

Decentralized Evaluation Quality Assurance System (DEQAS)

**Evaluation Terms of Reference
Timor-Leste CO**

May 2017

Terms of Reference

**End-Term Evaluation of
Treatment of Moderate Acute Malnutrition
2015-2017**

WFP Timor-Leste

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1. Introduction

1. These Terms of Reference (TOR) are for the end-term evaluation of the activity Treatment of Moderate Acute Malnutrition (MAM) implemented in six municipalities of Timor-Leste (Ainaro, Bobonaro, Covalima, Dili, Ermera, and Oecusse) under the World Food Programme (WFP) Development Project 200770 (DEV). This evaluation is commissioned by the WFP Timor-Leste Country Office (CO) and will cover the project period of the Development Project during which the activity was implemented, i.e. 2015 to 2017. The expected evaluation duration is from May to October 2017.
2. These TOR were prepared by the WFP Timor-Leste CO based upon an initial document review and following a standard template. TORs will be consulted through the external reference group after quality assurance. The purpose of the TOR is twofold. Firstly, it provides key information to the evaluation team and helps guide them throughout the evaluation process; and secondly, it provides key information to stakeholders about the proposed evaluation.
3. As the Timor-Leste DEV 200770 comes to an end in December 2017, this will be considered an end-term evaluation. An evaluation of the project's achievements with respect to its targets, overall performance and impact was initially planned to take place in late December 2016, as part of the DEV 200770 monitoring and evaluation plan¹. Following a Budget Revision in 2016, the timeline of the project has been extended to 31 December 2017.
4. The evaluation of the previous Country Programme (2011-2013)² found a number of challenges compromising the effectiveness of the nutrition programme, including limitations in coverage and participation, extensive sharing of food, transport issues, poor supervision, and weak community outreach. The DEV 200770 has seen notable improvements in the performance indicators of the activity, in particular in the recovery rate of children admitted for treatment of MAM. However, several of the listed challenges still remain and continue to affect effectiveness of the intervention, as noted by continued high defaulter rates in 2016 (31% compared to the target of <15%).
5. As nutrition will be a key component of the forthcoming Country Strategic Plan (CSP), the CO has opted for an in-depth evaluation focusing on the nutrition-specific activities of the DEV 200770 rather than the operation as a whole. Other focus areas of the DEV 200770, such as capacity building activities on monitoring and supply chain management, are not included in the scope of the evaluation.

2. Reasons for the Evaluation

6. The reasons for the evaluation being commissioned are presented below.

2.1. Rationale

7. The evaluation is being commissioned to assess strengths and challenges of the ongoing programme and to identify advocacy points for programme adjustment to adequately deliver quality supplementary feeding gaps. Some contextual justification for the evaluation include the following:
 - There is a need to inform key stakeholders of the effectiveness and quality aspects of interventions for management of acute malnutrition and related supplies, and to appropriately guide and advocate for specific strategic recommendations, including on capacity development needs, products, etc. This evaluation will document experiences in management of acute malnutrition and therefore inform advocacy.
 - Though the donor, European Union, plans to conduct an end-term evaluation of the activity, this is likely to place at the end of the project period which is December 2017. At

¹ WFP Timor-Leste Development Project 200770 (January 2015 – December 2016), approved 5 January 2015.

² WFP Office of Evaluation. Country Portfolio Evaluation. Timor-Leste: An Evaluation of WFP's Portfolio. (2008-2012). OE/2013/001

the same time, there is an increased and urgent need for detailed investigation on the ongoing intervention's relevance, effectiveness, efficiency, sustainability and impact in order to make evidence-based decisions on adjusting the design or implementation to achieve the desired impact. Conducting an independent activity evaluation ensures specific and timely feedback which will be based on comprehensive evidence.

- A detailed evaluation of the activity will further inform the CSP and provide evidence that can be used to solicit financial support from the donors.
8. Reducing the high levels of wasting, or acute malnutrition, in Timor-Leste is crucial for achieving the goals and targets set out in the 2030 Agenda for Sustainable Development and the Sustainable Development Goal (SDG) target 2.2. WFP Timor-Leste intends to continue supporting the Government in addressing wasting under the CSP, with the aim of reaching national targets for reducing undernutrition in children under five years of age.
 9. Under the Timor-Leste DEV 200770 (January 2015 - December 2017), WFP implements the following activities: i) treatment of moderate acute malnutrition in boys and girls 6-59 months; and ii) treatment of acute malnutrition in pregnant and lactating women. The expected outcome of the activity is to improve the nutritional status of targeted women and children and increase coverage of the intervention. Performance is measured by monitoring of key indicators for management of moderate acute malnutrition (MAM), which include coverage, recovery, defaulter and death rate³.
 10. By building the knowledge base on nutrition programmes, the activity evaluation will contribute to the objectives of the DEV 200770, which include strengthening the Government's capacity to design, implement and manage policies and systems for reducing undernutrition, and to hand-over sustainable food-based nutrition programmes to the Government in a responsible manner.
 11. WFP, as a technical partner to the Government of Timor-Leste, provides recommendations based on evidence. There is however insufficient evidence and guidance globally to determine the most effective strategy for addressing MAM in population settings. The Lancet Series on Maternal and Child Nutrition highlight the importance of assessing outcomes for future learning and improved design of effective nutrition interventions that support long-term actions to address underlying causes of undernutrition⁴. The gap in consensus and programmatic guidance for community based management of MAM is a constraint that has been recognized internationally⁵ as well as in the national context.
 12. The European Union (EU)⁶ and the World Bank⁷ have made recommendations for evaluating the national guidelines for management of acute malnutrition, in particular with regards to the MAM treatment component and provision of specialized nutritious foods, to determine effectiveness, cost-benefit and appropriate scale of the intervention. In addition, the on-going Strategic Review of SDG 2 in Timor-Leste highlights the need for early case detection and treatment of acute malnutrition as a preliminary finding from national consultations⁸.
 13. Hence, there is a stated need to assess what has worked well, what has not and why, including looking at effectiveness, efficiency and sustainability of this particular activity of the Development Project, implemented in parts of the country since 2015. As the DEV 200770 will

³ The Sphere Project. Humanitarian Charter and Minimum Standards in Humanitarian Response.

<http://www.spherehandbook.org/en/management-of-acute-malnutrition-and-micronutrient-deficiencies-standard-1-moderate-acute-malnutrition/>

⁴ Bhutta, Zulfiqar A. et. al. (2013). Evidence-based Interventions for Improvement of Maternal and Child Nutrition: What can be done and what will it cost? *The Lancet* 382:452-77.

⁵ Annan et al. Management of Moderate Acute Malnutrition: Current Knowledge and Practice *CMAM Forum Technical Brief* (2014)

⁶ EU. Final Report - Mid-Term Evaluation of the Integrated Nutrition Project in Timor-Leste. December, 2015.

⁷ World Bank. Draft Report: Malnutrition in Timor-Leste: A review of the burden, drivers and potential response. 2016.

⁸ John Hopkins University, CEPAD. Achieving SDG2: Building On the Achievements of Timor Leste. Advisory Board Meeting for the SDG2 Strategic Review, March 2017.

come to an end in December 2017, it is essential to provide the Ministry of Health, donors and other stakeholders with an independent assessment of the performance and lessons from the implementation of the activity that can enable informed decision-making and be applied to an adaptation or scaling up of the intervention in 2018, when the CSP comes into effect. Thus, the Timor-Leste CO proposes to conduct an activity evaluation⁹ of the MAM treatment component of the DEV 200770.

14. The evaluation will have the following uses for the WFP Timor-Leste CO:

- Apply learning in order to improve performance of management of acute malnutrition programmes in the next programme phase (2018) and generate recommendations for refining programme design and treatment activities, make adjustments to implementation arrangements and/or for scaling up of the intervention;
- To inform the Ministry of Health, donors and stakeholders of the performance of the activity from 2015-2017, including relevance, cost-benefit, effectiveness, efficiency and sustainability;
- To inform national decision-making on programmatic choices as to the most cost-effective approach to addressing MAM in the Timor-Leste development context, feeding into the Ministry of Health's budget planning process for 2018 and development of the next National Nutrition Strategy;
- To generate secondary data analysis of preliminary Demographic Health Survey (DHS) 2016 results, assess impact of the activity on wasting, and mitigate questions raised about quality of data and evidences produced around effectiveness of the programme;
- To contribute to WFP's corporate commitment to enhancing accountability for results and generate evidence to stakeholders, including government, donors and beneficiaries, on progress made towards the national targets for treatment of acute malnutrition identified in national plans and strategies¹⁰. This will also support the Ministry of Health's aim of good governance and accountability of budget, actions and results, as indicated in the National Nutrition Strategy (NNS)¹¹.

2.2. Objectives

15. Evaluations in WFP serve the dual and mutually reinforcing objectives of accountability and learning.

- **Accountability** – The evaluation will assess and report on the performance and results of the activities related to treatment of MAM in children 6-59 months of age and acutely malnourished pregnant and lactating women, implemented under the DEV 200770.
- **Learning** – The evaluation will determine the reasons why certain results occurred or not to draw lessons, derive good practices and pointers for learning. It will build evidence to inform policy and future strategies and programming on nutrition-specific interventions to achieve national targets for reduction of wasting. The implementation of the activity in accordance with national guidelines will explore in details the reality of continuum of care for the achievement of the intended results and impact of the intervention. This will also serve as an end-line evaluation of the joint WFP/Ministry of Health programme, given the

⁹ Activity evaluation: Assesses one WFP activity, which may be one component of an operation or an activity across operations. Activity evaluations are distinct from other types of WFP evaluations in their consideration of a specific, bounded component of an operation(s) to understand if, what, how, and why it is contributing to development results. WFP Technical Note on Activity Evaluation

<http://docustore.wfp.org/stellent/groups/public/documents/reports/wfp277850.pdf>

¹⁰ Government of Timor-Leste. Strategic Development Plan 2011-2030. Target 2.6.2.3, DPCM Code S-14.

¹¹ Ministry of Health Timor-Leste. National Nutrition Strategy 2014-2019.

closure of funding from EU and the Korean International Cooperation Agency (KOICA) in 2017.

16. As there is insufficient concrete evidence as to the cost-effectiveness of the provision of specialized nutritious foods for the management of MAM in Timor-Leste, the focus of the evaluation will be on generating learning and findings that can address some of the concerns raised by stakeholders and donors. The national plans for increasing coverage of treatment should be based on clear evidence and analysis of the most appropriate channels and systems for service delivery. Furthermore, recommendations will be used to advocate for leveraging resources for future nutrition-specific interventions in the CSP. For example, the CO envisions using the recommendations of the evaluation to conducting joint formative research under the CSP on the Integrated Management of Acute Malnutrition (IMAM), to address specific evidence gaps and contribute to the global research agenda currently being established by e.g. the Council of Research and Technical Advice on SAM (CORTASAM) and the No Wasted Lives (NWL) initiative¹². CORTASAM intends to produce a list of research priorities in 2017, which will form a basis for donor contributions to research on wasting¹³.

2.3. Stakeholders and Users

17. A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and some of these will be asked to play a role in the evaluation process. Annex 1 provides a preliminary stakeholder analysis, which should be deepened by the evaluation team as part of the Inception phase.
18. Accountability to affected populations is tied to WFP's commitments to include beneficiaries as key stakeholders in WFP's work. As such, WFP is committed to ensuring gender equality and women's empowerment in the evaluation process, with participation and consultation in the evaluation by women, men, boys and girls from different groups. Feedback on the evaluation results will be provided to beneficiaries and other stakeholders at the implementation level.
19. The primary users of this evaluation will be:
 - The WFP Timor-Leste CO and the Ministry of Health in decision-making, notably related to design, implementation and scale of nutrition-specific interventions for addressing wasting. Recommendations and lessons will contribute to the refining of activities planned in the WFP Country Strategy (with start date January 2018), which aim to support the Government of Timor-Leste in achieving SDG 2 and 17. Recommendations will contribute to WFP's organizational learning and accountability for results, and beyond the organization will also empower the Ministry of Health by generating knowledge and lessons learned on the integrated approach for management of MAM implemented from 2015. Furthermore, the recommendations can be used to inform national policies and strategies related to nutrition, including the development of the next National Nutrition Strategy, and to advocate for resources to be allocated to nutrition for the implementing the recommended actions.
 - The Regional Bureau (RB) is expected to use the evaluation findings to provide strategic guidance, programme support, and oversight.
 - WFP HQ may use evaluations for wider organizational learning and accountability.
 - OEV may use the evaluation findings, as appropriate, to feed into evaluation syntheses as well as for annual reporting to the Executive Board.

¹² <http://www.nowastedlives.org/>

¹³ CORTASAM meeting, Brussels, October 2016.

3. Context and subject of the Evaluation

3.1. Context

20. Timor-Leste is a State party to seven of the nine core UN human rights treaties, including the: International Covenant on Civil and Political Rights (ICCPR); International Covenant on Economic, Social and Cultural Rights (ICESCR); Convention on the Elimination of all forms of Racial Discrimination (CERD); and Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). While progress has been made in some areas of human development, including promoting gender equality and empowerment of women, and reduction of infant and child mortality, malnutrition - particularly maternal and child undernutrition - is the single greatest contributor to premature death and disability in the country and presents an important development challenge.
21. According to the Timor-Leste DHS 2009-10 on mother's age at first birth, nearly one quarter of women (24%), aged 20-24 years had given birth by age 20. This means that one in four Timorese adolescent girls is a teenage mother. Furthermore, rural women are more than twice as likely as urban women to have begun childbearing early. Furthermore, teenage mothers in Timor-Leste are at increased risk of maternal mortality as mothers aged 20-24 years.
22. In 2013, a national nutrition survey found that the prevalence of wasting¹⁴ in Timor-Leste – an indicator of acute malnutrition and a prominent risk factor for child mortality – was 11%, with emergency levels of wasting experienced in Covalima (17%) and Oecusse (20%) municipalities (districts). The prevalence of wasting was significantly higher among boys than girls, among older children and among rural children.
23. Based on the results of the 2013 nutrition survey, the Ministry of Health requested WFP to extend its support in the country, which was initially planned to come to an end after the 2011-2013 Country Programme. Hence, the DEV was established to contribute to the reduction of undernutrition among children under five and pregnant and lactating women targeted through the national Mother and Child Health and Nutrition Programme. Activities under the DEV 200770 capture two main components: i) capacity-development, in which WFP provides technical assistance to enhance the capacity of national counterparts to implement nutrition programmes independently; and ii) food-based component, with the provision of specialized nutritious food products – locally produced Super Cereal for pregnant and lactating women, and ready-to-use supplementary foods for children.
24. The capacity development component focuses on three areas: i) nutrition, including nutrition education and behaviour change communication for improved infant and young child feeding practices; ii) developing the monitoring and evaluation system for nutrition programmes; and iii) developing and implementing operational guidelines for supply chain management.
25. The Timor-Leste National Nutrition Strategy (NNS) 2014-2019 is the most relevant strategy for WFP's support to the Government's nutrition interventions. Its goal is to improve the nutritional status of the Timorese population, and the objective is to reduce malnutrition and micronutrient deficiency among children and women. Specific targets of the NNS related to the activity Treatment of MAM are: by 2019, increase the cure rate of moderate and severe acute malnutrition to >75%; by 2019, increase the % of children with moderate acute malnutrition receiving supplementary food, from <50% to >60%. The Timor-Leste Strategic Development

¹⁴ Wasting refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. The definition of wasting is weight-for-height of less than -2 standard deviations (SD) from the median weight-for-height or a reference population. A child can be 'moderately' wasted (between -2 and -3 SD, or <80% of the median), or 'severely' wasted (<-3 SD, or <70% of median). Edema in both feet and/or other clinical signs also classify a child as severely wasted (WHO 2005).

Plan 2011-2030 has set a more ambitious target for treatment of acute malnutrition, of increasing the recovery rate to more than 78% by 2017.

26. Reducing the high levels of wasting, or acute malnutrition, in Timor-Leste is crucial for achieving the goals and targets set out in the 2030 Agenda for Sustainable Development, in particular SDG target 2.2. WFP provides technical support to governments to develop and scale up sustainable nutrition solutions that contribute towards achieving SDGs 2 and 17, and supports the development and delivery of national plans and policies to end malnutrition in all its forms.
27. The 2013 Lancet Maternal and Child Nutrition Series identifies MAM as well as SAM treatment as evidence based interventions with sufficient evidence to warrant action at scale¹⁵. However, while community-based treatment of SAM has grown rapidly globally, this does not apply to management of MAM, most likely due to the inconsistent evidence for effective strategies in population settings. The lack of attention, research and consensus on programmatic guidance community based management of MAM continues to be a key constraint for scaling up access to treatment¹⁶.
28. In Timor-Leste, the EU is currently the main donor for the community-based treatment of acute malnutrition, with a total budget allocation of €9,240,000 to UNICEF and WFP during the project period 2015-2017. From 2018, EU will shift to direct budget support to the Ministry of Health. The change in aid modality will have consequences on the levels of funding to UN Agencies. Within the health sector, the key donors are Australian Aid and USAID, providing institutional support to the Ministry of Health. KOICA has funded the activity, however as of 2018 they will transition to focus on health and education, rather than on nutrition. WHO, UNICEF and other UN Agencies provide technical support in planning and technical issues to the Ministry of Health. The EU and WHO are the co-chairs of the donor coordination for the Health Sector. There is also a Working Group on Nutrition, which meets to discuss and share information on specific issues.
29. Timor-Leste is still in transition from a conflict and is a member of the g7+ group of fragile states, in which it has led discussions related to the 2030 Agenda and the recognition that countries affected by conflict face unique challenges that require special attention. In this context, there are a number of external factors and events affecting the implementation of the activity, mainly: i) social instability, as underlying conflict factors and drivers persist and have the potential to escalate, in particular during the Parliamentary election scheduled in July 2017; ii) the appointment of a new Government in 2017 may lead to changing priorities and slow down the implementation of the programme; iii) high turnover of staff, lack of skilled human resources and difficulties in maintaining staff with specialised training in nutrition is a challenge, however this is partly being addressed by the Ministry of Health through the recruitment of Nutrition Coordinators/Focal Points in March 2017; iv) lack of coordination among stakeholders – including between Government entities - working on nutrition affecting the efficiency and effectiveness of service delivery.
30. In Annex - Key resources related to the nutrition and food security situation in Timor-Leste.

3.2. Subject of the evaluation

31. The proposed evaluation will focus on the activity Treatment of Moderate Acute Malnutrition in Timor-Leste, implemented under DEV 200770. The geographic scope of the activity evaluation will be the following six municipalities (see map in Annex 1): Ainaro, Bobonaro, Covalima, Dili, Ermera, Oecusse.

¹⁵ Maternal and Child Nutrition Study Group. Executive Summary of the Lancet Maternal and Child Nutrition Series. *Lancet* 2013; published online June 6, [http://dx.doi.org/10.1016/S0140-6736\(13\)60996-4](http://dx.doi.org/10.1016/S0140-6736(13)60996-4)

¹⁶ Annan et al. Management of Moderate Acute Malnutrition: Current Knowledge and Practice *CMAM Forum Technical Brief* (2014)

32. Considering that a new Country Strategy will come into effect in January 2018, the evaluation is expected to be completed within the current project period, ending on 31st December 2017. Pending approval of the application, expected in April 2017, the evaluation will commence in May, and is expected to be finalized in August 2017. The dissemination of management responses and inclusion of recommendations into the planning of next Country Strategy will continue until the end of 2017.
33. The focus of WFP's Development Project is to build capacity of existing Government structures with a view to operating a sustainable Government led nutrition programme. Specific objectives are to: strengthen the Government's capacity to design, implement and manage tools, policies and systems for reducing undernutrition; hand-over sustainable food-based nutrition programmes; and to ensure that all analysis, policies, activities and monitoring respect principles of gender equality. The main activities are: treatment of MAM in boys and girls 6-59 months; and treatment of acute malnutrition in pregnant and lactating women. Through these activities, WFP aims to increase the ownership and capacity of the Ministry of Health to reduce undernutrition, improve nutritional status of targeted women, girls and boys from 6-59 months of age, and increase the coverage of the treatment programme.
34. The need for improvements in the quality of monitoring and evaluation of the activities was recommended in the Country Portfolio Evaluation in 2013¹⁷. The DEV collects key performance indicators (coverage, recovery, defaulter, non-response and mortality rate) on a monthly basis from health facilities, based on the project Logical Framework. The indicators for the activity follow the Strategic Results Framework (2014-2017), and forms the basis for regular assessment of the activity's performance against internationally agreed upon targets and standards for management of acute malnutrition, endorsed by WHO, UNICEF and WFP. It is essential that the data quality, analysis, and use of the information collected is ensured for improved programming, and monitoring data from 2015-2017 will be one of the main sources of information for the evaluation.
35. The initial planned food requirement for the activity was 1,167 MT for the project period of January 2015 to December 2016, for an estimated 59,000 beneficiaries composed of: 23,000 pregnant and lactating women; 18,500 boys 6-59 months of age; and 17,500 girls 6-59 months of age. Following a second budget revision of the project approved in November 2016, the project timeline was extended to December 2017, and planned outputs revised accordingly. The planned food requirements have now increased to 1,568 MT, and the total number of beneficiaries for the three-year project period are expected to be 78,580. Out of these, 63% are children 6-59 months of age and 37% are pregnant and lactating women. Women and girls represent 69% of the total number of beneficiaries, and the remaining 31% are boys in the age group 6-59 months of age.
36. The total revised budget value is US\$13.7 million, an increase from the planned budget of US\$9.9 million. The project is funded to 59% by EU (US\$4.4 million) and KOICA (US\$3.6 million). The DEV 200770 allocated US\$50,000 for assessments and evaluations in the original budget.
37. The Ministry of Health is the main partner for the activity. UNICEF and WHO are technical partners for nutrition, including for developing guidelines and training packages on management of acute malnutrition. NGOs Alola Foundation and World Vision Timor-Leste are contracted by both WFP and UNICEF to support community level nutrition education and mobilization activities in three municipalities. A partnership between WFP and the private sector partner Timor Global was established in 2008/09 and supports the local production of Super Cereal provided to pregnant and lactating women.

¹⁷ WFP Office of Evaluation. Country Portfolio Evaluation. Timor-Leste: An Evaluation of WFP's Portfolio. (2008-2012). OE/2013/001

38. The current approach to treating MAM in children under five years of age, with specific admission criteria for accessing treatment¹⁸, came into effect in 2015, following an evaluation of the Country Programme 2011-2013¹⁹ which recommended changes in targeting and distribution modalities, from blanket coverage of children 6 to 23 months of age to a targeted approach. The new admission criteria have been included in national guidelines for Integrated Management of Acute Malnutrition (IMAM), revised in 2016. The integrated programme includes both treatment of moderate and severe acute malnutrition (SAM) as well as nutrition education and community mobilization.
39. The Ministry of Health's operationalization of the IMAM guidelines is currently supported only by WFP and UNICEF, with funding from EU and KOICA. EU's mid-term evaluation of the project made the following observations with regards to the treatment of MAM and provision of supplementary foods²⁰: *"In conclusion, the evaluation feels that, from a nutritional point of view and considering the current country context, an intervention to treat children suffering from moderate acute undernutrition and women is currently justified. Whether this can best be achieved by a targeted supplementary feeding programme such as currently implemented, or by another type of intervention such as, for instance, cash-transfers as mentioned above by the WHO, would require further study."*
40. WFP Timor-Leste recognizes the need for further analysis of the most effective and feasible transfer modalities and service delivery channels for addressing wasting among children 6-59 months of age in a non-emergency context. The CSP can provide a key opportunity to initiate new strategies, based on lessons from the DEV 200770. Future strategies and priorities will also be dependent of the findings of the Demographic Health Survey (DHS) 2016, with preliminary results expected to be released at the end of March 2017.
41. The Timor-Leste Strategic Review of SDG 2 will be finalized in May, and results from national and community consultations on nutrition have so far highlighted the need to identify and treat wasting early to prevent further deterioration, to target adolescent girls with nutrition-specific interventions, and to bring men into the conversation on nutrition.
42. In Annex: map of geographic target areas for the evaluation; DEV 200770 Logical Framework.

4. Evaluation Approach

4.1. Scope

43. The expected time frame of the activity evaluation will be from May to August 2017, taking into consideration the end date of the DEV 200770 of 31st December 2017 and start date of the next Country Strategy in January 2018.
44. The evaluation will focus on transfer-based activities for treatment of MAM rather than on the capacity development components of the DEV 200770. Therefore, activities related to augmentation of Ministry of Health's capacity for monitoring and evaluation and supply chain management are not within the scope of this evaluation.
45. Geographically, six out of 13 municipalities are currently implementing treatment of MAM with provision of specialized nutritious foods and monitoring data from these municipalities will be used to assess performance of the programme. Community consultations may take place in

¹⁸ The National Protocol on Management of Acute Malnutrition uses the following admission criteria for community based management: all children 6-59 months of age with mid-upper arm circumference (MUAC) 11.5 to 12.5 cm; and pregnant and lactating women with MUAC below 23 cm.

¹⁹ WFP Office of Evaluation. Country Portfolio Evaluation. Timor-Leste: An Evaluation of WFP's Portfolio. (2008-2012). OE/2013/001

²⁰ EU. Final Report - Mid-Term Evaluation of the Integrated Nutrition Project in Timor-Leste. December, 2015.

additional selected municipalities, where specialized foods are not provided as part of treatment, to assess the level of participation in nutrition services of women, men, boys and girls in areas with and without provision of food.

46. As described under sections 2.1 and 2.2, the evaluation will focus on the effectiveness, efficiency and sustainability of the MAM treatment activity implemented under DEV 200770, including analysing the cost-effectiveness of the targeted approach and transfer modalities. Furthermore it will seek to verify the quality of the data supporting the performance measurement of the treatment programme including accuracy and reliability of key nutrition indicators. Pending the availability of preliminary results from DHS 2016, this data will be used as a source for secondary data analysis on the prevalence of wasting in targeted municipalities and associated factors.
47. The evaluation will seek to assess the effects of access to treatment on the targeted population groups (children 6 – 59 months of age, pregnant and lactating women and adolescent girls), including assessment of barriers and bottlenecks influencing implementation of the response, and opportunities that may contribute to improved coverage and reduced defaulter rates.
48. Gender aspects will be considered in all aspects of the evaluation, including assessing the level of participation of nutritionally at-risk adolescent girls in the treatment programme and barriers to accessing nutrition services for this population group. As pregnant and lactating girls in the age group 15-19 have been identified as a particularly vulnerable group in the context of Timor-Leste, the participation of this population group in the evaluation will be particularly important, also considering that the CSP will include specific activities for adolescent girls. The level of participation of men and adolescent boys in community mobilization and nutrition education activities is also a subject for the evaluation, as the preliminary results of the ongoing Country Strategic Review has identified this to be a gap. Further analysis of gender considerations to be addressed by the evaluation, including specific gender-related questions, will be further established by the gender specialist to be recruited for the evaluation.

4.2. Evaluation Criteria and Questions

49. **Evaluation Criteria** The evaluation will apply the international evaluation criteria of relevance, effectiveness, efficiency, and sustainability²¹. Impact will be assessed pending DHS 2016 data, to allow for analysis of changes in prevalence of wasting as compared to the baseline. The evaluation criteria are based on utility and need to for timely information that will enable decision-making processes in preparation for the CSP, and contribute to ensuring optimum cost-effectiveness of the activity. Gender equality will be mainstreamed and incorporated into evaluation questions to reflect the participation and inclusion of pregnant and lactating women, adolescent girls, boys and girls under five years of age in the programme. Community consultations will include both women and men, to reflect different perspectives, priorities, needs and awareness of nutrition.
50. **Evaluation Questions** Allied to the evaluation criteria, the evaluation will address the following key questions, which will be further developed by the evaluation team during the inception phase. Collectively, the questions aim at highlighting the key lessons and performance of the treatment of MAM, which could inform future strategic and operational decisions.

²¹ For more detail see:

<http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm> and <http://www.alnap.org/what-we-do/evaluation/eha>

Table 1: Criteria and evaluation questions

Criteria	Evaluation Questions
Relevance	<ul style="list-style-type: none"> • To what extent was the design of the treatment of MAM intervention relevant to the development context of Timor-Leste? Clearly identify strengths and limitations of its current form and implementation and areas of improvement, if considered relevant. Views of the activity's contribution in the overall nutrition response should be reflected. • To what extent did the intervention reach the intended target groups, and is the intervention in line with the needs of the most vulnerable groups (boys and girls under five years of age, pregnant and lactating women and adolescent girls); • To what extent was the design and implementation of the intervention gender-sensitive, addressing the diverse needs of children under five and pregnant and lactating women/adolescent girls; • To what extent was the design and implementation of the intervention, including ration, consistent with national and international guidelines for management of acute malnutrition.
Effectiveness	<ul style="list-style-type: none"> • To what extent were corporate outputs and outcomes for MAM treatment of girls and boys 6-59 months achieved, and what were the main results including positive, negative, intended and unintended outcomes; • What were the major constraints and facilitating factors leading to achievements; • What was the number or percentage of children progressing from MAM to SAM in areas with and without SAM and MAM components implemented; • To what extent did community mobilization and nutrition education activities, implemented by NGOs, lead to creating awareness and demand of the nutrition services and what was the level of participation of women and men; • To what extent did the availability of food at health facilities positively or negatively influence participation and uptake of other health and nutrition services; • To what extent were cross-cutting issues and standards for assistance, in particular related to gender equity and women's empowerment, and in other areas such as partnership and coordination; protection and accountability?
Efficiency	<ul style="list-style-type: none"> • Was the implemented modality for MAM treatment cost-efficient, compared to other parts of the country where specialized nutritious foods for MAM treatment were not provided; • Cost per beneficiary treated and per type of specialized nutritious foods provided (Timor Vita and Ready-to-Use Supplementary Food), and analysis of nutrient density of the foods provided. This could also include an analysis of affordability of locally available foods and guidance on options for alternatives or areas of improvement needed to enhance impact of MAM management. • Did the targeted approach, as compared to the previous blanket supplementary feeding programme, with provision of Timor Vita for both children and PLW, result in improved cost-efficiency; • Was the intervention implemented in the most efficient way compared to alternatives, e.g. considering different transfer modalities (locally produced vs imported foods) and compared to using alternative transfers

	<p>(based on WHO’s guidance on the dietary management of children with MAM²²);</p> <ul style="list-style-type: none"> • Comparison of performance in areas with different institutional arrangements, i.e. where NGOs have supported the community based activities with areas with no presence of local partners/NGOs, and in areas with and without active community outreach (SISCa).
Sustainability	<ul style="list-style-type: none"> • To what extent is it likely that the benefits of the intervention will continue after WFP’s support under the DEV 200770 ends in December 2017; • To what extent has the cost for treatment of MAM been incorporated into national budgets, plans and policies; • Does the intervention have potential to positively influence gender relations, and what would be sustainable approaches to increase the involvement of men in future activities; • What are practical and feasible recommendations for the continuation and sustainability of the intervention (adapting, scaling up or phasing out)?
Impact	<ul style="list-style-type: none"> • Contribution of intervention on wasting prevalence on boys and girls between 2013 and 2016 in geographic target areas, based on secondary data analysis of DHS results (2009/10 and 2016) and Food and Nutrition Survey (2013).

4.3. Data Availability

51. Aside of Standard Project Reports (SPR) from 2015 and 2016, the main source of information in the CO on performance of the MAM treatment intervention during the project period includes: quarterly monitoring/progress reports (2015 - 2016); Capacity Assessment Report (2014 & 2015); baseline report of nutrition screening results (2016); monthly national key facts (2016); questionnaires based on interviews at health facilities and households; monthly reports database (MPR); supportive supervision report/field visit reports (2016); notes for the record and reports from NGO partners. In addition, qualitative information from focus group discussions conducted with community groups in three municipalities where NGO partners support community mobilization activities is available.
52. External key data sources include the Health Management Information System (HMIS) and Timor-Leste Health Information System (TLHIS), which collects data from all 13 municipalities on the number of children screened and prevalence of MAM. The quality and timeliness of this data is however considered weak. Documented challenges include: insufficient capacity of HMIS staff in reporting, recording, and analysis; substandard documentation practices; low coverage for vital registration, inadequate compliance to international best practice guidelines in clinical documentation; and overburdening of health workers with excessive data and reporting demands from multiple subsystems²³.
53. Additional sources include national surveys, such as the Population and Housing Census (2015), the Timor-Leste Demographic Health Survey (2009-10), the Timor-Leste Food and Nutrition Survey (2013); and the Living Standards Survey (2014). The Economic Burden of Undernutrition in Timor-Leste (2014) report provides evidence-based estimates of the consequences of undernutrition on the national economy and a basis for prioritizing actions to address undernutrition. It is anticipated that preliminary results of the DHS 2016 will be available at the time of the evaluation, which will be a key source of data for population level comparisons of changes in prevalence of wasting in targeted geographic areas and among different population groups (rural/urban, by age group and sex, and by wealth index).

²² WHO (2013) Essential nutrition actions: improving maternal, newborn, infant and young child health and nutrition. WHO, Geneva.

²³ Ministry of Health Timor-Leste. Health Management Information Systems Strategic Plan 2016 – 2020.

54. With regards to gaps – data quality is the main issue encountered during the implementation of the programme (e.g. food stocks not matching with total food distributed; admission of beneficiaries that do not fulfil the criteria). This is partly a result of high staff turnover, lack of ownership of the programme by Ministry of Health staff, and staff capacity on data recording and reporting. To address these gaps and potential data quality issues, the evaluation team should:
- a. assess data availability and reliability as part of the inception phase expanding on the information provided in section 4.3, to verify the quality of the data used for performance tracking;
 - b. check accuracy, consistency and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions using the data.

4.4. Methodology

55. The methodology will be designed by the evaluation team during the inception phase and described in an Evaluation Matrix. It should:
- Employ the relevant evaluation criteria stated in Table 2 above (relevance, effectiveness, efficiency, sustainability, impact).
 - Demonstrate impartiality and lack of biases by relying on a cross-section of information sources. The selection of field visit sites will also need to demonstrate impartiality.
 - Use mixed methods (quantitative, qualitative, participatory etc.) to ensure triangulation of information through a variety of means.
 - Apply an evaluation matrix geared towards addressing the key evaluation questions taking into account the data availability challenges, the budget and timing constraints;
 - Ensure through the use of mixed methods that women, girls, men and boys from different stakeholders groups participate and that their different voices are heard and used, and present evaluation data is gender-disaggregated;
 - Ensure that adolescent girls that are pregnant or lactating are appropriately and proportionally represented in the selection of interviewees;
 - Mainstream gender equality and women’s empowerment (GEEW), as above, and apply GEEW dimensions in line the UN SWAP evaluation criteria;
 - Apply ethical principles for evaluation design, conduct and management in order to ensure overall credibility and reliability.
56. The anticipated methods for the evaluation, to be further developed by the Evaluation Team during the Inception Phase of the evaluation, include: desk review, national stakeholder interviews, and community consultations composed of both municipality Focus Group Discussion (FGD) and Key Informant Interviews (KII). The proposed methodology and interview questions will reflect a gender analysis, to be conducted by a gender specialist.
57. The following mechanisms for independence and impartiality will be employed: internal review of methodology by the Evaluation Committee (EC), external review through consultations with the Evaluation Reference Group (ERG) to enhance the relevance, quality and validity of the Evaluation Matrix.
58. This evaluation will not be subject to an ethical review committee approval, however the Evaluation Committee will seek the approval of relevant government entities prior to data collection. Each individual to be interviewed will be asked to provide verbal consent to participating in interviews and discussions. The interviewee’s confidentiality will be warranted, in line with the UN Evaluation Group Norms and Standards for Evaluation norm on ethics (#6) and Ethical Guidelines for Evaluation.
59. The following potential risks to the methodology have been identified: potential bias in the selection of data collection sites and selection of interviewees; availability of respondents at health facility and community level; accessibility to implementation locations; security risks

including Parliamentary elections impacting on security and travel to municipalities. These risks can be mitigated by: anticipating bias in the evaluation design and planning of field work, limiting the involvement of WFP staff in the participation in data collection and reassuring contributors of confidentiality; allowing sufficient time for preparation of field work, informing community leaders and Ministry of Health staff in advance of the schedule for data collection, and ensuring community mobilization through WFP field staff. Security risks will be assessed prior to field travel through UN Security channels. Accessibility will be taken into consideration during planning of field work, identifying alternative routes and data collection sites.

4.5. Quality Assurance and Quality Assessment

60. WFP's Decentralized Evaluation Quality Assurance System (DEQAS) defines the quality standards expected from this evaluation and sets out processes with in-built steps for Quality Assurance, Templates for evaluation products and Checklists for their review. DEQAS is closely aligned to the WFP's evaluation quality assurance system (EQAS) and is based on the UNEG norms and standards and good practice of the international evaluation community and aims to ensure that the evaluation process and products conform to best practice.
61. DEQAS will be systematically applied to this evaluation. The WFP Evaluation Manager will be responsible for ensuring that the evaluation progresses as per the [DEQAS Process Guide](#) and for conducting a rigorous quality control of the evaluation products ahead of their finalization.
62. WFP has developed a set of [Quality Assurance Checklists](#) for its decentralized evaluations. This includes Checklists for feedback on quality for each of the evaluation products. The relevant Checklist will be applied at each stage, to ensure the quality of the evaluation process and outputs.
63. To enhance the quality and credibility of this evaluation, an outsourced quality support (QS) service directly managed by WFP's Office of Evaluation in Headquarter provides review of the draft inception and evaluation report (in addition to the same provided on draft TOR), and provide: systematic feedback from an evaluation perspective, on the quality of the draft inception and evaluation report; recommendations on how to improve the quality of reports, including to what extent the findings include a gender analysis.
64. The evaluation manager will review the feedback and recommendations from QS and share with the team leader, who is expected to use them to finalise the inception/ evaluation report. To ensure transparency and credibility of the process in line with the UNEG norms and standards^[1], a rationale should be provided for any recommendations that the team does not take into account when finalising the report.
65. This quality assurance process as outline above does not interfere with the views and independence of the evaluation team, but ensures the report provides the necessary evidence in a clear and convincing way and draws its conclusions on that basis.
66. The evaluation team will be required to ensure the quality of data (validity, consistency and accuracy) throughout the analytical and reporting phases. The evaluation team should be assured of the accessibility of all relevant documentation within the provisions of the directive on disclosure of information. This is available in [WFP's Directive \(#CP2010/001\)](#) on Information Disclosure.
67. The ERG will further support the relevance, utility and independence of the evaluation and review recommendations made to ensure feasibility, acceptability and ownership. Deliverables will be shared with the Regional Monitoring and Evaluation Advisor (RMEA)/Regional Evaluation Officer (REO) for technical review. The Evaluation Manager will maintain an audit trail, using a Comments Matrix, to keep records of stakeholder's inputs and how these have been addressed.

^[1] [UNEG 2016 Norms and Standards states](#) Norm #7 states "that transparency is an essential element that establishes trust and builds confidence, enhances stakeholder ownership and increases public accountability"

68. All final evaluation reports will be subjected to a post hoc quality assessment by an independent entity through a process that is managed by OEV. The overall rating category of the reports will be made public alongside the evaluation reports.

5. Phases and Deliverables

69. The evaluation will proceed through the following phases. The deliverables and deadlines for each phase are as follows:

Figure 1: Summary Process Map



- Planning (March) – identifying evaluation type and scope, establishing Evaluation Committee, external consultations.
- Preparation (April – May) - TOR, selection of the evaluation team, and contracting of the evaluation company. Deliverable: TOR, budget, Communication and Learning Plan
- Inception (June) – gender analysis, evaluation matrix, inception report and detailed planning of field work. Deliverable: Inception Report, Evaluation Matrix
- Data collection and analysis (July - August) - field work to selected locations. Deliverable: aide-memoire or debriefing PPT
- Reporting (August - September) - the evaluation team will analyse the data collected during the desk review and field work, conduct additional consultations with stakeholders as required. Deliverable: Evaluation Report
- Dissemination and follow-up (September - October) - The evaluation report is shared with relevant stakeholders and users of the evaluation. The WFP Timor-Leste management respond to the evaluation recommendations by providing actions that will be taken to address each recommendation and estimated timelines for taking those actions.

70. Responsibilities for deliverables are as follows:

- TOR, budget, Communication and Learning Plan – Evaluation Manager
- Inception Report, Evaluation Matrix – Evaluation Team Leader
- Aide-memoire or debriefing PPT - Evaluation Team Leader
- Evaluation Report – Evaluation Team Leader
- Dissemination and follow-up – WFP Timor-Leste CO

71. The preliminary evaluation schedule is outlined in Annex 3.

6. Organization of the Evaluation

6.1. Evaluation Conduct

72. The evaluation team will conduct the evaluation under the direction of its team leader and in close communication with the WFP Evaluation Manager. The team will be hired following agreement with WFP on its composition.
73. The evaluation team will not have been involved in the design or implementation of the subject of evaluation or have any other conflicts of interest. Further, they will act impartially and respect the [code of conduct of the evaluation profession](#).
74. The key stakeholders that will be involved in the different phases of the evaluation are outlined in the preliminary evaluation schedule in Annex 2.

6.2. Team composition and competencies

75. Independent researchers with experience in nutrition and/or public health and knowledge of the Timor-Leste context will be appointed to carry out the activity evaluation through a consultative and inclusive process involving relevant stakeholders at national, municipal and community levels. The evaluation team is expected to include three members, including the team leader and a mix of national and international evaluators. To the extent possible, the evaluation will be conducted by a gender-balanced, geographically and culturally diverse team with appropriate skills to assess gender dimensions of the subject as specified in the scope, approach and methodology sections of the TOR.
76. The team will be multi-disciplinary and include members who together include an appropriate balance of technical expertise and practical knowledge in the following areas:
 - Public Health or Nutrition
 - Monitoring and Evaluation
 - Gender expertise
 - All team members should have strong analytical and communication skills, evaluation experience and familiarity with Timor-Leste or Asia region.
 - At least one team members should have prior knowledge of WFP.
 - English will be the main required language for the team leader, while the national evaluator will require local language skills (Tetun). The evaluation report is expected to be in English, and will be translated to Tetun by use of translation services.
77. The Team leader will have technical expertise in one of the technical areas listed above as well as expertise in designing methodology and data collection tools and demonstrated experience in leading similar evaluations. She/he will also have leadership, analytical and communication skills, including a track record of excellent English writing and presentation skills.
78. Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation mission and representing the evaluation team; iv) drafting and revising, as required, the inception report, the end of field work (i.e. exit) debriefing presentation and evaluation report in line with DEQAS.
79. The team members will bring together a complementary combination of the technical expertise required and have a track record of written work on similar assignments. Team members will:
 - i) contribute to the methodology in their area of expertise based on a document review;
 - ii) conduct field work;
 - iii) participate in team meetings and meetings with stakeholders;
 - iv) contribute to the drafting and revision of the evaluation products in their technical area(s).

6.3. Security Considerations

80. **Security clearance** where required is to be obtained from Timor-Leste.

- As an ‘independent supplier’ of evaluation services to WFP, the evaluation company is responsible for ensuring the security of all persons contracted, including adequate arrangements for evacuation for medical or situational reasons. The consultants contracted by the evaluation company do not fall under the UN Department of Safety & Security (UNDSS) system for UN personnel.
- Consultants hired independently are covered by the UN Department of Safety & Security (UNDSS) system for UN personnel which cover WFP staff and consultants contracted directly by WFP. Independent consultants must obtain UNDSS security clearance for travelling to be obtained from designated duty station and complete the UN system’s Basic and Advance Security in the Field courses in advance, print out their certificates and take them with them.²⁴

81. However, to avoid any security incidents, the Evaluation Manager is requested to ensure that:

- The WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground.
- The team members observe applicable UN security rules and regulations – e.g. curfews etc.

82. Parliamentary elections will be held in July, which may impact security in the country. Field work will take into consideration the security situation and take place either before or after the elections.

7. Roles and Responsibilities of Stakeholders

83. The WFP Timor-Leste Country Office

a- The WFP Timor-Leste **Country Director** (CD) will take responsibility to:

- Assign an Evaluation Manager for the evaluation, compose the internal evaluation committee and the evaluation reference group.
- Approve the final TOR, inception and evaluation reports.
- Ensure the independence and impartiality of the evaluation at all stages, including establishment of an Evaluation Committee and of a Reference Group.
- Participate in discussions with the evaluation team on the evaluation design and the evaluation subject, its performance and results.
- Organise and participate in internal and external debriefings.
- Oversee dissemination and follow-up processes, including the preparation of a Management Response to the evaluation recommendations.

b- The **Evaluation Manager (EM)**, as Head of M&E Unit, accesses all the relevant monitoring data while not directly involved in the implementation of the activity. He will:

- Manage the evaluation process through all phases including drafting this TOR.
- Ensure quality assurance mechanisms are operational.
- Consolidate and share comments on deliverables with the evaluation team.
- Ensure use of quality assurance mechanisms.
- Ensure that the team has access to all documentation and information necessary to the evaluation; facilitate the team’s contacts with local stakeholders; set up meetings, field visits; provide logistic support during the fieldwork; and arrange for interpretation, if required.
- Organise security briefings for the evaluation team and provide relevant materials.

c- An internal **Evaluation Committee (EC)** consisting of key WFP staff members ensures the independence and impartiality of the evaluation. The chair of the EC is the CD and members are as follows: Evaluation Manager (Programme Officer/Head of M&E Unit); Deputy Country

²⁴ Field Courses: Basic <https://dss.un.org/bsitf/>; Advanced <http://dss.un.org/asitf>

Director/Head of Programme (DCD); the Communications/Public Information Officer; one international and one national Programme Officer for Nutrition.

84. An external **Evaluation Reference Group (ERG)** has been formed, with representation from WFP Timor-Leste and Regional Bureau for Asia, Government partners, UN Agencies involved in the area of evaluation, donor representatives, and NGO partners. The reference group members (listed in Annex 3) will review the evaluation products as further safeguard against bias and influence.

85. **The Regional Bureau (RB)** management will take responsibility to:

- Assign a focal point for the evaluation. Caterina Kireeva, Regional Monitoring and Evaluation Officer (RMEO) will be the focal point for this evaluation
- Participate in discussions with the evaluation team on the evaluation design and on the evaluation subject as relevant.
- Provide comments on the draft TOR, Inception and Evaluation reports
- Support the Management Response to the evaluation and track the implementation of the recommendations.

86. **Relevant WFP Headquarters divisions** will take responsibility to:

- Discuss WFP strategies, policies or systems in their area of responsibility and subject of evaluation.
- Comment on the evaluation TOR and draft report.

87. The **Office of Evaluation (OEV)** will advise the Evaluation Manager and provide support to the evaluation process where appropriate. It is responsible to provide access to independent quality support mechanisms reviewing draft inception and evaluation reports from an evaluation perspective. Upon request, OEV also ensures a help desk function.

Other Stakeholders (Government, NGOs, UN agencies, beneficiaries) will provide the Evaluation Team with information and participate in consultations where relevant. The private sector partner, Timor Global, may be consulted if there is a need for additional information not available at WFP CO. All stakeholders interested in the results of the evaluation will be invited to participate in the dissemination of final results and recommendations, including representatives from community groups and municipality level health staff. Feedback on the evaluation results will primarily be provided to beneficiaries at the implementation level through the community representatives or municipal level health staff present at the debriefing sessions.

8. Communication and budget

8.1. Communication

88. To ensure a smooth and efficient process and enhance the learning from this evaluation, the evaluation team should place emphasis on transparent and open communication with key stakeholders. Channels and frequency of communication between key stakeholders will be agreed upon between the evaluation team, the Evaluation Committee (EC) and the Evaluation Reference Group (ERG). The EM will bear the overall responsibility for communicating with the EC and ERG, notifying members of meetings, sharing materials for review and be the focal point for receiving and consolidating feedback for forwarding to the evaluation team. Distinct stages such as the data collection and analysis debrief can be communicated internally within WFP. The WFP CO management/chair of EC will communicate the management responses to evaluation recommendations to relevant HQ units.

89. Communication with external stakeholders will primarily be under the responsibility of the Communications/Public Information Officer and CO management. Progress and learnings will be shared with the Ministry of Health (Departments of Nutrition, Public Health, and Health Promotion), the multi-sectoral coordinating body for the Zero Hunger Challenge, the Ministry of Agriculture, donors, NGOs and local health partners (Alola Foundation, World Vision, CARE international, Catholic Relief Services, HIAM Health), and relevant programmes related to nutrition and food security. The key stages of the communication to external stakeholders are listed in the External Communications Plan, in Annex 6.
90. In line with international standards for evaluation, following the approval of the final evaluation report, there will be a dissemination workshop to stakeholders and the report will be distributed to the audience. The key deliverables and power point presentations will be translated into the local language, Tetun, after which it can be made available on WFP Timor-Leste's website, and promoted via local Facebook pages, including local donor and UN Facebook pages, as well as linking to local Twitter accounts, such as the UN's and donors. The final simplified presentation could also be presented to Public Health students and staff at the University of Timor-Leste, as part of their learnings on nutrition.
91. Given high rates of illiteracy in Timor-Leste, it is not envisaged that the evaluation report will be communicated directly to beneficiaries. However a simplified version of the results, in Tetun, can be presented to Municipal Health Services and District Administrators, in order to inform their planning, as well as increasing accountability of the Ministry of Health and WFP. The WFP CO would also use results of the evaluation to modify the current Social Behaviour Change Communications Strategy, and produce a video or other interactive learning tools using the findings of the evaluation for further dissemination and discussion with beneficiaries at community level.

9.1 Budget

92. **Budget:** For the purpose of this evaluation, the budget will:

- Hire individual consultants through Human Resources (HR) action
- Honorarium for contracted consultants will be determined by HR regulations on consultancy rates
- Daily Subsistence Allowance (DSA) for consultants will be based on WFP regulations and standard rates established by the International Civil Service Commission (ICSC).
- Includes provisions for two dissemination workshops, translation services (Tetun-English), and printing of the final evaluation report for dissemination to stakeholders.

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(with cc to alternate: Marina Kalisky, Marina.Kalisky@wfp.org +67077231315)

Acronyms

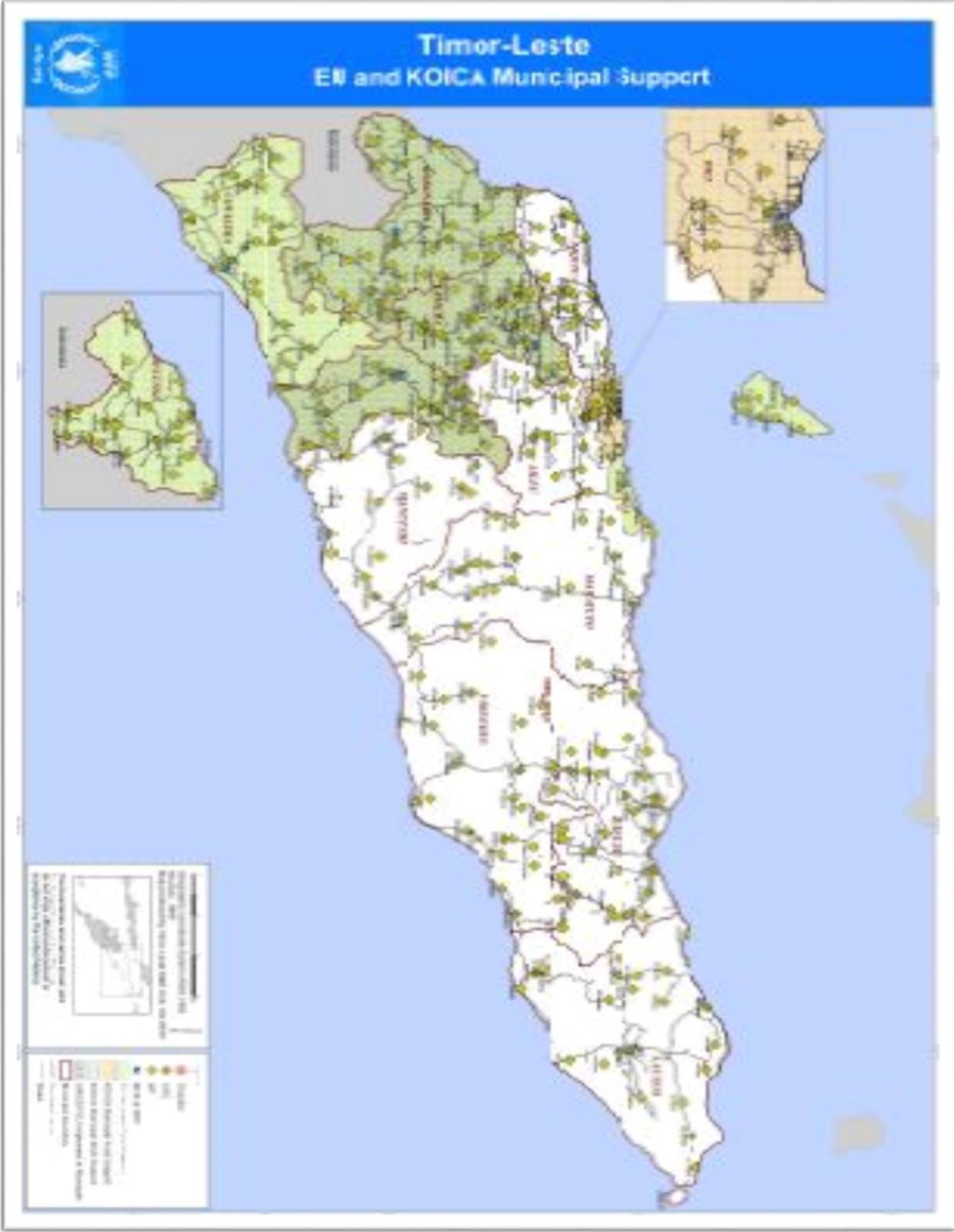
CD	Country Director
CMAM	Community Based Management of Acute Malnutrition
CO	Country Office
CSP	Country Strategic Plan
DCD	Deputy Country Director
DEQAS	Decentralized Evaluation Quality Assurance System
DEV	Development Project
DHS	Demographic Health Survey
DSA	Daily Subsistence Allowance
EB	Executive Board
EC	Evaluation Committee
EU	European Union
FGD	Focus Group Discussion
ERG	Evaluation Reference Group
GEEW	Gender Equality and Women's Empowerment
HMIS	Health Management Information System
HR	Human Resources
ICSC	International Civil Service Commission
IMAM	Integrated Management of Acute Malnutrition
KII	Key Informant Interviews
KOICA	Korean International Cooperation Agency
MAM	Moderate Acute Malnutrition
MCHN	Mother and Child Health and Nutrition
MPR	Monthly Progress Report
MT	Metric Ton
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organization
NNS	National Nutrition Strategy
OEV	Office of Evaluation
QS	Quality Support
RB	Regional Bureau
REO	Regional Evaluation Officer
RMEA	Regional Monitoring and Evaluation Advisor
RUSF	Ready to Use Supplementary Food
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
SPR	Standard Project Reports
TLHIS	Timor-Leste Health Information System
TOR	Terms of Reference
UNCT	United Nations Country Team
UNDSS	UN Department of Safety & Security
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UN SWAP	UN System-wide Action Plan
WBG	World Bank Group
WFP	World Food Programme
WHO	World Health Organization

Annex 1 Preliminary Stakeholders' analysis

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder
INTERNAL STAKEHOLDERS	
Country Office (CO) Timor-Leste	Responsible for the country level planning and operations implementation, the CO has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as to its beneficiaries and partners for performance and results of its operation. In 2018, WFP Timor-Leste will transition to a Country Strategic Plan, which will continue to focus on nutrition as a key area for support to the Government. To be a credible partner for technical assistance, WFP will use the results of the evaluation to provide recommendations for enhancing the efficiency and effectiveness of nutrition interventions.
Regional Bureau (RB) Bangkok	Responsible for both oversight and technical guidance and support to COs, the RB management has an interest in an independent/impartial account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices.
WFP HQ	WFP has an interest in the lessons that emerge from evaluations, particularly as they relate to WFP strategies, policies, thematic areas, or delivery modality with wider relevance to WFP programming.
Office of Evaluation (OEV)	OEV has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralised evaluation stakeholders as identified in the evaluation policy.
WFP Executive Board (EB)	The WFP governing body has an interest in being informed about the effectiveness of WFP operations. This evaluation will not be presented to the EB but its findings may feed into annual syntheses and into corporate learning processes.
EXTERNAL STAKEHOLDERS	
Beneficiaries	As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. Considering the high default rates of the beneficiaries admitted for treatment, documenting the respective perspectives of different beneficiary groups, including boys and girls, pregnant and lactating women, fathers, caretakers and other key decision-makers in the community and household, will be crucial to the evaluation. Community consultations with participation from different groups will seek to identify barriers to accessing treatment services and other inhibiting factors, as well as the reach of services to the most vulnerable and marginalized, including pregnant or lactating adolescent girls at high risk of undernutrition. Concerns and recommendations expressed during community consultations will contribute to recommendations for improved service delivery and accountability towards beneficiaries.
Government	The Government has a direct interest in knowing whether WFP activities in the country are aligned with its priorities, harmonised with the action of other partners and meet the expected results. Issues related to capacity development, handover and sustainability are of particular interest. The specific objectives of the DEV 200770 are to strengthen the Government's capacity to design, implement and

	manage policies and systems for reducing undernutrition; and to hand-over sustainable food-based nutrition programmes to the Government in a responsible manner. The Ministry of Health, and specifically the Nutrition Department, as the main partner for designing and implementing programmes and policies for the treatment of acute malnutrition, has a vested interest in the evaluation as it will enable informed decision-making for future nutrition strategies and policies. The Ministry of Health is responsible for service delivery through outreach, health posts, community health centre, and referral hospitals.
UN Country team	The UNCT's harmonized action should contribute to the realisation of the government developmental objectives. It has therefore an interest in ensuring that WFP operation is effective in contributing to the UN concerted efforts. Various agencies are also direct partners of WFP at policy and activity level. For the treatment of acute malnutrition, UNICEF and WHO are directly involved and contribute to the implementation of the national guidelines for Integrated Management of Acute Malnutrition, which incorporate Inpatient and Outpatient Treatment of Severe Acute Malnutrition, as well as treatment of MAM. Any programmatic and policy changes recommended by the evaluation will require agreement by all three parties (WFP, WHO, UNICEF) as technical partners to the Ministry of Health and contributors to the development of national guidelines and strategies.
NGOs: Alola Foundation, World Vision Timor-Leste	NGOs are WFP's partners for the implementation of some activities while at the same time having their own interventions. The results of the evaluation might affect future implementation modalities, strategic orientations and partnerships. Alola Foundation and World Vision are contracted by WFP Timor-Leste as partners for the implementation of community based activities, including nutrition education, screening, establishing community groups, and facilitating referral of cases for treatment to health facilities.
Donors: EU, KOICA	WFP operations are voluntarily funded by a number of donors. They have an interest in knowing whether their funds have been spent efficiently and if WFP's work has been effective and contributed to their own strategies and programmes. The EU will continue to fund nutrition activities under the European Union National Indicative Programme (2014-2020), with the overall objective of reducing malnutrition in young children and women. The emphasis of EU's support to the Ministry of Health includes improved access to treatment of severe and moderate acute malnutrition.
Other donors: World Bank Group	Although not a donor to WFP Timor-Leste, the World Bank Group (WBG) supports the Ministry of Health in Health Systems Strengthening. A WBG gap analysis on nutrition conducted in 2016 recommends an evaluation of the guidelines on treatment of MAM, to determine cost-effectiveness and the return on investment before scaling up the programme.
Private Sector: Timor Global	Timor Global is contracted by WFP Timor-Leste for local processing and fortification of locally produced Super Cereal (Timor Vita), provided to pregnant and lactating women under Development Project 200770. The results of the evaluation might affect future transfer modalities, including the provision of locally produced foods, and partnerships with WFP and Ministry of Health.

Annex 2 Map of Timor-Leste and areas of implementation



Annex 3 Evaluation Schedule

Phases, Deliverables and Timeline		Key Dates
Phase 1 - 2 – Planning and Preparation		
	Desk review, first draft of TOR and quality assurance	27– 31 March
	Circulation of TOR and review TOR based on feedback (Evaluation Manager)	3-5 April
	Identification and recruitment of evaluation team	15 – 26 May
	Final TOR	17 May
Phase 3 - Inception		
	Briefing core team	5 - 6 June
	Review documents and draft inception report including methodology.	5 – 13 June
	Sharing of draft IR with outsourced quality support service (DE QS) and quality assurance of draft IR by EM using the QC	14-20 June
	Revise draft IR based on feedback from DE QS and EM	21-22 June
	Submit draft inception report to EC, ERG, REO	23 June
	Revise draft IR based on feedback from EC, ERG, REO	26 – 28 June
	Submit revised inception report to EC, ERG, RMA/REO	29 June
	Sharing of inception report with stakeholders for information	30 June
Phase 4 – Data collection and analysis		
	Briefing	3 July
	Field work	4 July – 10 Aug
	Debriefing	11 Aug
	Aide memoire/In-country Debriefing to EC and ERG	15-16 Aug
Phase 5 - Reporting		
	Draft evaluation report	17 Aug – 30 Aug
	Sharing of draft report with outsourced quality support service (DE QS) and quality assurance by EM	31 Aug – 6 Sept
	Revise draft report based on feedback from DE QS and EM	7 -8 Sept
	Submit Draft evaluation report to EC, ERG, REO, OEV	8 Sept
	Revise evaluation report based on feedback from EC, ERG, REO, OEV	11-12 Sept
	Submit revised evaluation report to EC, ERG, RMA/REO and OEV	13 Sept
	Share evaluation report with stakeholders (working level)	13 Sept
	Consolidate comments	13-15 Sept
	Revise evaluation report	18 - 22 Sept
	Submit final evaluation report to EC, ERG, RMA/REO, OEV, OSN (HQ Nutrition Unit) and relevant Government institutions, donors, NGOs and other stakeholders	25 Sept
Phase 6 Dissemination and follow-up		
	Prepare management responses	26-29 Sept
	Disseminate and use evaluation results	2 – 13 Oct

Annex 4 Membership of the internal evaluation committee and of the evaluation reference group

Evaluation Committee:

Stephen Kearney, Country Director (Chair)

Anastacio Soriano, Evaluation Manager

Ash Rogers, Deputy Country Director/Head of Programme

Marina Kalisky, Nutritionist (alternate in absence of Evaluation Manager)

Elias Sarmiento, Programme Officer

Marianne Kearney, Communications/Public Information Officer

Evaluation Reference Group:

Stephen Kearney, Country Director WFP (Chair)

Anastacio Soriano, Evaluation Manager (Secretary to the ERG), WFP

Marina Kalisky, Nutritionist, WFP

Elias Sarmiento, Programme Officer, WFP

Caterina Kireeva (or alternate), Asia Regional Bureau Monitoring and Evaluation Officer, WFP

Olinda dos Reis Albino, Head of Nutrition Department, Ministry of Health

Mario dos Reis Moreira, Nutrition Officer, Nutrition Department, Ministry of Health

Adam Bailes, Nutrition Specialist UNICEF

Maria Paulina Goncalves, Programme Officer Nutrition UNICEF

Crispin Araujo, Nutrition Focal Point WHO

Paolo Barduagni, Health Adviser European Union

Antonia Salamat, Monitoring and Evaluation Manager, World Vision International

Maria Imaculada Guterres, Mother and Child Health Manager, Alola Foundation

Annex 5 Key sources of information on nutrition and food security in Timor-Leste

National Nutrition Strategy 2014-2019

National Food and Nutrition Security Policy 2016-2020

Strategic Development Plan 2011-2030

Zero Hunger Challenge National Action Plan 2014

National Health Sector Strategic Plan 2011-2030

Comoro Declaration 2010

The Health Sector Strategic Plan 2008-2012

Costed Operational Plan of the National Nutrition Strategy (Draft)

Demographic Health Survey 2009-2010

Demographic Health Survey 2016 (preliminary results)

Timor-Leste Food and Nutrition Survey (2013)

Timor-Leste Health Information System (TLHIS)

The Economic Consequences of Undernutrition in Timor-Leste (2014)

Measuring Undernutrition among Young Children in Timor-Leste (2016)

Malnutrition in Timor-Leste: A review of the burden, drivers, and potential response (2016)

Annex 6 External Communications Plan

When	What	To whom	From whom	How	Why
Planning	Tentative time and scope of evaluation	Nutrition Dept – Ministry of Health & Municipal level health services (involved in evaluation)	Evaluation manager	Email -or during a regular coordination meeting eg	To confirm the intention to learn/ account for results for the subject /
Preparation	Draft TOR	Nutrition Dept, Public Health Director, Maternal & Infant health, DG for Health ,	Evaluation manager	Email; plus a meeting of the ERG if required. Mention at Health partners meeting <i>Translated into Tetun</i>	To seek for review and comments on TOR
	Final TOR	Nutrition Dept, Public Health Director, Maternal & Infant health, DG for Health , NGO partners	Evaluation manager	Email; plus discussions during scheduled coordination meetings <i>Translated into Tetun</i>	Informing stakeholders of the overall plan, purpose, scope and timing of the evaluation; and their role
	Draft Inception Report	Nutrition Dept & WFP internally	Evaluation Manager	Email Tetun language summary of main findings	Alert Nutrition Dept to direction of evaluation & preliminary plan
	Final Inception Report	Nutrition Dept, Public Health Director, Maternal & Infant health, DG for Health	Communications Manager & Evaluation Manager	Email; plus verbal presentation to Health Ministry <i>Translated into Tetun</i>	Informing stakeholders of the detailed plan of the evaluation; and their role including when they will be engaged
Reporting	Draft Evaluation report	Nutrition Dept, Public Health Director,	Evaluation Committee and	Verbal Presentation & email.	Request for comments on the draft report

When	What	To whom	From whom	How	Why
		Maternal & Infant health, DG for Health , KOSSANTIL Ministry of Agriculture, Prime Minister's office (SDG team), NGOs, UN partners & ERG	Communications Manager	<i>Translated into Tetun</i>	Ensure accountability, share learnings to relevant stakeholders working on health, nutrition & SDGs.
	Final evaluation Report	Nutrition Dept, Public Health Director, Maternal & Infant health, DG for Health , NGO partners, UN agency partners Government & partners stakeholders, donors, involved in nutrition, nutrition-sensitive agriculture, and health, ERG	-Evaluation Committee & Communications Manager	Email and present to respective Municipal governments & Municipal Health Services Summary of report with key recommendations <i>Simplified version Translated into Tetun</i> -Posting report on www.WFP.org -Posting on partners and donors websites & Facebook pages in Timor-Leste, promoted in Tetun on local	Informing all key stakeholders of the final main product from the evaluation - communicate the suggested actions on recommendations and elicit comments, especially on actions required by external stakeholders. External stakeholders can use report for their planning ie Municipal services could plan based on recommendations Share with public health students at national universities.

When	What	To whom	From whom	How	Why
				Facebook pages & Twitter	
	Final Management response	Government & partners stakeholders, and donors, involved in nutrition, nutrition-sensitive agriculture, and health.	Evaluation manager & communications Manager -	-Posting report on www.WFP.org --Posting on partners and donors websites & Facebook pages in Timor-Leste, promoted in Tetun on local Facebook pages & Twitter	-Making the MR available publicly. WFP TL uses results to adjust their programme, makes recommendations to the Ministry of Health.

Annex 7 Logical Framework DEV 200770

Annex 8 Timor-Leste Nutrition Situation Analysis