Fighting Hunger Worldwide

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Standard Project Report 2015

World Food Programme in Timor-Leste, Democratic Republic of (TL)

Capacity Development for Health and Nutrition

Reporting period: 1 January - 31 December 2015

Project Information	
Project Number	200770
Project Category	Development Project
Overall Planned Beneficiaries	58,000
Planned Beneficiaries in 2015	23,000
Total Beneficiaries in 2015	4,138

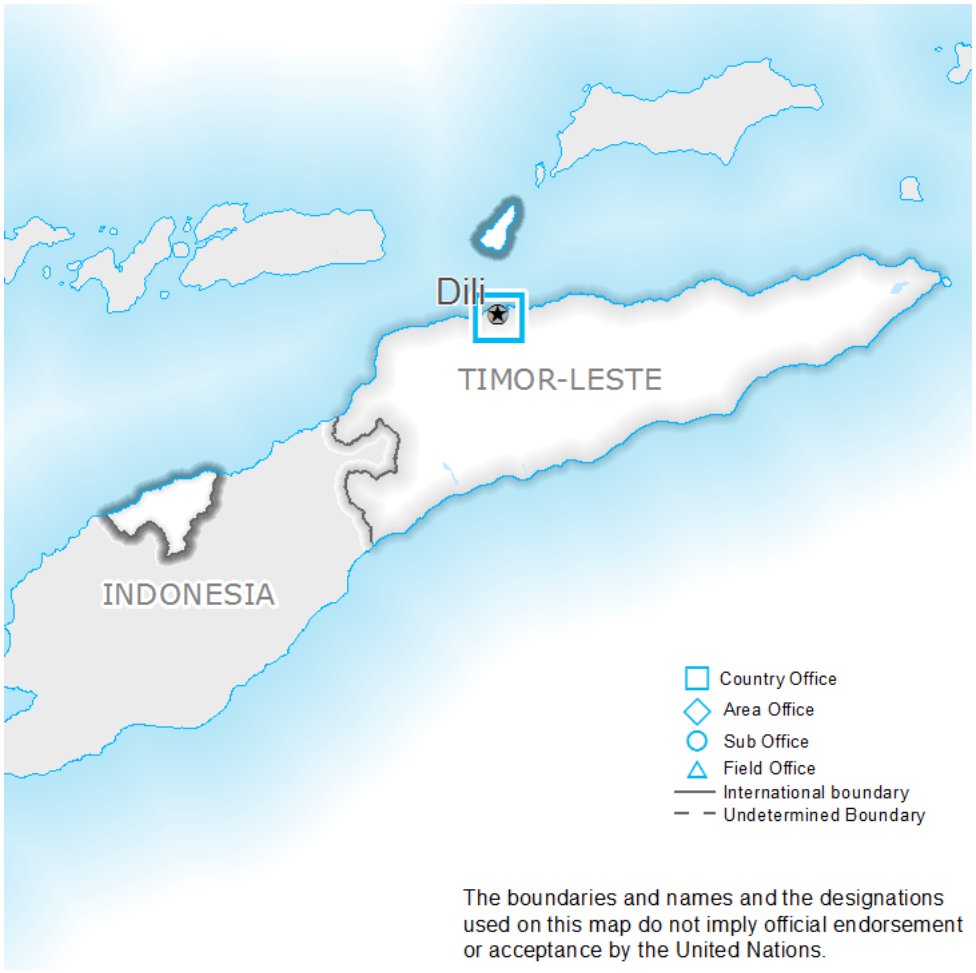
Key Project Dates	
Project Approval Date	January 06, 2015
Planned Start Date	January 01, 2015
Actual Start Date	January 01, 2015
Project End Date	December 31, 2016
Financial Closure Date	N/A

Approved budget in USD	
Food and Related Costs	2,784,797
Capacity Dev.t and Augmentation	4,721,868
Direct Support Costs	1,676,278
Cash-Based Transfers and Related Costs	N/A
Indirect Support Costs	642,806
Total	**9,825,749**

Commodities	Metric Tonnes
Planned Commodities in 2015	439
Actual Commodities 2015	29
Total Approved Commodities	1,169

Table Of Contents

COUNTRY OVERVIEW



Country Background

Timor-Leste is a young nation which was internationally recognised as an independent state in 2002. From 1999 to 2012, the country had a series of peace-keeping missions, following 24 years of occupation by Indonesia, and close to 500 years of Portuguese rule.

Timor-Leste is one of the most successful newly independent, countries to have peacefully transitioned to democracy. It has enjoyed political stability over the past few years. In early 2015, the Prime Minister and former guerrilla leader, Xanana Gusmao resigned and a successor, Dr. Rui Araujo, was appointed.

Despite this political stability and recent economic growth, poverty, food insecurity and malnutrition remain widespread in Timor-Leste. Forty-one percent of the population lives below the national poverty line. Despite improvements over recent years in both the prevalence of wasting and stunting in children under five, Timor-Leste has one of the highest rates of malnutrition in Asia, with levels of chronic malnutrition (stunting) categorized as ‘critical' and levels of wasting as ‘serious', according to the World Health Organization”. According to the Timor-Leste Food and Nutrition Survey (TLFNS) 2013, stunting decreased from 58 percent to 50 percent and wasting decreased from 19 percent to 11 percent, compared to rates in the 2009 Timor-Leste Demographic Health Survey.

Undernutrition and micronutrient deficiencies among children and women of reproductive age thus remain serious problems in Timor-Leste, fuelling a poverty trap that is likely to persist across generations if left unaddressed. Women suffer from high rates of anaemia and many are underweight; 38.9 percent of non-pregnant women are anaemic, with higher rates in urban areas at 46.7 percent; 24.8 percent are categorised as thin, which rises to 27

percent of women in rural areas and to 41.8 percent in women below 20 years of age.

It is estimated that in Timor-Leste USD 41 million annually is lost in economic, productive and educational opportunities as a result of undernutrition, according to research in *The Economic Consequences of Undernutrition in Timor-Leste, 2014*, which was jointly produced by the Ministry of Health, UNICEF and Australian Department of Foreign Affairs and Trade.

Timor-Leste ranked 133 out of 188 countries in the Human Development Index in 2015, which places it in the medium category.

Summary Of WFP Assistance

WFP's assistance in Timor-Leste focuses on capacity development within the Ministry of Health for a nutrition programme for children and pregnant and lactating women (PLW), which evolved from an earlier Maternal and Child Health Nutrition programme (MCHN). In 2013, WFP shifted its focus from previous food assistance programmes to capacity development, in line with the programme's objective to incrementally hand over responsibility of the MCHN activities to the Ministry of Health.

The current programme began in 2014, as a result of the government's request to continue providing support to the MCHN programme. The focus of the programme is to provide partner ministries with specific technical assistance in nutrition planning, monitoring and evaluation, and supply chain management. The Targeted Supplementary Feeding Programme (TSFP) under MCHN aims to reduce undernutrition amongst PLW, as well as children under 5 years of age.

In 2015, the TSFP programme was rolled out in six of the 13 municipalities of Timor-Leste: Bobonaro, Covalima, Oecusse, Ermera, Dili and Ainaro. The TSFP programme provided specialised nutritious foods in all of these municipalities for children aged 6-59 months with moderate acute malnutrition (MAM), and in four of the six municipalities for malnourished PLW.

WFP's programme in Timor-Leste supports Millennium Development Goal 1 (MDG 1) by eradicating hunger, and supports maternal health (MDG 5) by providing specialised nutritious foods to PLW. The TSFP programme is also aligned with the United Nations Development Assistance Framework strategy for Timor-Leste. By the end of 2015, Timor-Leste had not reached either of the targets for MDGs 1 or 5.

Beneficiaries	Male	Female	Total
Children (6-23 months)	439	559	998
Children (24-59 months)	815	1,042	1,857
Children (5-18 years)	0	617	617
Adults (18 years plus)	0	666	666
Total number of beneficiaries in 2015	**1,254**	**2,884**	**4,138**

Distribution (mt)						
Project Type	**Cereals**	**Oil**	**Pulses**	**Mix**	**Other**	**Total**
Development Project	0	0	0	29	0	29
Total Food Distributed in 2015	**0**	**0**	**0**	**29**	**0**	**29**

OPERATIONAL SPR

Operational Objectives and Relevance

WFP's project is designed to support the Ministry of Health's goals of improving maternal and child health, focusing on increasing the capacity of the Ministry of Health to implement its own nutrition programming and improving nutritional outcomes. This is in line with the Government of Timor-Leste Strategic Development Plan, with the VI Constitutional Government Plan for 2015-2017; the Ministry of Health's National Health sector Strategic Plan 2011-2030; and the National Nutrition Strategy 2014-19. It is also part of a multi-sectoral plan to tackle undernutrition, tackling both direct and indirect causes of undernutrition as part of the Zero Hunger Challenge.

The main areas of support include building the capacity of the Nutrition Department in the design and implementation of a nutrition programme, whilst also developing wider capacity of the Ministry of Health's monitoring and evaluation systems and supply chain management. Part of the project includes an agreement with a local company, Timor Global, to produce fortified blended food, thereby reducing the dependency on imports, and supporting local markets/farmers.

In line with WFP Strategic Objective 4, the project aims to:

- Increase ownership and strengthen the Ministry of Health's capacity to reduce undernutrition, through the design, plan and management of the mother and child health and nutrition programme.
- Improve nutrition status (reduce undernutrition) of targeted women and children, and increase the coverage rate in the programme.

Results

Beneficiaries, Targeting and Distribution

The Ministry of Health's MCHN/TSFP programme supported by WFP was developed to target children aged 6-59 months and PLW suffering from moderate acute malnutrition (MAM), in three initial municipalities with the highest rates of global acute malnutrition. It was expanded in the latter part of 2015 to another three municipalities, thereby being implemented in six of Timor-Leste's 13 municipalities. A key component of the programme was the capacity development of 450 health staff from national to village level in delivering a nutrition programme. Training included supply chain management and developing monitoring and evaluation systems. These health staff will then influence a large number of community members in using and implementing these new skills in their work within the Ministry of Health.

The total number of actual beneficiaries (children aged 6-59 months and pregnant or lactating women (PLW)) was lower than planned chiefly due to significant delays in the recommencement of Timor Vita production as well as low awareness about the impacts of malnutrition, amongst community members and health workers, who are a key component of Community Managed Acute Malnutrition programmes.

Initially WFP had planned to provide locally produced Timor Vita for both children and PLW, found to be malnourished. With the delays in production of Timor Vita leading to long delays in supplying food for children, the Ministry of Health, WFP and donors agreed to import ready-to-use supplementary food (RUSF). For PLW, WFP proposed to replace the locally supplied specialised, nutritious food with imported Super Cereal but the Ministry of Health's preference was for locally produced food for PLW. Thus RUSF was imported to feed children suffering from moderate acute malnutrition, but the provision of food for PLW was delayed until the local production of Timor Vita recommenced in October. The dispatch of food for PLW to municipal health facilities began in November, for all six of the planned municipalities. However food distribution for this beneficiary group only occurred in four out of the six municipalities, with the result that less than 20 percent of beneficiaries were reached in 2015. Delays in distribution of Timor Vita for PLW occurred in two of the six municipalities as a result of transport challenges and the lack of availability of health staff. Transporting the food to the enclave of Oecusse was delayed, as the boat was out of operation, and also due to the restrictions in transporting food across the Indonesian-Timor-Leste border. In another municipality, Bobonaro, the head of the Municipal Health Services delayed the distribution, due to clashes with other health programmes. Thus the number of women provided with fortified food was significantly lower than the planned target for the year.

Enrolment rates increased in the fourth quarter, through the implementation of additional behaviour change communications activities, and through partnering with a local NGO, Alola Foundation and the international NGO, World Vision, to screen and refer acutely malnourished children and PLW, through their community support groups, in three municipalities. The behaviour change communications activities jointly developed with the Ministry of Health, included radio announcements, community meetings, and SMS (short-message service), which reached nearly 200,000 people in the six municipalities. In addition, WFP and the Nutrition Department worked closely with health staff in the field to ensure that the Ministry of Health's Primary Health Care Package includes screening for malnutrition with every household. Towards the year-end the Nutrition Department and WFP noted that these steps had started to have an impact, with the number of beneficiaries enrolled in the programme increasing.

Table 4 details the percentage of PLW reached whereas the tonnage reflects distribution against the annual plan (which is calculated for a six month treatment). Hence as the treatment of PLW only commenced in November/December there is a resulting discrepancy between 17 percent beneficiaries reached and the 3 percent tonnage consumed - that is, the majority of PLW only received one month (not six months) of their treatment (the remainder is to be collected in 2016). In addition, small differences in the number of planned beneficiaries between Table 1 and Table 4, are due to WFP's reporting systems rounding up percentage values to within one decimal point.

Note: Corn Soya Blend (CSB) in the table refers to the locally produced Timor Vita, and the percentage of Timor Vita distributed in 2015 was much lower than expected due to production delays.

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total Beneficiaries	**7,956**	**15,044**	**23,000**	**1,254**	**2,884**	**4,138**	**15.8%**	**19.2%**	**18.0%**
By Age-group:									
Children (6-23 months)	2,776	2,684	5,460	439	559	998	15.8%	20.8%	18.3%
Children (24-59 months)	5,180	4,961	10,141	815	1,042	1,857	15.7%	21.0%	18.3%
Children (5-18 years)	-	3,551	3,551	-	617	617	-	17.4%	17.4%
Adults (18 years plus)	-	3,848	3,848	-	666	666	-	17.3%	17.3%
By Residence status:									
Residents	7,956	15,044	23,000	1,212	2,926	4,138	15.2%	19.4%	18.0%

Table 2: Beneficiaries by Activity and Modality

Activity	Planned			Actual			% Actual v. Planned		
	Food	CBT	Total	Food	CBT	Total	Food	CBT	Total
Nutrition: Treatment of Moderate Acute Malnutrition	23,000	-	23,000	4,138	-	4,138	18.0%	-	18.0%

Table 4: Nutrition Beneficiaries

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Nutrition: Treatment of Moderate Acute Malnutrition									
Children (6-23 months)	2,777	2,683	5,460	440	560	1,000	15.8%	20.9%	18.3%
Children (24-59 months)	5,179	4,961	10,140	817	1,040	1,857	15.8%	21.0%	18.3%

Table 4: Nutrition Beneficiaries									
Beneficiary Category	**Planned**			**Actual**			**% Actual v. Planned**		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Pregnant and lactacting girls (less than 18 years old)	-	3,552	3,552	-	615	615	-	17.3%	17.3%
Pregnant and lactating women (18 plus)	-	3,848	3,848	-	666	666	-	17.3%	17.3%
Total beneficiaries	**7,956**	**15,044**	**23,000**	**1,257**	**2,881**	**4,138**	**15.8%**	**19.2%**	**18.0%**

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Corn Soya Blend	266	8	3.0%
Ready To Use Supplementary Food	172	21	12.4%
Total	**439**	**29**	**6.7%**

Story Worth Telling

Anibel Fereira, a health worker in Timor-Leste's border town of Balibo, has witnessed huge changes since the Ministry of Health, together with WFP, has rolled out a nutrition treatment programme.

Most of all, he sees the impact on parents in his community.

“It makes the parents happy because it brings about a change in their child's health. Before this (programme), their children were always sick and they had no desire to eat, but now they are no longer sick, and they eat a good meal," he notes.

“The children being treated are suffering from a type of malnutrition called wasting where a person's weight is too small for their height. In addition, the programme also treats undernourished pregnant women and nursing mothers." says Dr. Joao Paulo, from another health post in Batugede. “The children often start showing quite dramatic signs of recovery about one to two months after they begin treatment, which includes providing them with sachets of specialised nutritious foods, known as ready-to-use supplementary food (RUSF). You can see positive developments, both physically and mentally, after a child consumes the RUSF. The children come here very skinny, vomiting, coughing, with diarrhoea and they are weak. But now they are gaining weight. These changes are very encouraging for everyone, including health workers and parents. “

Dr Paolo and Anibel Fereira, were two of 458 health staff trained on how to identify patients suffering from wasting, the causes of wasting as well as other types of malnutrition, and how to report such cases to the Ministry of Health's system.

Fereira says one of the most important aspects of this training was keeping track of a child's recovery, and ensuring they return after their supply of RUSF is finished.

“After a month of of consuming RUSF, the patients must come back, so we can know if they have made any progress or not, any problems that occurred, and then to find a solution to this,” he explains.

Sometimes parents fail to return after the first month. But now that Fereira has received training on running and monitoring a nutrition programme, he knows that he has to contact the parents and urge them to return. If they do not have a telephone, he will send messages via the village chief or their neighbours, he says.

Progress Towards Gender Equality

WFP, together with the Health Promotion Unit and Public Health Officers, raised awareness amongst community leaders, 80 percent of whom were male, on the importance of nutrition for PLW, and nutrition for babies in the first 1000 days from conception. This is an important step in reducing the risk of gender-based violence, by gaining buy-in and understanding amongst male community members and husbands, of the important role PLW play in their baby's nutrition, and by garnering greater appreciation of and respect for women's roles in their family's health. In addition, as men play a strong role in controlling household resources, the aim of this training was to promote a

more balanced sharing of resources between men and women. Materials and messaging which WFP developed with the Ministry of Health, targeting fathers, male community leaders and women, have been distributed down to the municipality level by the Minister of Health, as well as shared with Alola Foundation and World Vision to use in their community support groups, ensuring that the messaging on nutrition is consistent and easily understood by rural caregivers.

Nutrition programme training for over 450 health staff provides explanations about the importance of providing specialised nutritous food for PLW, stressing the importance of women's empowerment and improved nutritional outcomes for their children, as highlighted in the 2013 TLFNS which identified the link between women's empowerment and better nutritional levels.

In addition, WFP worked with the Ministry of Agriculture and Fisheries and UN Women to advocate at the national level for increased expenditure and attention on women's nutrition and increased training, support and recognition for women farmers and their role in food production. WFP also worked closely with national partners, including the Prime Minister's Office, developing communication responses to El Niño, to ensure that the messaging was gender-sensitive, and that women's nutrition was prioritised within households. This message about prioritising women and children's nutrition, is now one of the official El Niño messages from the government, which has been spread via radio, thousands of posters, and numerous community events.

In December WFP and NGO partners together established community support groups to educate women and their male partners about the importance of good nutrition for PLW, with specific support/promotion for breastfeeding. In addition to raising community awareness on nutrition issues, these support groups also helped build the leadership skills of women involved.

According to the TLFNS, more boys than girls were found to be suffering from MAM as an average. However in some municipalities, WFP has found more girls than boys suffering from MAM, and the programme is monitoring and will evaluate these gender differences in the MAM rates.

Please note that the gender cross-cutting indicators were newly introduced in 2014, and there were no initial base values for 2015. The table reads the 'Latest Follow-up' value as a 'Base Value'.

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
The project has activities to raise awareness of how gender equality goals can increase effectiveness of WFP interventions (yes/no)				
*TIMOR-LESTE, Nutrition: Prevention of Acute Malnutrition , **Project End Target**: 2016.12 , **Base value**: 2015.12*	=1.00	1.00		
The project has initiatives to reduce risk of sexual and gender-based violence (yes/no)				
*TIMOR-LESTE, Capacity Development - Strengthening National Capacities , **Project End Target**: 2016.12 , **Base value**: 2015.12*	=1.00	1.00		
Training on food distribution includes a solid explanation for gender-sensitive food distribution (yes/no)				
*TIMOR-LESTE, Capacity Development - Strengthening National Capacities , **Project End Target**: 2016.12 , **Base value**: 2015.12*	=1.00	1.00		

Protection and Accountability to Affected Populations

The programme has strived to ensure that affected populations, are required to travel as minimally as possible, by providing food in 83 percent of all health posts in the six municipalities where the programme operates. By providing the specialised nutritious food at the health posts, the Ministry of Health and WFP have been ensuring that food is provided at the lowest or village-level health facilities in Timor-Leste. As all food distribution and health checks occur in the mornings, the programme minimises safety risks for beneficiaries, particularly women (who otherwise might have needed to travel at night). Information about the programme has been provided by posters, mounted at the health facilities, communicated through a radio public service announcement, and through meetings with community leaders. The Ministry of Health has a nascent complaint and feedback mechanism, which although limited has not yet reported any safety incidents or complaints against the TSFP programme. WFP is working with the Ministry of

Health to examine how the complaint and feedback mechanism could be further strengthened (which to date has been focused on hospital care). The Ministry of Health appreciates the Nutrition Department/WFP checklist which is used to interview beneficiaries, providing them with the opportunity to make complaints about services. The checklist was updated in September, to more thoroughly track beneficiaries' satisfaction and understanding of the causes of malnutrition, in order to guide behaviour change communications interventions, and as well as to learn whether counselling and basic information were being provided by health staff. To date, the household interviews found that 85 percent of care-givers surveyed received information on the correct use of the supplementary food and on hygiene, and that no complaints were made.

WFP contributed to the Prime Minister's Office's social audit initiative, making a presentation on *Accountability to Affected Populations* at the first national conference on social audit processes.

Please note these cross-cutting indicators were newly introduced in 2014, and thus there was no initial base value for 2015. The table reads the 'Latest Follow-up' value as a 'Base Value'.

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
*TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition , **Project End Target**: 2016.12 , **Base value**: 2015.12*	=90.00	85.00		
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
*TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition , **Project End Target**: 2016.12 , **Base value**: 2015.12*	=100.00	100.00		

Outputs

Despite the delays faced in sourcing commodities for the nutrition programmes, WFP noted significant success in the most important aspect of the MCHN/TSFP programme: the capacity development of the Ministry of Health. Achievements included the development of the Ministry of Health's monitoring and evaluation (M&E) framework, which included indicators for MAM, the launch of the Ministry's online monitoring system, with indicators suggested by WFP's M&E advisor, an agreement to carry out capacity development activities for the Pharmaceutical and Medical Supply Agency (SAMES) on supply chain management, as well as meeting training targets.

These successes were achieved despite challenges such as the change in Ministry leadership, a new Head of Nutrition Department and other re-organization within the Ministry. Significant improvements in the monitoring and evaluation system were made, which provided decision-makers in the Nutrition Department and Municipal Health Services with monthly reports to provide quicker responses to programmatic issues. As part of the move to monthly reporting, 350 health staff were trained in data collection, and national and municipal level staff were trained in the use of checklists using a real-time data collection system - eWin.

In addition, a higher than planned number of staff were provided with technical training in the management of MAM. This higher number was due to the high turn-over rate of and rotation of staff, particularly at the municipal level, within the Ministry of Health. Training and one-on-one mentoring on nutrition programming was provided in 24 instances, to senior health staff at national, municipality and sub-municipality levels. During the course of 2015, with training being imparted to Ministry staff on monitoring systems and interventions for malnutrition, the municipal level health staff played more pro-active roles in monitoring and capacity assessment of health facilities. There was also increased buy-in for real-time monitoring of the nutrition programme.

At the national level, WFP sought to revitalise Timor- Leste's previous pledge to scale up nutrition programming, as part of the Zero Hunger Challenge, which Timor-Leste had signed in 2014. WFP raised the issue of nutrition programming as a key component of the Zero Hunger Challenge, in a series of meetings with the national coordinating body for Zero Hunger Challenge, KOSSANTIL, the Association of Portuguese Speaking Countries, and with various other bodies including the Ministry of Commerce and Industry and the Ministry of Agriculture and Fisheries. In addition, WFP provided inputs (such as advice on nutrition indicators) into the revision of the National Health Sector Strategic Plan, so that nutrition would be further integrated into the national health plan. However, as this plan was not approved by the cabinet during the reporting year, the success in influencing only one out of two national response plans has been reflected in this report. WFP also provided inputs for the Nutrition Department's

operational plan, as part of the 2015 - 2019 National Nutrition Strategy.

In order to enhance national food security, WFP also advocated with the Prime Minister's office, the Ministry of Interior, and Ministry of Social Solidarity to conduct a preliminary assessment of the impacts of El Niño and to begin preparing a response, through activities such as buying rice stocks, buying fortified rice, and supplying farmers with additional seeds.

A system-wide assessment of the Ministry Of Health's supply chain, which was planned for 2015, has been delayed due to restructuring within SAMES. However, WFP was able to provide warehouse and logistics training to the Ministry of Health, the Ministry of Commerce and Industry, the Ministry of Social Solidarity, and SAMES staff. Specific advice on storage, handling and stock-keeping of nutrition supplies was also provided to all 458 Ministry of Health participants in the nutrition programme training.

Low enrolments of children in the programme mid-year, despite the availability of RUSF, pointed to low community understanding of the impact of undernourishment and the need for treatment. This led WFP to initiate partnerships with two NGOs. In December the NGO partners began to provide messages to care-givers on three key behaviours to prevent and recover from malnutrition: breastfeeding within the first hour after birth, exclusive breastfeeding for the first six months, and provision of nutritious complementary food and breastfeeding from 6 - 24 months. As part of this activity, the two partners established 88 community support groups. Cooking demonstrations on how to cook nutritious local foods and Timor Vita, had been planned in 2015 by these groups, but due to delays in formalising the partnership and the delay in producing Timor Vita, these activities were scheduled for 2016.

A key component of the programme was the provision of nutrition counselling for 4,611 care-givers or PLW through health facilities and through health outreach activities such as group discussions. The number of beneficiaries provided with counselling was less than the 23,000 planned, because the number of beneficiaries enrolled in the programme was also lower than planned.

At the outset it was realised that the messages provided in the counselling were not reaching those who did not present themselves at the health facilities. Therefore in order to improve the generally low levels of community understanding of the causes of malnutrition and the importance of good nutrition, WFP together with the Ministry of Health developed and disseminated messaging via a range of communication channels, including SMS messaging, a radio public service announcement aired nationally, newspaper articles and community meetings involving over 500 community leaders and teachers. As a result, a new indicator was added, and due to the use of radio and SMS messaging rather than just community meetings and outreach events, nutrition messaging was given to a far larger number of people (198,088) than the 23,000 planned beneficiaries.

Output	Unit	Planned	Actual	% Actual vs. Planned
SO4: Capacity Development - Strengthening National Capacities				
Number of government/national partner staff receiving technical assistance and training	individual	360	458	127.2
Number of national programmes developed with WFP support (nutrition)	national programme	1	1	100.0
Number of national response plans developed with WFP support	policy	2	1	50.0
SO4: Capacity Development - Strengthening National Capacities and Nutrition: Treatment of Moderate Acute Malnutrition				
Number of health centres/sites assisted	centre/site	99	117	118.2
SO4: Local Purchases				
Quantity of fortified foods, complementary foods and special nutrition products purchased from local suppliers	metric ton	180	69	38.3
SO4: Nutrition: Treatment of Moderate Acute Malnutrition				
Number of community groups developed to share nutrition messages	individual	0	88	-

Output	Unit	Planned	Actual	% Actual vs. Planned
Number of cooking demonstrations undertaken for fortified foods, complementary foods and special nutritional products	demonstration	415	0	0
Number of instances in which nutrition and health messages were provided	instance	0	24	-
Number of people exposed to nutrition messaging supported by WFP	individual	23,000	198,088	861.3
Number of people receiving nutrition counseling supported by WFP	individual	23,000	4,611	20.0
Number of targeted caregivers (male and female) receiving 3 key messages delivered through WFP supported messaging and counseling	individual	0	3,800	-

Outcomes

Coverage rates in this project in the first year were significantly affected by the delays in the local production of the specialised nutritious food, and the Ministry of Health's preference for a locally produced food rather than importing an alternative for PLW. Due to these delays, it was not until November/December, rather than January as initially planned, that PLW were screened and treated for acute malnutrition. The RUSF for children was available throughout the year in all health facilities. Timor Vita, the popular local fortified food for PLW, was not available until November. The unavailability of Timor Vita may have deterred women from attending the health facility and consequently resulted in fewer children attending as well. Results in December show that coverage rates for both children and PLW are on the rise.

The number of planned beneficiaries was calculated through a desk review, assuming an expected coverage rate of 70 percent. Whilst coverage rates were lower than expected in 2015, the programme met the minimum international standards for humanitarian interventions, or SPHERE standard performance indicators, for mortality and failure to respond to MAM treatment. Mortality rates of 0.2 percent were well within SPHERE standards of less than 3 percent. A small percentage of children (8 percent - which is less than the SPHERE target of 15 percent) failed to respond to treatment in the three municipalities where the programme had operated for at least four months. The number of children recovering from MAM stands at 62 percent, which is lower than the SPHERE target of 75 percent, in part caused by challenges in starting a new programme, high defaulter rates and the sharing of specialised nutritious foods within a family. In order to reduce defaulter rates and sharing of specialised nutritious foods, WFP developed further communication materials and a community mobilisation strategy in the last quarter. Furthermore, a refresher training is planned for 2016 for Ministry of Health nutrition focal points, focusing on admission criteria, follow-up with defaulting cases, and counselling.

Defaulter rates were 30 percent, which is higher than the SPHERE standard. The Ministry of Health-WFP's qualitative questionnaires, which use the e-Win online system, suggest that this was due to the lack of understanding among parents for the need to continue treatment, once their child shows some signs of recovery, and generally low awareness about the effects of malnutrition. Other factors cited by beneficiaries were the unavailability of health staff when they visited clinics and the cost of reaching the clinic. Approximately 25 percent of these defaulters, were then re-admitted into the programme, suggesting the need for increased awareness raising on malnutrition, infant and young child feeding practices and follow-ups from health staff on defaulter cases. With increased communication activities, particularly around the long-term effects of MAM, and increased focus from WFP field staff on the need for follow-up with defaulter cases, there has been a reduction in defaulter rates since October. Further, with WFP conducting regular data quality audits, quality of programme monitoring and implemenation of adjustments has improved along with data consistency at both municipal and national levels.

A baseline study was not conducted at the start of the programme, and in accordance with WFP guidelines on nutrition indicators, a baseline of zero was used for the first year of the project.

Please note that the indicator Nutrition Programme National Capacity Index is included in the logframe, but not reported against, as corporately WFP is still resolving appropriate reporting methodology.

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children				
MAM treatment recovery rate (%)				
*TIMOR LESTE , **Project End Target**: 2016.12 MoH reports , **Base value**: 2015.02 WFP survey no baseline , **Latest Follow-up**: 2015.12 WFP programme monitoring*	>75.00	0.00	-	62.10
MAM treatment mortality rate (%)				
*TIMOR LESTE , **Project End Target**: 2016.12 MoH reports , **Base value**: 2015.02 WFP survey no baseline , **Latest Follow-up**: 2015.12 WFP programme monitoring MPR*	<3.00	0.00	-	0.20
MAM treatment default rate (%)				
*TIMOR LESTE , **Project End Target**: 2016.12 MoH reports , **Base value**: 2015.02 WFP survey no baseline , **Latest Follow-up**: 2015.12 WFP programme monitoring MPR*	<15.00	0.00	-	30.00
MAM treatment non-response rate (%)				
*TIMOR LESTE , **Project End Target**: 2016.12 MoH reports , **Base value**: 2015.02 WFP survey no baseline , **Latest Follow-up**: 2015.12 WFP programme monitoring MPR*	<15.00	0.00	-	8.00
Proportion of eligible population who participate in programme (coverage)				
*TIMOR LESTE , **Project End Target**: 2016.12 MoH reports , **Base value**: 2015.02 WFP survey no baseline , **Latest Follow-up**: 2015.12 WFP programme monitoring MPR*	>50.00	0.00	-	18.00
Project-specific				
Fortified foods purchased from regional, national and local suppliers, as % of fortified food distributed by WFP in-country				
*TIMOR LESTE , **Project End Target**: 2016.12 , **Base value**: 2015.02 WFP survey no baseline and according target population , **Latest Follow-up**: 2015.12 WFP programme monitoring Food distribution reports*	=77.00	5.08	-	69.00

Sustainability, Capacity Development and Handover

Capacity development and formulating sustainable solutions to reducing malnutrition are the main focus of WFP's programme in Timor-Leste. As detailed, over 450 Ministry of Health staff were trained in implementation, monitoring and reporting, supply chain planning, storage, stock quality control, and fleet management. The Ministry of Health's logistics department was trained in logistics and warehousing, and was able to successfully handle and deliver fortified food at the sub-municipal level. The Ministry's ability to effectively monitor the implementation of the programme, and to identify and address weaknesses in the implementation, was improved considerably. In addition, the Ministry of Health and WFP conducted joint monitoring of health facilities with municipal level health staff, to ensure that nutrition focal points were able to implement the programme effectively. WFP also provided a number of technical inputs, for instance providing feedback on the Ministry of Health nutrition treatment guidelines (*Timor-Leste's Guidelines for Implementing Integrated Management of Acute Malnutrition*). WFP and UNICEF conducted a joint training of trainers for the whole country on nutrition interventions, in order for the trainers to train the municipality level health staff in nutrition interventions.

In 2015, WFP continuously advocated with senior government officials to extend the MAM treatment programme to all municipalities. Despite this advocacy and admirable goals (such as the Zero Hunger Challenge), there still

appears to be limited understanding as to the significant nutrition challenges faced and how nutrition during the first 1,000 days - from a mother's pregnancy to the child's second birthday - can make the difference between a promising future or one plagued by poor health and stunted growth.

WFP held an editors' lunch with local media to explain the first 1,000 days concept, and linked it to the impediments malnutrition can pose for a country's economic development. As a result of this initiative, the Ministry of Health displayed an increased ownership of the programme, conducting several interviews with local media stressing the importance of the role of community leaders in raising awareness around malnutrition, the importance of diversified diets, and combating common myths around nutrition. In turn, the local media reported more consistently and responsibly on malnutrition in Timor-Leste, opening up the debate and discussion to further include points around the need for increased budget and funds for tackling malnutrition.

Supporting the local food producer, Timor Global, WFP took several steps to ensure that the production of local fortified food is sustainable. These measures included lowering its cost, increasing local raw materials, working with partners to increase the availability and quality of local raw materials through silos (to store produce safely and avoid wastage), as well as designing a laboratory which can be used for Timor Global to test the produce from local farmers.

Towards the end of 2015, WFP was successful in utilising the SAMES supply chain to distribute nutrition supplies from a national level to local health facilities in the Dili Municipality. This is the first time the Ministry of Health and WFP have successfully utilised the entire government supply chain system for MAM treatment supplies; previously WFP directly managed the transportation from national level to sub-municipal level. However upon reviewing the existing hand-over strategy and plan, WFP acknowledges that further work is needed with the Ministry of Health to facilitate a successful and comprehensive hand-over.

Inputs

Resource Inputs

Resources were used to implement capacity development activities and to purchase fortified blended food, both imported and local. As previously noted, the break in the local production process of the fortified blended food, Timor Vita, led to a lower utilisation of the financial resources allocated to food.

The government supported the programme by paying salaries of most of the local level nutrition focal points, and by covering the transportation and handling costs for the delivery of fortified food from municipal level health facilities to the lowest levels. There were also complementary inputs from UNICEF, which organized training on nutrition interventions, with some training costs covered by WFP.

Corporate discussions between WFP and the Korea International Cooperation Agency (KOICA) to finalise a global level agreement resulted in delays in funding.

Donor	2015 Resourced (mt)		2015 Shipped/Purchased (mt)
	In-Kind	Cash	
European Commission	0	235	134
Republic of Korea	0	33	0
Total	**0**	**268**	**134**

See Annex: Resource Inputs from Donors for breakdown by commodity and contribution reference number

Food Purchases and In-Kind Receipts

Although the programme had planned to purchase all its fortified food locally, this was not possible due to financial and local commodity resourcing difficulties faced by the local company Timor Global. As a result, the Ministry of Health permitted the import of RUSF for children. As an alternative to Timor Vita whilst it was out of production, WFP sought also to purchase Super Cereal for PLW, as an interim measure, but the Ministry of Health preferred buying from a local producer. The production of fortified blended food for PLW was delayed until October.

Commodities	Local (mt)	Developing Country (mt)	Other International (mt)	GCMF (mt)
Ready To Use Supplementary Food	0	0	0	101
Vitacereal	134	0	0	0
Total	**134**	**0**	**0**	**101**

Food Transport, Delivery and Handling

WFP staff provided training to the logistics division of the Ministry of Health in storage, handling and warehousing. As a result of this training, better visibility and ownership on storage limitations was achieved and losses were minimised. The Ministry of Health's logistics division effectively transported food from the municipal level health facility to many village level health posts, with additional support from local WFP transport. However limited transport capacity and the difficulty of road access during the rainy season, constrained the Ministry of Health's ability to deliver to some health facilities.

Post-Delivery Losses

Post-delivery losses as reported by the Ministry of Health in 2015 were minimal. These minor losses occurred mainly due to rat infestations in government warehouses. To mitigate the losses, rat glue was distributed to many health facilities and the logistics unit provided training on warehouse stocks management to the partner. WFP also provided guidance on the usage of insecticide for fumigation purposes.

Management

Partnerships

The programme's primary partner is the Ministry of Health, with the ultimate aim of developing the capacity of health staff and health systems so that they are equipped with adequate knowledge and skills for running a successful nutrition treatment programme.

In the scope of this partnership, WFP and the Ministry of Health jointly conducted assessments of all the health facilities in the municipalities where the programme was operating; Bobonaro, Oecusse, Dili, Ainaro, Ermera and Covalima. The Ministry of Health's contribution to the programme included salaries for the majority of the health and nutrition focal point staff involved in the nutrition programme. Another partner, World Vision, also contributed toward the salaries of some of its staff, that work together with the nutrition programme, by establishing community groups in Covalima.

There were some challenges in the partnership with Timor Global, the producer of the fortified blended food, as it faced financial obstacles as well as difficulties sourcing commodities locally. However by October, Timor Global began producing the fortified blended food, Timor Vita. In 2015, WFP drafted a tripartite agreement to provide greater ownership for the Ministry of Health and greater responsibilities for Timor Global. However this was not signed by the Ministry of Health during the reporting year. As a more sustainable option, WFP has advocated the establishment of a formal Public Private Partnership under the Ministry of Finance to further clarify responsibilities and strenghten the foundation of the partnership.

The MCHN programme is a multi-agency programme, with WFP supporting the Ministry of Health to provide treatment for MAM, and UNICEF supporting the Ministry of Health in the treatment of severe acute malnutrition. WFP and UNICEF have conducted joint trainings on nutrition interventions and have jointly advocated for aligning the Ministry of Health's monitoring and evaluation systems with nutrition programming. In addition, the two agencies have coordinated on communications and behaviour change strategies and have strategised with UNFPA on support to pregnant and nursing adolescents.

WFP formed partnerships with two NGOs, Alola Foundation and World Vision, working through community support groups to provide education to mothers and fathers on infant and young child feeding practices, hygiene, breastfeeding and nutrition for PLW. These types of education sessions are a key part of the behaviour change communications strategy, and are expected to not only increase enrolments in the supplementary food programme, but also contribute to preventing maternal and child undernutrition. By December 2015, the two organizations had established 88 community support groups, and World Vision had begun screening PLW and children aged 6-59 months in the Covalima municipality, leading to numerous referrals and an increase in enrolment in this municipality. Alola Foundation will commence screening in Oecusse and Dili in early 2016. As part of this agreement, World Vision, provided USD 12,500 for this programme in 2015, through not charging for some World Vision staff costs. In addition, the Ministry of Health provided approximately 5 percent of the budget (USD 450,000) for this programme, through funding for health staff and food distribution costs.

WFP also formed informal partnerships with other United Nations agencies and government agencies. For instance, it conducted a rapid assessment of the effects of the El Niño with other United Nations and humanitarian organizations. As part of a campaign to raise awareness about dealing with the impact of El Niño, WFP worked with the Prime Ministers' Office, the Ministry of Agriculture and Fisheries, and United Nations communications specialists to produce a series of radio programmes on El Niño.

Partnership	NGO		Red Cross and Red Crescent Movement	UN/IO
	National	International		
Total	1	1		

Cross-cutting Indicators	Project End Target	Latest Follow-up
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
*COVA LIMA, Nutrition: Prevention of Acute Malnutrition , **Project End Target**: 2016.12 , **Latest Follow-up**: 2015.12*	=12,500.00	12,500.00
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
*TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition , **Project End Target**: 2016.12 , **Latest Follow-up**: 2015.12*	=900,000.00	450,000.00
Number of partner organizations that provide complementary inputs and services		
*TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition , **Project End Target**: 2016.12 , **Latest Follow-up**: 2015.12*	=2.00	1.00
Proportion of project activities implemented with the engagement of complementary partners		
*TIMOR-LESTE, Capacity Development - Strengthening National Capacities , **Project End Target**: 2016.12 , **Latest Follow-up**: 2015.12*	=100.00	100.00
Proportion of project activities implemented with the engagement of complementary partners		
*TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition , **Project End Target**: 2016.12 , **Latest Follow-up**: 2015.12*	=80.00	100.00

Lessons Learned

WFP's approach to focusing on capacity development while concurrently assisting the Nutrition Department to implement a supplementary feeding programme was to ensure that the programme included extensive capacity assessment of the health facilities, systems and staff right down to the village-level. WFP further directed particular attention and support to community 'service delivery' level facilities, systems and staff, rather than solely focusing on national level health structures and policies. This approach proved to be very effective in the early part of 2015, when due to the resignation of the Prime Minister, there was a cabinet shake-up and there were several months of transition, as the Health Minister and Head of the Nutrition Department at the national level were replaced.

An important lesson learnt was that providing the RUSF to children in individual snack-size packets as opposed to large bags containing a whole month's supply of specialised nutritious food, was a more effective approach for increasing the recovery rates for children from MAM (62 percent recovery rate versus under 15 percent for previous interventions). These significantly better results for the RUSF packets, are partly due to parents' ability to provide a single malnourished child with the correct serving size, and reducing the chances for other family members to also consume the specialised nutritious food compared with food provided in large packets.

Another lesson learnt concerned the programmatic shift from a blanket supplementary feeding programme (100 percent coverage) for children aged 6 - 23 months to a wholly targeted programme. WFP's qualitative questionnaires, including the initial capacity assessment, showed reduced uptake of services by communities in the absence of the blanket programme - particulary when combined with Timor Vita, which was a well known and liked food supplement. These findings were borne out in the initial programme uptake (when using RUSF for targeted children) - much stronger community mobilisation was required to encourage care-givers to bring their children to health facilities. Thus the move to a targeted programme, combined with weak community level outreach resulted in low participation.

As community level awarenesss was identifed to be of major importance, so were high levels of government knowledge and awarenesss of malnutrition. WFP has advocated extensively with senior government officials on the importance of addressing the prevailing nutrition challenges in Timor-Leste. There remains a need for continued awareness-raising on the difference between hunger and malnutrition, and the importance of addressing the first 1000 days of life. This is evident in budget discussions, where even in the midst of significant nutritional problems, and commitments under the Zero Hunger Challenge to allocate 10 percent of the government budget, the Ministry of Health's budget for 2016 was reduced and the Nutrition Department was not financed according to need.

WFP notes that the recently commenced KSP (Primary Health Care Package) programme which includes nationwide household visits, offers a major opportunity to reach those individuals that do not attend health services. Initial results have shown high coverage and outreach. Thus it will be important to ensure that nationwide treatment options for MAM are also available. WFP will continue to advocate with the government for increased support to nationwide nutrition and safety net programmes.

Operational Statistics

Annex: Participants by Activity and Modality

Activity	Planned			Actual			% Actual v. Planned		
	Food	CBT	Total	Food	CBT	Total	Food	CBT	Total
Nutrition: Treatment of Moderate Acute Malnutrition	23,000	-	23,000	4,138	-	4,138	18.0%	-	18.0%

Annex: Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Resourced in 2015 (mt)		Shipped/Purchased in 2015 (mt)
			In-Kind	Cash	
European Commission	EEC-C-00465-01	Ready To Use Supplementary Food	0	101	0
European Commission	EEC-C-00465-01	Vitacereal	0	134	134
Republic of Korea	KOR-C-00109-01	Vitacereal	0	33	0
		Total	**0**	**268**	**134**