school gardens and utilization of nutritious food
3. Outcome 3. Food Security and Nutrition surveillance systems established and functioning at all sub-districts in 4 districts
 - a. Output 3.1. Strengthened capacity of central and district teams to utilize Food Security Information and Early Warning System (FSIEW) at the national, district and community level
 - b. Output 3.2. Improved capacity of District Food Security Committees to plan and support mitigation and response initiatives

The Joint Programme was approved with a total funding of USD 3,500,000 over the period of 3 years. It officially started in November 2009 although implementation on the ground started in 2010. It is currently in the second year of implementation, with the following active components/interventions: community-based management of acute malnutrition (CMAM) including supplementary feeding, promotion of infant and young child feeding (IYCF), micronutrient supplementation, salt iodization, production of local fortified

blended food, home gardens, small scale livestock and aquaculture, school gardens, and the establishment of FSIEW.

2. OVERALL GOAL OF THE EVALUATION

One of the roles of the Secretariat is to monitor and evaluate the MDGF. This role is fulfilled in line with the instructions contained in the Monitoring and Evaluation Strategy and the Implementation Guide for Joint Programmes under the Millennium Development Goals Achievement Fund. These documents stipulate that all joint programmes lasting longer than two years will be subject to a mid-term evaluation.

Mid-term evaluations are formative in nature and seek **to generate knowledge, identifying best practices and lessons learned and improve implementation of the programmes during their remaining period of implementation**. As a result, the conclusions and recommendations generated by this evaluation will be addressed to its main users: the Programme Management Committee (PMC), the National Steering Committee (NSC) and the Secretariat of the Fund.

3. SCOPE OF THE EVALUATION AND SPECIFIC GOALS

The mid-term evaluation will use an expedited process to carry out a systematic, fast-paced analysis of the design, process and results or results trends of the **joint programme**, based on the scope and criteria included in these terms of reference. This will enable conclusions and recommendations for the joint programme to be formed within a period of approximately four months.

The unit of analysis or object of study for this mid-term evaluation is the joint programme, understood to be the set of components, outcomes, outputs, activities and inputs that were detailed in the joint programme document and in associated modifications made during implementation.

This mid-term evaluation has the following **specific objectives**:

1. To discover the programme's **design quality and internal coherence** (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the **Millennium Development Goals**, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action.
2. To understand how the joint programme **operates** and assess the **efficiency of its management model** in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. This analysis will seek to uncover the factors for success and limitations in inter-agency tasks within the **One UN** framework.
3. To identify the programme's **degree of effectiveness** among its participants, its contribution to the objectives of the Children Food Security and Nutrition **thematic window**, and the Millennium Development Goals at the local and/or country level.

4. EVALUATION QUESTIONS, LEVELS AND CRITERIA

The main users of the evaluation represented in the evaluation reference group (Section 8 of the TOR), and specifically the coordination and implementation unit of the joint programme, are responsible for contributing to this section. Evaluation questions and criteria may be added or modified up to a reasonable limit, bearing in mind the viability and the limitations (resources, time, etc.) of a quick interim evaluation exercise.

The evaluation questions define the information that must be generated as a result of the evaluation process. The questions are grouped according to the criteria to be used in assessing and answering them. These criteria are, in turn, grouped according to the three levels of the programme.

Design level

- **Relevance: The extent to which the objectives of a development intervention are consistent with the needs and interest of the people, the needs of the country, the Millennium Development Goals and the policies of associates and donors.**
 - a) To what extent is the identification of the problems, inequalities and gaps, with their respective causes, clear in the joint programme?
 - b) To what extent does the Joint Programme take into account the particularities and specific interests of women and children, minorities and ethnic groups in the areas of intervention?
 - c) To what extent has the intervention strategy been adapted to the areas of intervention in which it is being implemented? What actions does the programme envisage, to respond to obstacles that may arise from the political and socio-cultural context?
 - d) To what extent were the monitoring indicators relevant and do they meet the quality needed to measure the outputs and outcomes of the joint programme?
 - e) To what extent has the MDG-F Secretariat contributed to raising the quality of the design of the joint programmes?
- **Ownership in the design: national social actors' effective exercise of leadership in the development interventions**
 - a) To what extent do the intervention objectives and strategies of the Joint Programme respond to national and regional plans?
 - b) To what extent have the country's national and local authorities and social stakeholders been taken into consideration, participated, or have become involved, at the design stage of the development intervention?

Process level

- **Efficiency: The extent to which the resources/inputs (funds, time etc.) have been turned into results**
 - a) How well does the joint programme's management model – that is, its tools, financial resources, human resources, technical resources, organizational structure, information flows and management decision-making – contribute to generating the expected outputs and outcomes?
 - b) To what extent are the participating agencies coordinating with each other and with the government and civil society? Is there a methodology underpinning the work and internal communications that contributes to the joint implementation?
 - c) To what extent are there efficient mechanisms for coordination that prevent counterparts and beneficiaries from becoming overloaded?
 - d) To what extent does the pace of implementing programme outputs ensure the completeness of the joint programme's results? How do the different components of the joint programme interrelate?
 - e) To what extent work methodologies, financial tools etc. shared among agencies and among joint programmes are being used?

- f) To what extent have more efficient (sensitive) and appropriate measures been adopted to respond to the political and socio-cultural context identified?
- g) How conducive are current UN agency procedures to joint programming? How can existing bottlenecks be overcome and procedures further harmonized?
- h) What have been the main challenges faced by the joint programme that have affected the efficiency of its implementation, and what measures have been taken to address them?
- i) To what extent is the joint programme able to accommodate/work with different administrative and financial procedures of different implementing partners to ensure programme implementation?

- Ownership in the process: National social actors' effective exercise of leadership in the development interventions

- a) To what extent have the target population and the participants taken ownership of the programme, assuming an active role in it?
- b) To what extent have national public/private resources and/or counterparts been mobilized to contribute to the programme's goals and impacts?

Results level

- Efficacy: Extent to which the objectives of the development intervention have been met or are expected to be met, taking into account their relative importance.

- a) To what extent is the joint programme contributing to the attainment of the development outputs and outcomes initially expected /stipulated in the programme document?
 - 1. To what extent and in what ways is the joint programme contributing to the Millennium Development Goals at the local and national levels?
 - 2. To what extent and in what ways is the joint programme contributing to the goals set in the thematic window?
 - 3. To what extent (policy, budgets, design, and implementation) and in what ways is the joint programme contributing to improve the implementation of the principles of the Paris Declaration and Accra Agenda for Action?
 - 4. To what extent and in what ways is the joint programme contributing to the goals of delivering as one at country level?
- b) To what extent are joint programme's outputs and outcomes synergistic and coherent to produce development results?
- c) To what extent is the joint programme having an impact on the targeted citizens?
- d) Have any good practices, success stories, lessons learned or transferable examples been identified? Please, describe and document them
- e) What types of differentiated effects are resulting from the joint programme in accordance with the sex, race, ethnic group, rural or urban setting of the beneficiary population, and to what extent?
- f) To what extent is the joint programme contributing to the advance and the progress of fostering national ownership processes and outcomes (the design and implementation of National Development Plans, Public Policies, UNDAF, etc)
- g) To what extent is the joint programme helping to increase stakeholder/citizen dialogue and or engagement on development issues and policies?

- h) To what extent is the joint programme having an impact on national ownership and coordination among government entities?

Sustainability: The probability that the benefits of the intervention will continue in the long term.

- a) Are the necessary premises occurring to ensure the sustainability of the impacts of the joint programme?

At local and national level:

- i. Is the programme supported by national and/or local institutions?
 - ii. Are these institutions showing technical capacity and leadership commitment to keep working with the programme and to repeat it?
 - iii. Have operating capacities been created and/or reinforced in national and local partners?
 - iv. Do the partners have sufficient financial capacity to keep up the benefits produced by the programme?
 - v. Is the duration of the programme sufficient to ensure a cycle that will ensure the sustainability of the interventions?
 - vi. have networks or network institutions been created or strengthened to carry out the roles that the joint programme is performing?
- b) To what extent is the joint programme consistent with or different from the vision and actions of partners?
- c) In what ways can governance of the joint programme be improved so as to increase the chances of achieving sustainability in the future?

Country level

- d) During the analysis of the evaluation, what lessons have been learned, and what best practices can be transferred to other programmes or countries?
- e) To what extent and in what way is the joint programme contributing to progress towards the Millennium Development Goals in the country?
- f) To what extent and in which ways are the joint programmes helping make progress towards United Nations reform? (One UN)
- g) To what extent and in which ways are the joint programmes helping make progress towards the government's National Priorities and Strategic Development Plan (SDP)?
- h) How have the principles for aid effectiveness (ownership, alignment, managing for development results and mutual accountability) been developed in the joint programmes?
- i) To what extent is the joint programme helping to influence the country's public policy framework?

5. METHODOLOGICAL APPROACH

The mid-term evaluation will use an international consultant, appointed by MDG-F, as the Evaluator to conduct the evaluation. The Programme Management Unit (PMU) national M&E officer will support the Evaluator by providing information about local context such as institutions, protocol, traditions, etc. and

assist with translation of key meetings/ interviews during the mission as needed⁵⁹. It is the sole responsibility of the Evaluator to deliver the inception, draft final and final reports.

The Evaluator will use methodologies and techniques as determined by the specific needs for information, the questions set out in the TOR, the availability of resources and the priorities of stakeholders. In all cases, the Evaluator is expected to analyse all relevant information sources, such as annual reports, programme documents, internal review reports, programme files, strategic country development documents and any other documents that may provide evidence on which to form opinions. The Evaluator is also expected to use interviews as a means to collect relevant data for the evaluation.

The methodology and techniques to be used in the evaluation should be described in detail in the inception report and the final evaluation report, and should contain, at a minimum, information on the instruments used for data collection and analysis, whether these be documents, interviews, field visits, questionnaires or participatory techniques.

6. EVALUATION DELIVERABLES

The Evaluator is responsible for submitting the following deliverables to the Secretariat of the MDGF:

✂ **Inception Report** (to be submitted within seven days of the submission of all programme documentation to the Evaluator)

This report will be 5 to 10 pages in length and will propose the methods, sources and procedures to be used for data collection. It will also include a proposed timeline of activities and submission of deliverables. The inception report will propose an initial theory of change to the joint programme that will be used for comparative purposes during the evaluation and will serve as an initial point of agreement and understanding between the Evaluator and the evaluation managers. The Evaluator will also share the inception report with the evaluation reference group to seek their comments and suggestions.

✂ **Draft Final Report** (to be submitted within 10 days of completion of the field visit)

The draft final report will contain the same sections as the final report (described in the next paragraph) and will be 20 to 30 pages in length. This report will be shared among the evaluation reference group. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its main findings, conclusions and recommendations. The MDGF Secretariat will share the draft final report with the evaluation reference group to seek their comments and suggestions.

✂ **Final Evaluation Report** (to be submitted within seven days of receipt of the draft final report with comments)

The final report will be 20 to 30 pages in length. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its major findings, conclusions and recommendations. The MDGF Secretariat will send the final report to the evaluation reference group. This report will contain the following sections at a minimum:

1. Cover Page

⁵⁹ While initially it was planned for the PMU M&E national officer to assist the Evaluator (including providing translation), following the Evaluator's request an external translator was hired. This was done in consultation with the MDG-F Secretariat in order to ensure the independence of the evaluation process.

2. Introduction

- Background, goal and methodological approach
- Purpose of the evaluation
- Methodology used in the evaluation
- Constraints and limitations on the study conducted

3. Description of interventions carried out

- - Initial concept
- - Detailed description of its development: description of the hypothesis of change in the programme.

4. Levels of Analysis: Evaluation criteria and questions

5. Conclusions and lessons learned (prioritized, structured and clear)

6. Recommendations

7. Annexes

7. ETHICAL PRINCIPLES AND PREMISES OF THE EVALUATION

The mid-term evaluation of the joint programme is to be carried out according to ethical principles and standards established by the United Nations Evaluation Group (UNEG).

• **Anonymity and confidentiality.** The evaluation must respect the rights of individuals who provide information, ensuring their anonymity and confidentiality.

• **Responsibility.** The report must mention any dispute or difference of opinion that may have arisen among the consultants or between the Evaluator and the reference group of the Joint Programme in connection with the findings and/or recommendations. The Evaluator must corroborate all assertions, and note any disagreement with them.

• **Integrity.** The Evaluator will be responsible for highlighting issues not specifically mentioned in the TOR, if this is needed to obtain a more complete analysis of the intervention.

• **Independence.** The Evaluator should ensure his or her independence from the intervention under review, and he or she must not be associated with its management or any element thereof.

• **Incidents.** If problems arise during the fieldwork, or at any other stage of the evaluation, the Evaluator must report these immediately to the Secretariat of the MDGF. If this is not done, the existence of such problems may in no case be used by the Evaluator to justify the failure to obtain the results stipulated by the Secretariat of the MDGF in these terms of reference.

• **Validation of information.** The Evaluator will be responsible for ensuring the accuracy of the information collected while preparing the reports and will be ultimately responsible for the information presented in the evaluation report.

• **Intellectual property.** In handling information sources, the Evaluator shall respect the intellectual property rights of the institutions and communities that are under review.

• **Delivery of reports.** If delivery of the reports is delayed, or in the event that the quality of the reports delivered is clearly lower than what was agreed, the penalties stipulated in these terms of reference will be applicable.

8. ROLES OF ACTORS IN THE EVALUATION

The main actors in the mid-term evaluation are the Secretariat of the MDGF, the Programme Management and the PMC. The PMU, PMC, and RC Office will serve as the evaluation reference group. The role of the evaluation reference group will extend to all phases of the evaluation, including:

- Facilitating the participation of those involved in the evaluation design.
- Identifying information needs, defining objectives and delimiting the scope of the evaluation.
- Providing input on the evaluation planning documents (Work Plan and Communication, Dissemination and Improvement Plan).
- Providing input and participating in the drafting of the Terms of Reference.
- Facilitating the evaluation team's access to all information and documentation relevant to the intervention, as well as to key actors and informants who should participate in interviews, focus groups or other information-gathering methods.
- Monitoring the quality of the process and the documents and reports that are generated, so as to enrich these with their input and ensure that they address their interests and needs for information about the intervention.
- Disseminating the results of the evaluation, especially among the organizations and entities within their interest group.

The Secretariat of the MDGF shall manage the mid-term evaluation in its role as proponent of the evaluation, fulfilling the mandate to conduct and finance the mid-term evaluation. As manager of the mid-term evaluation, the Secretariat will be responsible for ensuring that the evaluation process is conducted as stipulated; promoting and leading the evaluation design; coordinating and monitoring progress and development in the evaluation study and the quality of the process. It shall also support the country in the main task of disseminating evaluation findings and recommendations.

9. TIMELINE FOR THE EVALUATION PROCESS

The proposed schedule is presented in Annex C.

A. Design phase (15 days total)

1. The Secretariat shall send the generic TOR for mid-term evaluation to the reference group. The reference group is then to adapt these to the concrete situation of the joint programme in Timor-Leste, using the lowest common denominator that is shared by all, for purposes of data aggregation and the provision of evidence for the rest of the MDGF levels of analysis (country, thematic window and MDGF).

This activity requires a dialogue between the Secretariat and the reference group of the evaluation. This dialogue should be aimed at rounding out and modifying some of the questions and dimensions of the study that the generic TOR do not cover, or which are inadequate or irrelevant to the joint programme.

2. The MDGF Secretariat will send the finalized, contextualized TOR to the Evaluator it has chosen.
3. From this point on, the Portfolio Manager is responsible for managing the execution of the evaluation, with three main functions: to facilitate the work of the Evaluator, to serve as

interlocutor between the parties (Evaluator, reference group in the country, etc.), and to review the deliverables that are produced.

B. Execution phase of the evaluation study (55-58 days total)

Desk study (15 days total)

1. The Portfolio Manager will brief the Evaluator (**1 day**). He/she will hand over a checklist of activities and documents to review, and explain the evaluation process. Discussion will take place over what the evaluation should entail.
2. The Evaluator will review the documents according to the standard list (see TOR annexes; programme document, financial, monitoring reports etc.)
3. The Evaluator will submit the inception report to the MDGF Secretariat; the report will include the findings from the document review and will specify how the evaluation will be conducted. The Evaluator will share the inception report with the evaluation reference group for comments and suggestions (within **seven days of delivery of all programme documentation to the consultant**).
4. The focal points for the evaluation (PMC Co-Chairs) and the Evaluator will prepare an agenda to conduct the field visit of the evaluation. (Interview with programme participants, stakeholders, focus groups, etc) (Within **seven days of delivery of the desk study report**).

Field visit (9-12 days)

1. In-country, the Evaluator will observe and contrast the preliminary conclusions reached through the study of the document review. The planned agenda will be carried out. To accomplish this, the Secretariat's Portfolio Manager may need to facilitate the Evaluator's visit by means of phone calls and emails to the reference group.
2. The Evaluator will be responsible for conducting a debriefing with the key actors he or she has interacted with.

Final Report (31 days total)

1. The Evaluator will deliver a draft final report, which the Secretariat's Portfolio Manager shall be responsible for sharing with the evaluation reference group (**within 10 days of the completion of the field visit**).
2. The evaluation reference group may ask that data or facts that it believes are incorrect be changed, as long as it provides data or evidence that supports its request. The Evaluator will have the final say over whether to accept or reject such changes. For the sake of evaluation quality, the Secretariat's Portfolio Manager can and should intervene so that erroneous data, and opinions based on erroneous data or not based on evidence, are changed (**within 14 days of delivery of the draft final report**).

The evaluation reference group may also comment on the value judgements contained in the report, but these do not affect the Evaluator's freedom to express the conclusions and recommendations he or she deems appropriate, based on the evidence and criteria established.

3. The Secretariat's Portfolio Manager shall assess the quality of the final version of the evaluation report presented, using the criteria stipulated in the annex to this TOR **(within seven days of delivery of the draft final report)**.
4. Upon receipt of input from the reference group, the Evaluator shall decide which input to incorporate and which to omit. The Secretariat's Portfolio Manager shall review the final copy of the report, and this phase will conclude with the delivery of this report by the MDGF Secretariat to the evaluation reference group **(within seven days of delivery of the draft final report with comments)**.
5. **Phase of incorporating recommendations and improvement plan (within 21 days of delivery of the final report):**
 1. The Secretariat's Portfolio Manager, as representative of the Secretariat, shall engage in a dialogue with the reference group to establish an improvement plan that includes recommendations from the evaluation.
 2. The Secretariat's Portfolio Manager will hold a dialogue with the reference group to develop a simple plan to disseminate and report the results to the various interested parties.

10. ANNEXES

A. Document Review

This section must be completed and specified by the other users of the evaluation but mainly by the management team of the joint programme and by the Programme Management Committee. A minimum of documents that must be reviewed before the field trip shall be established; in general terms the Secretariat estimates that these shall include, as a minimum:

MDG-F Context

- MDGF Framework Document
- Summary of the M&E frameworks and common indicators
- Children Food Security and Nutrition Thematic Window TORs
- General thematic indicators
- M&E strategy
- Communication and Advocacy Strategy
- MDG-F Joint Implementation Guidelines

Specific Documents for Joint Programme

Other in-country documents or information

- Evaluations, assessments or internal reports conducted by the joint programme
- Relevant documents or reports on the Millennium Development Goals at the local and national levels
- Relevant documents or reports on the implementation of the Paris Declaration and the Accra Agenda for Action in the country
- Relevant documents or reports on One UN, Delivering as One

B. File for the Joint Programme Improvement Plan

After the interim evaluation is complete, the phase of incorporating its recommendations shall begin. This file is to be used as the basis for establishing an improvement plan for the joint programme, which will bring together all the recommendations, actions to be carried out by programme management.

Evaluation Recommendation No. 1				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
1.1			Comments	Status
1.2				
1.3				
Evaluation Recommendation No. 2				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
2.1			Comments	Status
2.2				
2.3				
Evaluation Recommendation No. 3				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
3.1			Comments	Status
3.2				
3.3				

C. Proposed Schedule

Activities	J	August					September				October				November					Dec	
	4	1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	5	1	2
Establish ERG	■																				
Review and adapt ToR; identify documents for inception report; send to Secretariat		■	■	■	■																
<i>Desk review, inception report (Secretariat and consultant)</i>						■	■														
Review inception report and finalize agenda for field visit							■	■													
Consultant field visit										■	■										
<i>Write and review draft report (Consultant and Secretariat)</i>												■	■	■							
Review draft report and send feedback															■	■	■				
<i>Write and deliver final report (Consultant)</i>																		■	■		
Design dissemination and improvement plan																				■	■

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