

**TIMOR LESTE DEVELOPMENT PROJECT NUMBER 200770**

<b>Title: Capacity Development for Health and Nutrition</b>	
Number of beneficiaries	59,000
Duration of project (starting date – end date)	Jan 2015 – Dec 2016
Gender Marker Code	2A
WFP food tonnage	1,167 mt

<b>Cost (United States dollars)</b>	
Food and Related Costs	2,909,553
Cash and Vouchers and Related Costs	-
Capacity Development & Augmentation	4,721,868
DSC	1,676,278
ISC	651,539
<b>Total cost to WFP</b>	<b>9,959,238</b>

**EXECUTIVE SUMMARY**

This Development Project will focus on building the capacity of the Government of Timor-Leste in managing supplementary feeding through the Ministry of Health's Mother-and-Child Health and Nutrition programme. Thus, technical assistance and Government capacity development, with a strategy for hand-over of a sustainable food-based programme to the Government are key priorities. Through the capacity building focus, targeted boys and girls between 6-59 months and pregnant and lactating women will benefit from the project.

The Development Project is aligned with Millennium Development Goals 1, 4 and 5,<sup>1</sup> contributes to the United Nations Development Assistance Framework outcomes 1 & 2,<sup>2</sup> and is in line with WFP Strategic Objective 4.<sup>3</sup>

<sup>1</sup> Millennium Development Goals 1 – Eradicate extreme poverty and hunger; 2 – Achieve universal primary education; 3 – Promote gender equality and empower women; 4 – Reduce child mortality; 5 – Improve maternal health; and 7 – Ensure environmental sustainability.

Poverty, food insecurity and undernutrition remain widespread in Timor-Leste. 41 percent of the population lives below the national poverty line<sup>4</sup> and half to three-quarters are food-insecure.<sup>5</sup> According to the recently compiled Timor-Leste Food and Nutrition Survey 2013 (TLFNS), a reduction of stunting from 58 percent to 50.2 percent and wasting from 19 percent to 11 percent has been recorded. The Targeted Supplementary Feeding Programme (TSFP) will focus on further reducing malnutrition among boys and girls through management of Moderate Acute Malnutrition.

The project will run from January 2015 to December 2016 and aligns with the United Nations Development Assistance Framework's 2015-2019 cycle. The component considers hand-over to Government partners, and a possible extension of assistance beyond the programme end date will depend on the Government's achievements, results from monitoring and evaluation, and the availability of resources.

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## SITUATION ANALYSIS

1. Timor-Leste is a young nation with a rapidly growing economy but faces development challenges such as limited Government capacity and fragmented state institutions. It ranks 128 out of 187 countries in the United Nations Development Programme (UNDP) 2014 Human Development Index, which places Timor-Leste within the medium human development category.<sup>6</sup>
2. Overall food security conditions appear to be improving but localized food insecurity still persists (Food and Agriculture Organization of the United Nations). Floods in June and July 2013 in the east caused widespread damage affecting at least 21,000 people. Furthermore, cereal production shortfalls last year, particularly in Aileu, Ainaro, Dili and Ermera districts, further exacerbated the food security situation of vulnerable groups. Access to food also remains a major challenge in the upland and remotely located villages due to poor infrastructure.
3. Food insecurity can be linked to the fact that agricultural production is mainly based on subsistence farming. Most farmers produce mainly one staple crop (maize or rice), or perhaps two (cassava), and a few vegetables and fruits. Hence, production patterns still focus on cereals or tubers and nutrient or protein-dense items (pulses, vegetables, and fruit) are not the priority for subsistent farmers.<sup>7</sup>
4. Maize is the major crop for 83 percent of farming households, and changes in rainfall patterns and pest damage can have grave consequences on production, especially in poor households. Rice is cultivated in the lowland villages and is the most important crop for 13percent of Timorese farmers. On average, more than half to three quarters of the population suffer from chronic food insecurity and experience cyclical food

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<sup>2</sup> United Nations Development Assistance Framework Outcome 1. By the end of 2019, people of Timor-Leste, especially the most disadvantaged groups benefit from inclusive and responsive quality health, education and other social services and are more resilient to disasters and the impacts of climate change. Outcome 2. People of Timor-Leste, especially the rural poor and vulnerable groups, derive social and economic benefits from improved access to and use of sustainable and resilient infrastructure.

<sup>3</sup> WFP Strategic Objective 4 – Reduce chronic hunger and under nutrition.

<sup>4</sup> United Nations, *Timor-Leste MDG Progress Report 2013*, New York, 2013.

<sup>5</sup> <http://www.oxfam.org.nz/resources/Timor-Leste%20Food-Security-Baseline-Survey.pdf>

<sup>6</sup> UNDP 2014 *Human Development Report*

<sup>7</sup> Project Report: AAS-2013-29/ Food and nutrition security in Timor-Leste/ Australian Centre for International Agricultural Research (2013)

shortage due to low agricultural productivity and lack of income to purchase food when stocks are depleted.<sup>8</sup> Furthermore, undernutrition is exacerbated by the lack of dietary diversity and frequency of consumption of nutritious foods.<sup>9</sup>

5. As a result, undernutrition and micronutrient deficiencies among boys and girls and mothers are serious problems in Timor-Leste, fuelling a poverty trap that is likely to persist across generations if left unaddressed.<sup>10</sup> As detailed in the recent Timor-Leste Food and Nutrition Survey (2013), stunting remains ‘critical’ at 50.2 percent and wasting at ‘high’ levels at 11 percent. Wasting rates continue to be at ‘emergency’ levels in Covalima, and Oecussi – priority districts for this Development Project.
6. Based on the DHS 2010 and the TLFNS 2013 malnutrition, stunting and wasting rates are consistently higher for boys under 5 years of age than for girls. Reasons for this are currently undetermined. However, integration of gender analysis and disaggregation in monitoring data will be prioritised to determine implications on programming.
7. Timor-Leste has one of the highest maternal mortality rates, at 557 per 100,000 live births<sup>11</sup>; under-5 mortality of 45 per 1,000 live births and there has been no change in the rate of new-born mortality which remains at 22 per 1000 live births.<sup>12</sup> Poor maternal and child health and nutrition result from many factors, including; food taboos and dietary practices that lead to low consumption of nutritious food; unavailability of fortified nutritious foods; inadequate knowledge of good child feeding practices such as timely initiation of breastfeeding<sup>13</sup> that continues exclusively for six months and appropriate complementary foods; high incidence of acute respiratory infection and diarrhoea<sup>14</sup>; poor access to and uptake of health services; inadequate sanitation and hygiene practices; general isolation; and lack of adequate infrastructure.
8. Access to family planning for all women has increased in recent years but remains low, and DHS 2009-2010 statistics indicate that unmet needs for birth control and birth spacing remain high. This data indicates a strong need for increased women’s education around family planning and fertility risks, which have a direct impact on household dependency ratios and maternal and infant mortality rates. Although data on household sharing of food is limited, qualitative consultations indicate that men often eat first and that women’s diets are often limited at critical periods, such as during pregnancy and after childbirth due to food taboos.
9. A range of gender specific health issues are prevalent in Timor-Leste. Based on sex-disaggregated data in the last food and nutrition security survey (TLFNS 2013) and the 2009-2010 DHS, wasting, stunting, and underweight rates are significantly higher among boys compared to girls. In adult years, malnutrition among women is high and there is greater risk of delivering a low-birth weight child in addition to a variety of

<sup>8</sup> Project Report: AAS-2013-29/ Food and nutrition security in Timor-Leste/ Australian Centre for International Agricultural Research (2013)

<sup>9</sup> <http://www.oxfam.org.nz/resources/Timor-Leste%20Food-Security-Baseline-Survey.pdf>

<sup>10</sup> World Bank /Report No: 73484-TP Timor-Leste Social Assistance - Public Expenditure and Program Performance Report (June 24, 2013) Social Protection and Labour/ Human Development Sector Unit/ East Asia and Pacific Region.

<sup>11</sup> [http://www.unicef.org/infobycountry/Timorleste\\_statistics.html](http://www.unicef.org/infobycountry/Timorleste_statistics.html)

<sup>12</sup> UNICEF Timor-Leste.

<sup>13</sup> There is as yet no breast-feeding policy that guarantees food security to the most vulnerable (0-6 months old infants) (UNICEF).

<sup>14</sup> The use of zinc for treatment of diarrhoea is only around 6 percent. (UNICEF)

other pregnancy and postpartum health risks. Short birth intervals are linked to higher rates of birth complications and underweight births. Access to health services is limited in rural areas and in spite of increasing in recent years, the majority of women (78 percent) still give birth at home.

10. The Government of Timor-Leste has made it a priority in recent years to mainstream messaging on prevention of domestic violence and gender equality through the presence of Gender Focal Points (GFPs) in all Ministries; this is in line with the national need to collect and examine gender-disaggregated health data to determine the differential impacts of chronic under-nutrition and food insecurity on men, women, boys and girls. Ongoing and planned programmes targeting communities, women, and children should ensure that anti- Sexual and Gender Based Violence (SGBV) messages are mainstreamed.
11. The Government has introduced several nationwide programmes explicitly tackling food insecurity and undernutrition in vulnerable groups. The 2004 - 2014 National Nutrition Strategy is currently being implemented and nutrition is central to the Timor-Leste Strategic Plan of the National Health Sector (2011-2030). This has been reiterated in the 5<sup>th</sup> Strategic Development Plan (2011-2030)<sup>15</sup> and is further elaborated in the Comoro Declaration against famine and malnutrition, which was ratified in 2010.<sup>16</sup> More recently, a Revised National Nutrition Strategy (2014-2019) is being compiled and under the leadership of FAO, a Food and Nutrition Security Policy is at a draft stage. However, the 2004 National Nutrition Strategy was not budgeted and, a functioning coordination mechanism for nutrition at the District Level is also yet to be put in place.
12. Timor-Leste is the first country in the Asia-Pacific region to pilot the Zero Hunger Challenge<sup>17</sup>. An Inter-ministerial Council for Food Sovereignty and Security (KONSSANTIL) formed in 2012 will provide inter-ministerial coordination for the Zero Hunger Challenge. The Permanent Technical Secretariat of KONSSANTIL is supported by both FAO and WFP.
13. The Timor-Leste Food and Nutrition Survey 2013 compiled recently has extensive data on nutrition based on field surveys. The survey makes good reference material for statistical data but does not provide thorough analysis of vulnerability, integration of regional food markets, accessibility and availability, and other underlying causes. A new study that focuses on mapping vulnerability in Timor-Leste would be useful as the last WFP Food Security and Vulnerability Analysis was conducted in 2005-2006.
14. Despite significant efforts to improve nutrition including strategies to promote the diversity and consumption of locally produced food, improved mother and child nutrition care practices, improved access to and quality of nutrition services at health facilities and in the community, and nutrition behaviour change programmes, Timor-Leste is not on track to reach the MDG Goal 1: Eradicate Extreme Poverty and Hunger

<sup>15</sup> 5<sup>th</sup> Constitutional Government formed in August 2012.

<sup>16</sup> It reflects a commitment of the Government of Timor-Leste 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.

<sup>17</sup> <http://blog.zerohungerchallenge.org/first-asia-pacific-un-zero-hunger-challenge-launched-in-timor-leste/>

target of 31 percent by 2015.<sup>18</sup>

## 15. PAST COOPERATION AND LESSONS LEARNED

16. WFP began an emergency operation in Timor-Leste in 1999, which gradually shifted to relief and rehabilitation in 2005. Activities under the most recent protracted relief and recovery operation (PRRO 103881) for September 2008 to 31 August 2011, focused on Mother-and-Child Health and Nutrition (MCHN), school feeding, food for assets (FFA), return packages for internally displaced returnees, relief assistance for disaster-affected communities, and Government capacity development.
17. The MCHN component provided blanket supplementary feeding to all children aged 6–23 months, and targeted supplementary feeding to moderately malnourished children aged 24–59 months and to malnourished PLW.<sup>19</sup> The activity had been implemented in 13 districts, and reached more than 50,000 beneficiaries. By the end of 2013, distribution was reduced to five districts and then three, due to funding constraints.
18. The school feeding activity supported the Government's Basic Education Act espousing free education for all children, including a free school meal. The planned extension of coverage to grade nine from January 2010 was not possible owing to WFP resource constraints. To ensure funding, the Government assumed a greater resourcing and implementation role in mid-2010, and assumed full responsibility from 2011.
19. Food-for-assets (FFA) activities contributed to increased agricultural potential and food security by employing food-insecure people from poor communities during the agricultural lean season.
20. The reduction of stunting from 58 percent to 50.2 percent and wasting from 19 percent to 11 percent in Timor-Leste recorded in the National Nutrition Survey (2013) may be indirectly linked to the school feeding and blanket supplementary feeding programmes carried out between 2008 - 2012, as these were the only food based interventions implemented in all 13 districts during this time.
21. As mentioned above, activities such as FFA and school feeding were gradually phased out due to funding constraints. In 2013, WFP and the MoH established a steering committee for handover of the MCHN programme. As a result, a strategy for the handover of MCHN activities from WFP to MoH was agreed upon, with an established framework, timeline and responsibilities. The operational framework focused on supporting national management of MAM (wasting), MCHN operational guidelines, and MCHN supply chain guidelines.<sup>20</sup>
22. A partnership between the Ministry of Health, the then Ministry of Tourism, Trade and Industry, WFP and the private sector partner Timor Global was originally

<sup>18</sup> MDG Report – UNDP Timor-Leste (2013)

<sup>19</sup> The National Protocol on Management of Acute Malnutrition reports the following admission criteria: all children aged 6–23 months; children aged 24–59 months with mid-upper arm circumference (MUAC) 11.5 to 12.5 cm; and pregnant and lactating women with MUAC below 23 cm.

<sup>20</sup> SPR, 2013

established in 2008/2009. This partnership sought to support local production of Fortified Blended Food (FBF) by sourcing the inputs (maize and soya bean) from local farmers. For a variety of cost and quality reasons (including aflatoxins) this aspect of the project has been challenging, and under the current Country Programme, inputs for the FBF production are imported. Other partners are examining possible resource commitments for laboratories for testing maize and soya/mung beans, and silos to improve post-harvest handling of local produce are under construction. WFP will also embed a food technologist at the factory to ensure effective quality control.

23. The Country Office has sought to reduce the cost the FBF (which is expensive by global standards) through procurement assistance and training to Timor Global staff. A further review of the production costs of Timor Global is planned during the transition of Country Programme to Development Project. Under this new Development Project WFP will review and update the tripartite agreements in place concerning the FBF production.
24. Although there is strong support for local production, the Country Office is in consultation with the Government examining the feasibility of alternate products which may offer faster recovery rates for children suffering from MAM. These products will be chosen on the basis of local evidence, and thus WFP and the MoH will seek to trial such products early in the Development Project.
25. Other key challenges include some of those identified previously: insufficient data and analysis of differences in nutritional outcomes between boys, girls, men and women, limited capacity within Government institutions, poor traditional feeding practices and lack of data for performance on existing interventions, wider food security patterns, and the gendered impacts of food and nutrition security interventions. To develop the Government's and partners technical and management capacity, WFP has seconded a nutritionist to the Ministry's Nutrition Department and a food technologist to Timor Global, in line with identified gaps and Government requests. Progressively additional secondments will occur to the Ministry, specifically in Monitoring and Evaluation expertise, and in general programming expertise at the district level.
26. The last WFP evaluation was conducted at the end of 2012 for the Country Programme (2008-2012). It gave special attention to capacity development. However, it found the assessment of capacity development was difficult due to limited outcome data for the supplementary feeding programme. The evaluation also found that in the joint programmes in which WFP participated, alignment of UN Agencies with each other and with government was quite shallow. The evaluation found that strategically, the CO required longer-term approaches and additional skill sets for capacity development. Mainstreaming gender into the work of the CO needed to be improved.
27. An independent evaluation in 2012 of the Joint Programme for Sustaining Food and Nutrition Security in East Timor, in which WFP is a partner, found that issues of gender mainstreaming and inequality were not explicitly addressed in the project document. While gender was briefly mentioned among "other causes" of malnutrition of the target population, no specific intervention strategy was elaborated to ensure gender equality in the programme implementation. The evaluation recommended that more emphasis be put into analyzing gender-related factors that influence nutritional status of target programme populations, and that these factors be addressed explicitly in programme design and implementation.<sup>21</sup>

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<sup>21</sup> [http://www.unicef.org/evaldatabase/index\\_69949.html](http://www.unicef.org/evaldatabase/index_69949.html)

28. Despite the challenges with the programme the evaluation argued that, given the high prevalence of under nutrition in Timor-Leste, there was a strong case for WFP to continue its operations in the country. It was recommended that the primary demand should come from Government.
29. This Development Project is consistent with a strategy review conducted by the Country and Regional Office in March of this year which supported prolonging WFP's presence in Timor-Leste. The review supported the focus on continuing the strong emphasis on Government capacity development and food-based assistance.

## STRATEGIC FOCUS OF THE DEVELOPMENT PROJECT

30. WFP's long-term goal is for all people in Timor-Leste to have sufficient, adequate and high-quality food to meet their nutritional needs. This is to be achieved through the building of capacity of existing Government structures with a view to operating a sustainable Government led nutrition programme.
31. Specific objectives are to:
- Strengthen the Government's capacity to design, implement and manage tools, policies and systems for reducing undernutrition in the areas including programme management; supply chain and monitoring and evaluation.
  - Hand-over sustainable food-based nutrition programmes to the Government in a responsible manner.
  - Ensure that all analysis, policies, activities and monitoring respect principles of gender equality and are informed by gender and age-disaggregated data where practical.

TABLE 1: BENEFICIARIES BY ACTIVITY			
Activity	Boys	Girls/Women	Total
Treatment of moderate acute malnutrition boys and girls 6-23 months	6,500	6,000	12,500
Treatment of moderate acute malnutrition boys and girls 24-59 months	12,000	11,500	23,500
Treatment of acute malnutrition PLW	9,000	14,000	23,000
<b>TOTAL</b>	<b>27,500</b>	<b>31,500</b>	<b>59,000</b>

32. Major capacity gaps can be identified in relation to transport contracting, warehouse keeping and commodity management. An on-going 2014 capacity assessment shows a need for improvements in storage availability and capacity in over 25 percent of facilities assessed and improvements in seasonal access to 44 percent of health facilities targeted. Clear protocols on storage are required to ensure the security and shelf life of commodities at health facility level. Processes to ensure timely call forward of stock to avoid pipeline breaks at field level are also essential.

33. In order to address these gaps, WFP will support capacity development of the MoH staff in supply chain through providing national MoH logistics personnel technical guidance in areas such as supply chain planning, procurement, storage, stocks quality control, and fleet management through WFP embedded logistics personnel within the Ministry. With support from WFP, the MoH has already recruited specific staff for logistics at central level and in some districts, who will be working as a team with WFP, receiving on-going on-the-job training and technical guidance.

<b>TABLE 2: FOOD RATION/TRANSFER BY ACTIVITY (g/person/day)</b>			
	<b>boys and girls 6-23 months</b>	<b>boys and girls 24-59 months</b>	<b>PLW</b>
<i>FBF</i>	-	-	200 grams/ 780 kcal
<i>Plumpy Sup (PS)</i>	92 grams/ 500 kcal	92 grams/ 500 kcal	-
<b>TOTAL</b>	<b>92 grams</b>	<b>92 grams</b>	<b>200 grams</b>
<b>Total kcal/day</b>	<b>500 kcal</b>	<b>500 kcal</b>	<b>780 kcal</b>
% kcal from protein <sup>22</sup> (FBF)	-	-	15.5
% kcal from fat (FBF)	-	-	23.1
Protein (grams) (PS)	13	13	-
Fat (grams) (PS)	31	31	-
Number of feeding days per year or per month (as applicable)	90	90	90

34. Critical capacity gaps in programme implementation have also been identified. These include the lack of trained staff at district and sub-district level to implement quality Targeted Supplementary Feeding Programmes (TSFP). Proper guidelines and protocols on TSFP implementation and management are non-existent which hampers correct programme implementation. Training in gender-relevant programming and gender analysis during programme review sessions will also be provided to MoH staff.

35. Lack of programme performance tools to assess implementation performance is another major gap. Poor overall capacity in programme planning, assessment, design and implementation need to be addressed. Given the variety of health issues that specifically impact women, nutrition programming must also be reinforced through gender-specific research and evaluation efforts to ensure that, where possible, programming is gender-sensitive and that barriers in accessing care for pregnant and lactating women and their children are also considered.

36. WFP will address these gaps by designing tailor-made training sessions to augment the capacity of MoH staff at all levels in programme implementation and in the delivery of quality nutrition services to the community. The gender-specific nature of malnutrition in communities will be fully mainstreamed in the process of programme design, implementation and monitoring.

<sup>22</sup> A GFD ration should provide a basket of food commodities that covers the 'recommended mean daily per capita nutrient intake' (WHO, 1995). The GFD ration should therefore provide 10 to 12 percent of its Kcal (energy) from protein and at least 17 percent from fat (Food and Nutrition Handbook. Page 65, table 8.1).



37. A pool of master trainers will be developed among MoH staff from the national as well as district levels, who will be enabled and supported to plan and conduct further training at district and sub-district levels; hence, equipping MoH with sustainable technical assistance in programme design and implementation. Besides the formal training plan, WFP will provide technical assistance to facility based nutrition staff in enabling them to respond effectively to the nutritional needs of the community.
38. Performance tools will be developed to track monthly performance of the health facilities in the implementation of TSFP, as well as tracking sex-disaggregated data on programme entries, exits, and programme performance indicators. These tools will enable managers to assess performance against the sphere standards and take necessary actions where required.
39. WFP will involve MoH staff in programme planning. This will include activities such as budgeting, caseload calculations, assessment of health facilities readiness for implementation and designing and rolling out the program and phases of implementation. This will enable MoH staff to carry out quality program planning, design and implementation in the future.
40. WFP will provide technical assistance to the MoH in the development of Guidelines for the Management of Acute Malnutrition that are inclusive of moderate acute malnutrition. WFP will also provide support as requested by the Government to the Zero Hunger Challenge.

<b>TABLE 3: TOTAL FOOD/CASH AND VOUCHER REQUIREMENTS BY ACTIVITY (mt/US\$)</b>			
<b>Commodity Type / Cash &amp; voucher</b>	<b>Treatment of moderate acute malnutrition boys and girls 6-59 months</b>	<b>Treatment of acute malnutrition PLW</b>	<b>Total (mt or US\$)</b>
FBF	-	808	808
Plumpy Sup	359	-	359
<b>TOTAL</b>	<b>359</b>	<b>808</b>	<b>1167</b>
<b>% of total requirements<sup>23</sup></b>	<b>31%</b>	<b>69%</b>	

41. Several critical gaps have also been identified in monitoring and evaluation. Poor field-level data collection, consolidation and analysis are some of the foremost. These gaps are exacerbated by poor data quality and over reliance on quantitative data. Gaps in personnel and data analysis, and monitoring skills at the field level also need to be addressed. Lack of positive feedback loops between M&E and programme is another major gap that will hinder quality implementation of the programme.
42. In order to address the critical capacity gaps listed above, mobile data collection systems will be piloted and rolled out across districts to reduce workloads, limit data error and circumvent inefficiencies of paper-based

<sup>23</sup> Commodities allocated to each project activity as percentage of total commodities.

reporting systems. Post Distribution Monitoring (PDM) data and quantitative reporting triangulated through monthly data analysis and reporting exercises will help rectify the poor data quality and over reliance on quantitative data.

43. In addition, WFP will support MoH in development of a comprehensive and integrated dash-board-based system for nutrition data reporting (DHIS-2). This will include integration of survey-based data results (PDM) into MoH databases.
44. WFP will also provide on-the job training for MoH staff at district level through monthly PDM review sessions and quarterly programme improvement and work planning exercises.
45. The process of identifying these gaps has initiated a preliminary capacity assessment of health staff at sub-district, district, and national levels in basic M&E and reporting practices in 2014. This data will be used to provide a baseline for monitoring improvements in M&E capacity over time. Follow-up capacity assessments will be conducted every six months. On the basis of these assessments, the need for additional training and improvements in monitoring, reporting and data collection systems will be reviewed biannually.
46. The country office has drafted a comprehensive action plan with a timeline for the hand-over strategy, including benchmarks and indicators for assessing the Government's readiness to assume new responsibilities over the course of the next two years. The action plan will be finalized in consultation with the Government, cooperating partners and donors.
47. WFP will also continue collaborating with UNICEF, WHO and other development partners to advocate for increased Government budget allocation and management of health and nutrition programmes.
48. Capacity development and hand-over to Government partners are a major focus of the project, and Government's achievements will be reviewed throughout the project. The need for additional WFP support beyond the project timeframe will be based on a review of Government capacity and the availability of resources. WFP will seek multilateral and bilateral donor contributions, contributions from joint programmes (JPs) with other United Nations agencies, and public and private partnerships (PPPs) at the country and regional levels, and longer-term and non-traditional donor funding.

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## **PROGRAMME MANAGEMENT, MONITORING AND EVALUATION**

49. Given the previous planned closure of the WFP programme in Timor-Leste, a significant downsizing of the office occurred in 2013. As such, structures, resources and relationships needed to be re-built during 2014. During the last budget revision for the ending Country Programme, the logframe was adjusted to reflect the new WFP Strategic Plan. A Country Office retreat was also recently conducted in order to re-align the office with the prioritised commitment and focus towards capacity development within the Government. This work will feed into an updated Country Office Annual Performance Plan and Risk Register.

50. To maximise the potential benefits of the capacity development focus of the programme, a number of strategies are planned: the utilization of specific consultant expertise in Nutrition, Monitoring and Evaluation, and Supply Chain management, which correlate with the Government's requested priorities; capacity development within the WFP office, by 'pairing' these experts with national staff; and by a strong emphasis on internal performance management, which includes augmenting the human resource unit within the Country Office with a UNV HR Officer.
51. The project will use both new and existing systems for assessing programme performance and the level of Government uptake, and for compiling lessons learned to improve overall programme management and performance.
52. New systems for Monitoring and Evaluation will include the piloting and use of mobile data collection systems such as eWIN, as a means of resolving existing obstacles in data collection, consolidation and analysis and expediting reports. This component of the M&E system will be implemented jointly with MoH and will focus primarily on monitoring programme performance.
53. Traditional monitoring and evaluation of the programme, such as field visits where WFP Programme and Logistics staff regularly gather district, sub-district- and community-level data, will continue, but will be completed jointly with Ministry of Health so as to enable capacity development to take place at all programme levels.
54. Data will be disaggregated by sex, and programme actions will emphasize the need to be gender-responsive in the delivery of nutrition-related health services to beneficiaries. This will include actions such as ad-hoc community consultations and focus groups with beneficiaries to examine gender-specific perspectives on malnutrition and the delivery of health services.
55. WFP will also seek to ensure that monitoring efforts and subsequent analysis are especially robust and specifically track gender-specific outcomes through the use of sex-disaggregated data and the use of qualitative and participatory approaches that seek to gather information at the community level on the gendered nature of programme impacts. Internal M&E frameworks will track retention and knowledge of nutrition messaging among men and women, number of women's groups empowered to engage in community outreach initiatives, and number of monitoring tools tracking gender-specific outputs and outcomes.
56. Gender analysis of monitoring data will be integrated into regular monitoring reports and utilised in a positive feedback loop to advise and positively influence programme implementation in a gender-sensitive manner. Where possible, ad-hoc community gender assessments will be conducted to make certain that gender-specific cultural taboos and practices are accounted for in programming and community mobilisation initiatives.
57. Community education and mobilisation initiatives will be undertaken that thoroughly take into account gender differences which impact household nutrition. A central pillar of this approach includes partnerships designed to

empower women in the community to participate in programme to exert positive change on their peers and at the household level. This will include work with mother's support groups, to raise awareness among men, women, seniors and youth in the community of the importance of family nutrition, regardless of sex, age, or status. In socialisation and community mobilization activities, key messages will seek to address cultural and/or social obstacles (such as food taboos and division of food in the household) that may be having a negative impact on nutritional status.

58. In keeping with an integrated approach that is sensitive to other gender issues at community level, such as the prevalence of domestic violence, partner agencies such as UNICEF, UNFPA and UN Women will be consulted regularly to ensure that key messages promoting gender equality and prevention of Sexual and Gender Based Violence are also mainstreamed in regular community messaging and nutrition education modalities. Priority groups for nutrition education and gender-specific educational messaging will include women, men and girls, with a strong focus on adolescent women, youth, and families in isolated rural areas.
59. WFP staff are aware of their obligations in relation to the prevention of sexual abuse and exploitation; have received local Human Rights training; and will work with line Ministries to provide training in appropriate standards to ensure they are upheld. As additional programme positions are recruited, WFP will work to ensure the gender imbalance in its own programme unit is addressed. Gender equity will be prioritised when WFP supported nutrition staff are transitioned to MoH human resources structures. Implementation activities will be guided by WFP's Protection Policy, and Accountability to Affected Populations will be enhanced by a focus on Communication with Communities' initiatives.
60. The MCHN programme and the Ministry of Health's Health Management Information System (HMIS) will be supported by WFP M&E expertise.
61. A technical assistance task force in each of the partner ministries will coordinate capacity development activities at the central and district levels. WFP, relevant ministries and development partners will hold regular meetings to review the programme's progress and address policy issues.
62. WFP will work with UNDAF thematic groups and the Government to evaluate progress and achievement of project's objectives in relation to national strategies/programmes.
63. An evaluation in late 2016 will assess the project's achievements with respect to its targets, overall performance and impact.

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## **RISK MANAGEMENT**

64. WFP's Risk register was recently updated during a Country Office retreat. Key risks and mitigation efforts in place include the following issues: the project relies on the

capacity and ownership by the Ministry of Health; as the main focus of the programme, WFP devotes the bulk of its activities towards ensuring that support is provided to the Ministry of Health, including through capacity-building measures, trainings and staff secondments. This relationship will be maintained in order to continue to build trust and continuity. Government reshuffling is an issue, which is mitigated through building partnerships with both political appointees as well as senior civil servants (who are less likely to change). The reliance of sourcing commodities from a single partner (Timor Global) will be mitigated through exploring alternative products and sources. WFP also needs to ensure coordination with UNICEF, with which a relationship has been actively maintained, including through monthly coordination meetings

65. Resourcing has been a risk in recent years. With the reduction in programme coverage under this Development Project, and identified donor support, this risk is deemed to have lessened. Nevertheless the Country Office will continue to explore additional funding sources particularly from the Government and the Private Sector given the Public Private Partnership in place.
66. **Security Risk Management** WFP has recently reviewed the recommendations from a 2012 WFP Security review. Most recommendations are complete. (Some were delayed given the potential office closure.) A United Nations Department of Safety and Security Compliance Mission due in country in September 2014 has been completed.
67. WFP Human Resources has recently conducted an audit to ensure all staff have completed both the Basic Security in the Field and Advanced Security in the Field requirements.

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## APPROVAL

..... Date:.....  
Deputy Executive Director and Chief Operating Officer

*Drafted by:* Timor-Leste Country Office  
*Cleared by:* [Alberto Mendes] Country Office on [date]  
*Reviewed by:* [Peter Guest] Regional Bureau  
*Cleared by:* [name] Regional Bureau on [date]  
*Reviewed by:* [name] Regional Bureau Support (OMO)

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## ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (mt)	Value (US\$)	Value (US\$)
<i>Food Transfers</i>			
Cereals	-	-	
Pulses	-	-	
Oil and fats	-	-	
Mixed and blended food	808	1,079,864	
Plumpy Sup	359	1,323,789	
<b>Total Food Transfers</b>	<b>1,167</b>	<b>2,403,653</b>	
External Transport		-	
LTSH		241,647	
ODOC Food		264,253	
<b>Food and Related Costs <sup>1</sup></b>		-	<b>2,909,553</b>
C&V Transfers		-	
C&V Related costs		-	
<b>Cash and Vouchers and Related Costs</b>		-	
<b>Capacity Development &amp; Augmentation</b>		-	<b>4,721,868</b>
<i>Direct Operational Costs</i>			-
Direct support costs (see Annex I-B)			1,676,278
<b>Total Direct Project Costs</b>			-
Indirect support costs (7.0 percent) <sup>2</sup>			651,539
<b>TOTAL WFP COSTS</b>			<b>9,959,238</b>

<sup>1</sup> This is a notional food basket for budgeting and approval. The contents may vary.

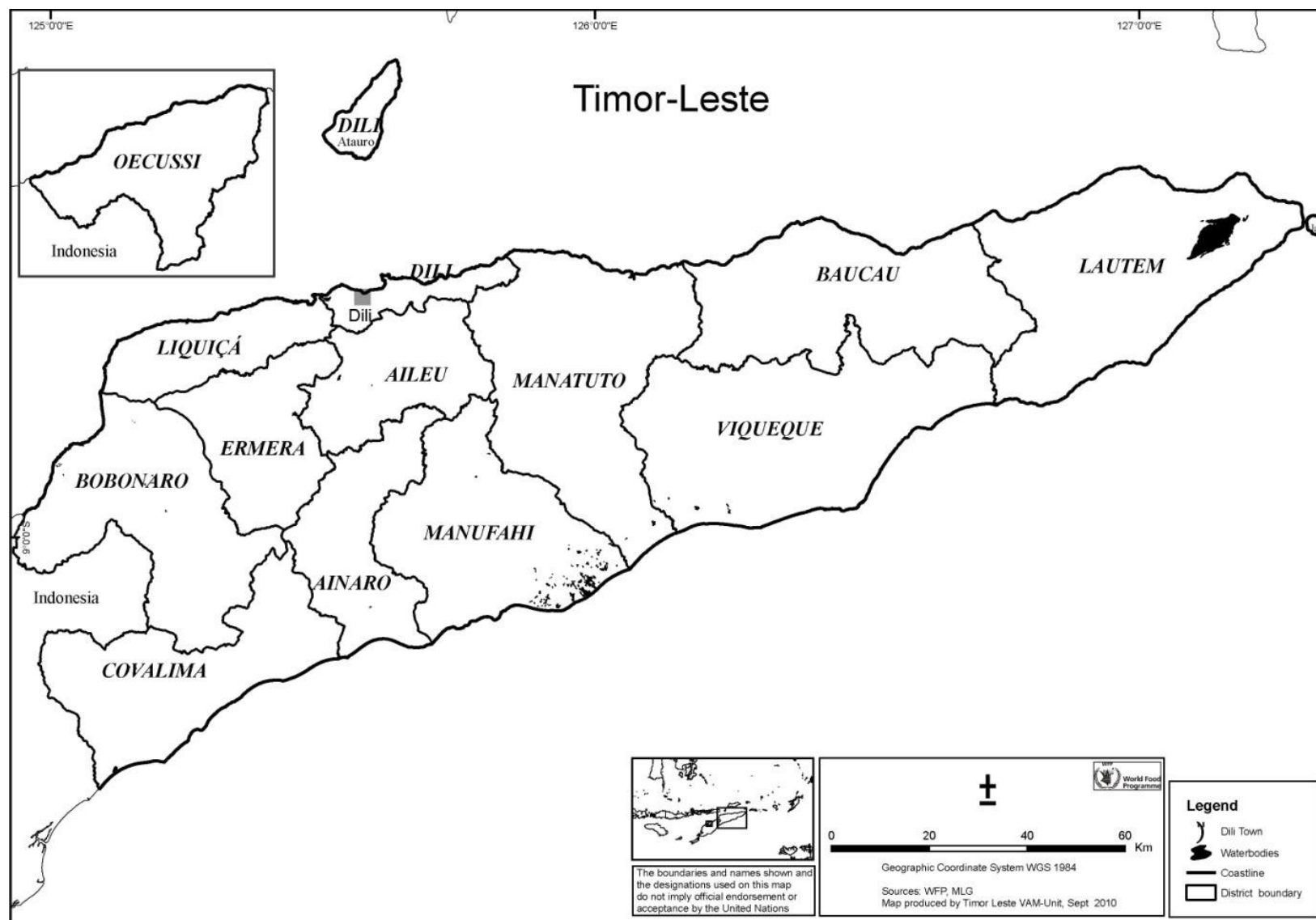
<sup>2</sup> The indirect support cost rate may be amended by the Board during the project.

**ANNEX I-B**

<b>DIRECT SUPPORT REQUIREMENTS (US\$)</b>	
<b>WFP Staff and Staff-Related</b>	
Professional staff	709,486
General service staff	315,067
Danger pay and local allowances	50,105
<b>Subtotal</b>	<b>1,074,658</b>
<b>Recurring and Other</b>	<b>172,800</b>
<b>Capital Equipment</b>	<b>99,000</b>
<b>Security</b>	<b>109,320</b>
<b>Travel and transportation</b>	<b>170,500</b>
<b>Assessments, Evaluations and Monitoring</b>	<b>50,000</b>
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>1,676,278</b>

#### MAP

The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.





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## ACRONYMS USED IN THE DOCUMENT

BMI	Body Mass Index
CP	Country Programme
CSB	Corn-Soya Blend
DP	Development Project
FAO	Food and Agriculture Organization of the United Nations
FCS	Food Consumption Score
IFPRI	International Food Policy Research Institute
ILO	International Labour Organization
JP	Joint Programme
KONSSANTIL	Inter-ministerial Council for Food Sovereignty and Security
M&E	Monitoring and Evaluation
MCHN	Mother-and-Child Health and Nutrition
MDG	Millennium Development Goal
MTE	Mid-Term Evaluation
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organization
PLW	Pregnant and Lactating Women
PRRO	Protracted Relief and Recovery Operation
TLFNS	Timor-Leste Food and Nutrition Survey
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
ZHC	Zero Hunger Challenge

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**ANNEX IV - [LTSH-MATRIX](#)**

**ANNEX V - [Project Budget Plan](#)**

**ANNEX VI - [Project Statistics](#)**