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**Capacity Development for Health and Nutrition
Standard Project Report 2016**

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



World Food Programme

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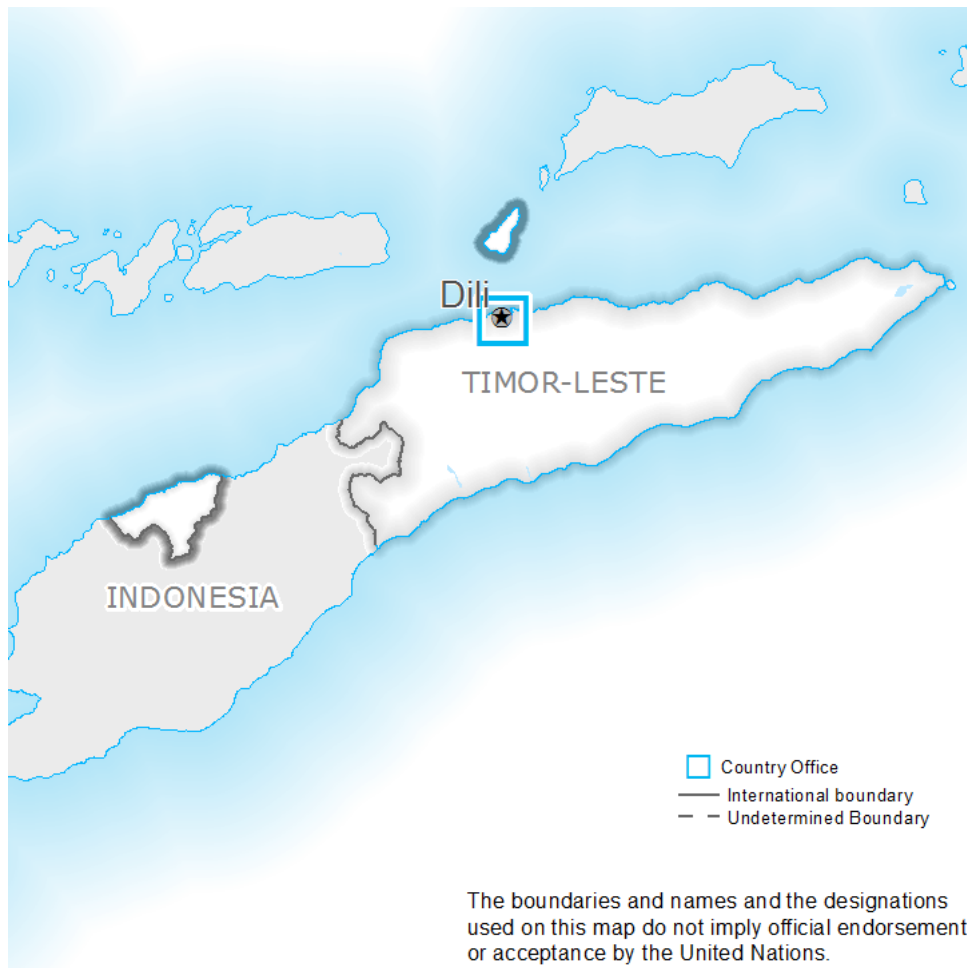
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Country Context and WFP Objectives



Country Context

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, and has enjoyed political stability over the past few years. In early 2015, the Prime Minister and former guerrilla leader, Xanana Gusmao resigned, following which a successor, Dr. Rui Araujo, was appointed, and 2016 was a peaceful year for the country focused on development.

Despite this political stability and recent economic growth, poverty, food insecurity and malnutrition remain widespread in Timor-Leste. According to the 2014 National Living Standards survey, 41.8 percent of the population lives below the national poverty line. Despite slight improvements in recent years in both the prevalence of wasting and stunting in children under 5 years of age, Timor-Leste has one of the highest rates of malnutrition in Asia, with levels of chronic malnutrition (stunting) categorised as 'critical' and levels of wasting as 'serious', according to the World Health Organization (WHO). According to the 2013 Timor-Leste Food and Nutrition Survey (TLFNS), stunting decreased from 58 percent to 50 percent and wasting decreased from 19 percent to 11 percent, over the seven years since the 2009 Timor-Leste Demographic Health Survey.

Since September 2015, Timor-Leste has been severely impacted by El Niño induced drought, with northern and eastern coastal areas and the autonomous region of Oecusse suffering from reduced rainfall well into the middle of 2016. According to the 2015 Global Hunger Index produced by the International Food Policy Research Institute

(IFPRI), Timor-Leste scores 40.7, which makes it the fourth of the 52 most hungry countries in the world.

An assessment conducted in February 2016 by WFP, with the Minister of Interior and other government departments, found that the El Niño exacerbated food insecurity and negatively impacted livelihoods and access to water in the country, and that this would likely lead to increases in the rates of malnutrition amongst women and children. The assessment predicted that 400,000 people would be affected, with 120,000 people placed at severe risk, mostly in the coastal areas of Covalima, Lautem, Viqueque, Baucau and Administrative Region of Oecusse. The Government responded by providing rice to markets at a subsidised rate, but this did not meet the nutritional requirements of the most vulnerable groups.

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 through 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 (46.7 percent); while 24.8 percent of non-pregnant women are categorised as thin, rising to 27 percent of women in rural areas and 41.8 percent of women below 20 years of age.

It is estimated that in Timor-Leste, USD 41 million is lost annually in economic, productive and educational opportunities as a result of undernutrition, according to research published in "The Economic Consequences of Undernutrition in Timor-Leste, 2014", a study which was jointly produced by the Ministry of Health, the United Nations Children's Fund (UNICEF) and the Australian Department of Foreign Affairs and Trade (DFAT). However, in December 2016, Parliament passed a resolution prioritising funding for nutrition, following lobbying from the WFP country office.

Timor-Leste is a patriarchal society in which social norms and cultural values influence gender roles. There are strong gender divisions around labour, low numbers of women in decision-making roles, and high rates of gender-based violence. However, at the national level, Timor-Leste has increased women's representation to 38 percent in the national parliament, and the number of female village chiefs has increased from 2 percent to 5 percent in the 2016 elections.

Timor-Leste ranked 133 out of 188 countries on the Human Development Index in 2015, placing the country in the medium human development category.

Response of the Government and Strategic Coordination

Nutrition is considered a critical area for intervention and figures prominently in the National Strategic Development Plan (2011-2030), which states that the children of Timor-Leste deserve "access to good health care, nutritious food, clean drinking water and good sanitation". In addition, the National Health Sector Strategic Plan (2011-2030) aims to "reduce the incidence and prevalence of macro- and micronutrient deficiencies and associated malnutrition among vulnerable groups".

In 2016, the Prime Minister's office prioritised Sustainable Development Goal (SDG) 2—end hunger, achieve food security and improved nutrition, and promote sustainable agriculture—as one of its primary development goals, stating that Timor-Leste is committed to end all forms of malnutrition, including achieving the internationally agreed targets on stunting and wasting in children under 5 years of age by 2025, and to address the nutritional needs of adolescent girls, pregnant and lactating women and older persons by 2030.

Timor-Leste has developed a National Nutrition Strategy (2014-2019) and is currently revising the 2014 Food and Nutrition Security Policy that tackles undernutrition through a multi-sectoral approach and includes nutrition-specific and nutrition-sensitive interventions focused on the underlying causes of undernutrition. The revision, led by the National Council on Food Security, Sovereignty and Nutrition (KONSSANTIL), takes into account the United Nations 2030 Agenda for Sustainable Development by introducing a long-term vision of achieving zero hunger and malnutrition in Timor-Leste by 2030. WFP, in collaboration with the Food and Agriculture Organization of the United Nations (FAO), has provided input to the targets of the new policy, which is expected to be approved in 2017.

In December 2016, the Ministry of Health with support from the World Health Organization (WHO) initiated a process for evaluating the first phase of the National Health Sector Strategic Plan for 2011-2030. WFP participated in the evaluation, providing an assessment of current implementation and recommendations for the next phase. WFP and the United Nations Children's Fund (UNICEF) contributed to the implementation of the national guidelines for the integrated management of acute malnutrition (IMAM) by supporting the Ministry of Health's capacity to treat moderate and severe acute malnutrition. WFP's treatment of moderate acute malnutrition (MAM) provided targeted supplementary feeding in 6 out of 13 municipalities in 2016. WFP also contributed to the development of the National Institute of Health's (INS) comprehensive training package on nutrition-specific interventions, particularly for MAM treatment. This initiative was coordinated with UNICEF, and joint training sessions using the newly developed tools and guidelines have been organized by WFP in collaboration with UNICEF and the Health Training

Institute in two municipalities. WFP also provided support and input for the roll-out of the Ministry of Health national guidelines for mother support groups, which advise caregivers on infant and young child feeding (IYCF) practices.

In 2014, Timor Leste was the first country in Asia to sign onto the Zero Hunger Challenge, handled through the inter-ministerial National Council for Food Security, Sovereignty and Nutrition (KONSSANTIL), and with the support of the United Nations the council formulated an ambitious national action plan. However, there has been little allocation of government funds to implement the ambitious plan, and specific targets have not been incorporated into yearly plans. In terms of government expenditure, the focus has been on food security, and supporting the Ministry of Agriculture, Forestry and Fisheries to achieve this goal. In addition, considerable donor funds have been provided for nutrition-sensitive agricultural programmes, although less funding has been provided for nutrition-specific programmes.

In October 2016, WFP successfully worked with Parliament and the Ministry of Health to lobby for increased allocation of funds for nutrition programming, particularly within the budget allocated to the Ministry of Health. Parliament unanimously endorsed an action plan which promised to reduce wasting, stunting and anaemia, in part through increased funding for programmes which strengthen food security and nutrition. As a result, funding for the nutrition department of the Ministry of Health increased from USD 54,000 in 2016 to USD 400,000 in 2017. The initiative also committed to reducing undernutrition in women, children under 5 years of age, and adolescent girls; to providing all citizens, especially vulnerable and poor citizens, with access to food and health services; increasing coverage of social safety nets which target the poorest families; potentially fortifying rice; and improving family behaviours around nutrition. The current social safety net programme, *Bolsa da Mae* (BdM), provides funds to school age students in vulnerable families, while all children in primary and pre-secondary schools (grades 1-9) receive school feeding. The World Bank has recommended increasing the amount of assistance provided, as well as more effective targeting and strengthening linkages between assistance and school attendance and immunisation. WFP is also lobbying for the autonomous region of Oecusse to increase funding for nutrition programming, particularly for 2017 when donor funds for these specific programmes will cease.

The Ministry of Health requested increased support and closer coordination during various stakeholder meetings in 2016, thus WFP staff continued to provide technical assistance to the Ministry's nutrition department, health systems monitoring department as well as to the Medical and Pharmaceutical Supply Agency (SAMES). At the request of the Minister of Health, technical assistance provided to SAMES will be extended in 2017, particularly in support of the mSupply online supply chain management system.

The country office is developing a hand-over plan for its capacity development project following the project's closure at the end of 2017, and is in discussion with the nutrition department of the Ministry of Health on a timetable for the hand-over. SAMES has already successfully taken on supply management for Dili, the capital city, and plans to begin managing a number of other municipalities in early 2017.

Summary of WFP Operational Objectives

WFP's assistance in Timor-Leste focused on capacity development within the Ministry of Health for a nutrition programme for children and pregnant and lactating women (PLW).

Development project DEV 200770 (2014-2017), approved budget USD 13.8 million, aimed to develop the capacity of the Ministry of Health to implement a nutrition treatment programme, and to develop their capacity for programme monitoring at the national and municipal levels. This was part of WFP's shift in Timor-Leste from food delivery to enhancing the ability of the Ministry of Health to directly implement the programme, and was in line with the request by the Ministry of Health made when the programme was developed from the preceding mother and child health and nutrition (MCHN) programme.

The current programme began in 2014, as a result of the Government's request for WFP to continue providing support to the MCHN programme. The focus of the programme was to provide partner ministries with specific technical assistance in nutrition planning, monitoring and evaluation, and supply chain management. Under the treatment programme for moderate acute malnutrition (MAM), WFP provided targeted supplementary feeding to reduce undernutrition amongst PLW, as well as children under 5 years of age.

Relief Operation IR-EMOP 201017 (October 2016 - March 2017), approved budget USD 0.847 million, provided specialised nutritious food for children aged 6-23 months and PLW in three municipalities which were the most affected by the 2016 El Niño, in order to prevent an increase in undernutrition rates amongst these vulnerable groups.

To ensure future long-term collaboration towards achieving Sustainable Development Goal (SDG) 2, WFP is facilitating a Country Strategic Review process and the design of a future programme which will be focused on SDG 2 and SDG 17. Through this process, WFP will continue to emphasise to various stakeholders including the Prime

Minister's office, donors, the Ministry of Health, the national parliament, and line ministries such as the Ministry of Social Solidarity and the Ministry of Agriculture, Forestry and Fisheries, the need to prioritise nutrition and allocate adequate funds to scale up nutrition interventions to countrywide coverage in order to achieve SDG 2.

Country Resources and Results

Resources for Results

WFP's two largest donors in Timor-Leste in 2016 were the European Union and the Korea International Cooperation Agency (KOICA). Funding from these two sources for 2016 was sufficient to run the treatment of moderate acute malnutrition programme in 6 out of 13 municipalities, particularly as production of the locally produced Super Cereal (Timor Vita) was delayed. In addition, delays in the implementation of some partner activities meant that there were sufficient funds for partners to continue their operation of mother support groups into the first quarter in 2017. WFP received an extension until June 2017 from both donors, and is actively seeking other funding sources, whilst support from WFP has also been extended until 2017.

WFP Timor-Leste managed to attract additional funds for its emergency response programme for malnutrition prevention in the areas most strongly affected by El Niño. Funding was sufficient to purchase specialised ready-to-eat foods for children, and Timor Vita, the locally-produced specialised nutritious food (SNF) for women.

WFP Timor-Leste also advocated for increased budgeting for nutrition programming by the Government of Timor-Leste, particularly to fund food purchases. While government funding to implement the nutrition programme in 2016 was small, lobbying of both the Ministry of Health and national parliament by WFP resulted in a significant budget increase for 2017.

There were no financial risks related to food purchases in 2016. However, due to high global demand for Plumpy'Doz, the SNF for children, and the slow local production of Timor Vita for women, there were delays of 3-4 months in delivery, which affected programme implementation and the uptake of nutrition treatment. Anticipating this risk, the country office requested permission from the Ministry of Health to import Super Cereal as an alternative to Timor Vita.

WFP Timor-Leste worked with the United Nations Resident Coordinator's office to install solar panels above the United Nations car park, in order to offset carbon emissions produced by WFP in-country and to reduce electricity costs.

In 2016, in order to reduce costs and time delays in hiring local staff, which can lead to increased programme costs particularly in emergency programming, the country office established a roster so that staffing gaps could be filled more quickly with qualified staff. The country office also prioritised the recruitment of female field staff.

Achievements at Country Level

Throughout 2016, WFP worked with its major partners—the Ministry of Health, the Department of Pharmaceutical Medicines and Supplies, non-governmental organizations Alola, and World Vision—to improve the capacity of the Ministry of Health at the national and municipal levels to implement a moderate acute malnutrition (MAM) treatment programme, as well as to improve the performance and sustainability of the supply chain management system by introducing the online supply chain management system, mSupply.

The results of these partnerships included greater uptake by the community of the nutrition treatment programme, as well as strong participation at municipal and national levels. The mother and child health and nutrition (MCHN) programme showed significant improvements, for instance an increase in children's enrolment in the programme from 18 percent in 2015 to an average of 60.7 percent nationally in 2016. Similarly, pregnant and lactating women's (PLW) enrolment in the programme increased from 17.4 percent in 2015 to 162 percent in 2016, with more PLW reached than planned.

In 2016, Timor-Leste became one of the first countries in the world to begin using the mSupply Mobile. This Android-based native application has been implemented in all health facilities in the capital, allowing staff to enter stocktakes, issue stock to patients and other customers, and place orders. As a result of the resulting cost savings in minimising expired stock and other efficiency gains in using this system, the Ministry of Health has requested further support for the online supply chain tracking system, mSupply, as well as ongoing support for the Medical and Pharmaceutical Supply Agency (SAMES). WFP was able to confirm further financial support for the first quarter of 2017, and is seeking new funding from the Global Fund to expand the programme nationwide.

At the national level, WFP lobbied stakeholders and influencers to increase support for initiatives to reduce malnutrition and improve food security. WFP jointly organized a seminar on nutrition, together with the Parliament Speaker, to raise awareness amongst parliamentarians on the importance of investing in nutrition and to agree on a

number of actions in the future. As a result, the Parliament proposed a more than seven-fold increase in the nutrition budget from USD 54,000 in 2016 to USD 400,000 in 2017. Parliament also approved a resolution to prioritise the Sustainable Development Goal 2 in 2017, and to implement various nutrition interventions prioritised by the Ministry of Health, including food fortification.

Given the country's low level of food security, WFP anticipated El Niño would have a significant impact in Timor-Leste during 2016, and therefore worked with various government ministries to produce a report on how the drought would impact livelihoods, food security and access to water. In addition, WFP facilitated food security sector stakeholder meetings to consider the impact of El Niño and a collective and collaborative response. Together with the Prime Minister's office, WFP also produced a series of radio programmes advising rural communities on how to adapt to the climatic changes. As a result of these measures, the country office was able to obtain funding from the United Nations Central Emergency Response Fund (CERF) to initiate a project aimed at preventing malnutrition in the three worst-affected municipalities of Timor-Leste for three months.

In order to strengthen and support the Government's disaster risk response capacity, WFP took part in two emergency response simulation exercises. Firstly, WFP took part in the simulation organized by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) under the Pacific Partnership, a week-long exercise bringing local and foreign military personnel together with the Government and humanitarian actors. WFP also participated in a simulation to test tsunami response and coordination mechanisms, together with the National Disaster Management Directorate and the Ministry of Social Solidarity.

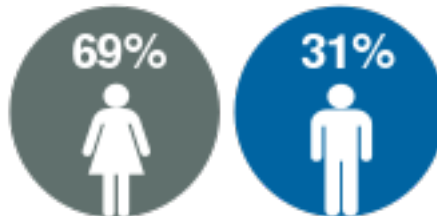
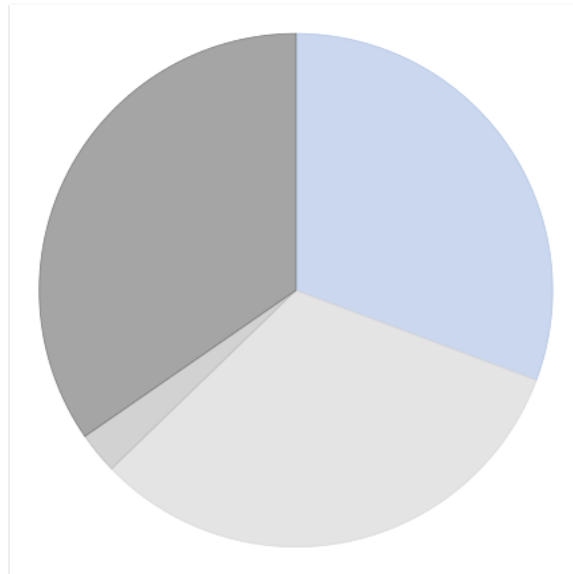


Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (6-23 months)	7,451	8,294	15,745
Children (24-59 months)	7,259	7,079	14,338
Children (5-18 years)	-	1,249	1,249
Adults (18 years plus)	-	16,599	16,599
Total number of beneficiaries in 2016	14,710	33,221	47,931

Country Beneficiaries by Gender and Age

- Children (under 5 years)
- Children (5-18 years)
- Adults (18 years plus)
- Children (under 5 years)
- Children (5-18 years)
- Adults (18 years plus)



Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Development Project	-	-	-	387	-	387
Single Country IR-EMOP	-	-	-	14	-	14
Total Food Distributed in 2016	-	-	-	401	-	401

Supply Chain

In 2015, WFP expanded an online supply chain management system, called mSupply, to distribute all medical supplies in addition to the specialised nutritious foods (SNF) for malnutrition treatment in the capital, Dili. The online system was introduced as a pilot, with funding from a private sector donor, given that electronic stock inventories have proven to increase the availability of medicines at the primary healthcare level, reduce the incidence of stock-outs and wastage of expired medicines, and increase visibility and transparency.

At the end of 2016, 23 out of 24 health facilities in Dili were using the mSupply system daily, placing electronic orders and feeding data into a live online, customisable dashboard, accessible by the Ministry of Health, the Medical and Pharmaceutical Supply Agency (SAMES) and the pharmacy department. Based on the successful pilot, the Ministry requested WFP to extend support into 2017, funds for which were subsequently received from Yum! Brands, which continued its support from the pilot phase. SAMES is developing a hand-over plan, informed by assessments, and is on track to take over the management of much of the supply chain system in 2017.

In 2016, WFP and the Ministry of Health, delivered supplies to 84 percent of health facilities across the other five municipalities in the country. However, there was a shortage of nutritional supplies in late 2016, as a result of delays in the production for Timor Vita (Vitacereal or Super Cereal) and delays in the delivery to Timor-Leste of Plumpy'Doz and Plumpy'Sup (ready-to-use supplementary food). The delays in the production of Timor Vita for pregnant and lactating women (PLW) impacted the programme's ability to deliver food to women in both the treatment and prevention of malnutrition programmes. The lack of Timor Vita supplies reduced the number of children attending health clinics, as typically when women knew Timor Vita was available, they also brought their young children to the clinics, thus leading to a lower than expected uptake of nutrition services for women and children. Timor Global's production problems stemmed from poor cash flow practices and management difficulties, as well as challenges in sourcing high-quality raw materials in Timor-Leste and tardiness in importing raw materials. For this reason, WFP advocated with the Ministry of Health to import Super Cereal for PLW as a backup, which was also cheaper and would avoid a significant interruption in treatment for targeted PLW. However, no agreement was reached by the end of 2016.

The total amount of the imported ready-to-use supplementary food, Plumpy'Sup, purchased in 2016 was low as the majority of the SNF required for distribution to children had already been purchased in 2015 and was therefore distributed in 2016. In 2016, the programme had planned to distribute 555 mt of locally produced Timor Vita, but because of delays in production, less than 50 percent was distributed. These delays in the production of Timor Vita led to a lower than expected uptake of nutrition services by PLW and children aged 6-59 months, and as a result not all of the Plumpy'Sup ordered for Timor-Leste could be distributed prior to the December expiry date. To minimise potential losses, and in light of the low uptake of nutrition services for children in Dili, WFP and the Ministry of Health decided to implement a short-term malnutrition prevention project, distributing over 20 mt of Plumpy'Sup to children aged 6-59 months in Dili during October and November. Nonetheless, 9 mt of Plumpy'Sup expired in December, and was therefore counted as a loss.

In 2016, 0.2 mt of Timor Vita were lost due to poor storage practices and damage in handling. In order to reduce future losses, field staff have worked with their local Ministry of Health counterparts to implement better storage practices, including the consistent use of pallets and measures to prevent mice infestation.



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Ready To Use Supplementary Food	-	94	94
Vitacereal	412	-	412
Total	412	94	507
Percentage	81.4%	18.6%	

Implementation of Evaluation Recommendations and Lessons Learned

During 2016, the programme implemented a number of recommendations from the European Union's (EU) mid-term evaluation of the United Nations Children's Fund (UNICEF) and WFP's mother and child health and nutrition programmes. These recommendations included increased coordination with UNICEF's treatment programme for severe acute malnutrition (SAM) through cost-sharing and the co-facilitation of national training on the implementation of nutrition programmes, as well as closer coordination of the development and sharing of behaviour change communication materials, including the joint development of a recipe book for communities. WFP integrated the mSupply system with the Ministry of Health's system, through support to the Medical and Pharmaceutical Supply Agency (SAMES). WFP also increased coordination and support to the Ministry of Health's monitoring and evaluation department. For example, nutrition data collected in health facilities in Dili through the WFP and Ministry of Health treatment programme for moderate acute malnutrition (MAM) were incorporated into the government-led health information systems.

Addressing Capacity Development

The evaluation also recommended to increase capacity development for health staff, and provide institutional capacity development to address the low number of adequately trained technical staff. In response, WFP placed an internationally trained nutritionist in Oecusse, while supporting the rollout of technical training of health staff on nutrition interventions and programming. WFP's staff also worked with the nutrition department of the Ministry of Health, providing input into various nutrition guidelines and documents on contingency planning, dietetics for hospital menu planning, and assessment formats for monitoring nutrition-related programmes.

One of the major challenges to the implementation of WFP's nutrition programme has been the low capacity and frequent turnover of health staff, both at the national and municipal or local health facility levels. These challenges affect programme implementation as new staff need additional support and on-the-job training on programme activities and the national guidelines for MAM treatment. As a result, and following a request from the Ministry's nutrition department, WFP changed the scheduled nutrition training from shorter two-day refresher sessions that focused on the treatment of MAM using the national treatment protocols, to a more comprehensive six-day training course covering ten nutrition-specific interventions developed by the Ministry of Health and the National Institute of Health (INS). These training courses were conducted in partnership with the nutrition department, UNICEF and the INS, with co-funding from UNICEF. Given the need for ongoing skills development, WFP also conducted refresher sessions on monitoring and evaluation recording and reporting tools, as well as on community mobilisation and behaviour change for nutrition.

Potential Commercialisation of Specialised Nutritious Foods

In order to address problems with the production of Timor Vita, the EU review recommended analysing whether Timor Global could produce a fortified cereal blend, similar to Timor Vita. WFP hired a value chain consultant to analyse the commercial potential and distribution possibilities for nutritious cereals for school feeding with the Ministry of Education, and retail options for these food items. The resulting recommendations were provided to Timor Global, and the preliminary products were promoted at an EU exhibition. Although the company had not yet begun commercial production by the end of 2016, a small pilot programme is being run in conjunction with the Ministry of Education, to test the use of a fortified blended cereal in one municipality.

Knowledge Sharing

Following requests made by the Ministry of Health and the EU to improve coordination and information sharing with the Government, WFP initiated in-person presentations of programme results and recommendations (rather than written reports alone) to the Ministry of Health, including to higher level Ministry of Health staff such as the Minister, Vice-Minister, and Council of Directors. WFP also hosted a nutrition working group meeting in September, and advocated for co-location/shared office space at the Ministry of Health for WFP, UNICEF and the nutrition department staff to facilitate coordination and technical assistance.

Poor Community Understanding Around Nutrition

Findings from WFP's qualitative baseline study conducted in April 2016, and an evaluation of the household surveys conducted by WFP staff from 2015-2016, identified a low level of knowledge amongst community members about the signs of malnutrition, the importance of good nutrition in the first 1,000 days of a child's life and maternal nutrition, as well as significant barriers to visiting health clinics. These qualitative findings confirmed the results of a desk review which was conducted in 2015 by WFP, and the collection of anecdotal evidence from health staff, in response to the low uptake of nutrition treatment services in the first year of the programme in 2015.

Based on these findings, WFP together with the Ministry of Health developed a comprehensive social and behaviour change communications (SBCC) strategy, which included the development of SBCC activities and

materials. In addition, WFP supported its partners World Vision and Alola Foundation to establish mother support groups to generate demand for nutrition treatment. Working with the Health Promotion Department, WFP developed posters, three videos in the official language of Timor-Leste, Tetun, and one in a district language Baikeno, along with interactive educational activities to promote positive behaviours around infant feeding, maternal nutrition, and visiting health clinics when a child is sick.

As a result of these activities, the uptake of the nutrition treatment increased in 2016, compared to 2015. An additional factor leading to the strong uptake of nutrition treatment services was the mass screening of 16,000 households in three municipalities and subsequent referral of any pregnant and lactating women or children found to be suffering from MAM or SAM. The mass screening was a particularly effective tool since community understanding of malnutrition was very low and mobilising communities was a challenge, given that there was no common and easily accessible form of mass media to inform communities about the nutrition treatment.

However, some municipalities such as Oecusse, which showed improvements in nutrition treatment uptake as a result of the behaviour change activities and which also implemented a pilot project to distribute food to children aged 6-23 months, still experienced slower uptake levels once the mobilisation activities stopped. This highlighted the need for ongoing health promotion events in targeted areas and continued advocacy on the need for health promotion outreach.

Project Objectives and Results

Project Objectives

The project contributed to WFP Strategic Objective 4—reduce undernutrition and break the intergenerational cycle of hunger—and focused on ensuring people's access to sufficient, adequate and high-quality food to meet their nutrition needs by building the capacity of the Government to operate a sustainable government-led nutrition programme.

The specific objectives of this project were two-fold:

- To strengthen the capacity of the Ministry of Health to plan and manage the entire cycle of the treatment of moderate acute malnutrition (MAM) programme, including the supply chain, monitoring and evaluation; and
- To ensure that moderately malnourished children aged 6-59 months and malnourished pregnant and lactating women (PLW) had access to supplementary food in sufficient quantity and quality.

To achieve these objectives, the activities planned in 2016 included providing municipal level trainings on the implementation of a nutrition treatment programme, including behaviour change communications for nutrition. In addition, the project supported the ability of the Ministry of Health at the national and municipal level to implement a nutrition treatment programme through supportive supervisory visits, on-the-job mentoring, and technical advice.

During 2016, WFP supported the Ministry of Health to provide treatment for MAM to children and PLW in six municipalities. In addition, two non-government organizations (NGOs) planned mass screenings for MAM in three municipalities. The two NGOs, World Vision and the Alola Foundation, also planned to continue working with community support groups through activities aimed at improving behaviours around nutrition.



Approved Budget for Project Duration (USD)

Cost Category	
Capacity Dev.t and Augmentation	6,655,399
Direct Support Costs	2,669,989
Food and Related Costs	3,556,611
Indirect Support Costs	901,740
Total	13,783,739

Project Activities

Strategic Objective: Reduce undernutrition and break the intergenerational cycle of hunger (SO4)

Outcome: Increase ownership and strengthen the Ministry of Health's capacity to reduce undernutrition through the design, planning and management of the mother and child health and nutrition (MCHN) programme

Activity: Technical assistance

WFP's programme in Timor-Leste focused on building the capacity of the Ministry of Health to implement a nutrition treatment programme, as well as monitoring and evaluation. Technical support was provided at the national and municipal levels through training on nutrition-specific interventions, as well as supervisory visits and on-the-job mentoring.

During 2016, technical assistance activities included:

- 57 health staff received training on nationally developed nutrition specific interventions, conducted by the National Institute for Health Services with support from WFP, while 28 staff received refresher training on the national guidelines on the integrated community management of malnutrition and reporting on nutrition

indicators.

- 130 health staff, including community health promoters and 35 staff from partners World Vision, United States Peace Corps, and the Alola Foundation, received training on the use of behaviour change tools for nutrition.
- WFP field staff conducted 360 visits to health facilities in collaboration with district public health officers, and conducted regular on-the-job training on data collection and reporting with nutrition focal points at the municipal level.
- District public health officers received capacity development to produce monthly nutrition reports (fact sheets) on progress in their respective municipalities.
- Nutrition indicators for the web-based national health information system were developed and available nationwide data on nutrition were fed into this system.

At the national level, WFP also advocated for more financial and other support to the Ministry of Health in order to increase their capacity to implement nutrition programmes. For example, WFP worked with the national parliament to increase funding provided for nutrition treatment programmes, and introduced the online supply chain management system, mSupply.

Strategic Objective: Reduce undernutrition and break the intergenerational cycle of hunger (SO4)

Outcome: Moderately malnourished children aged 6-59 months and malnourished pregnant and lactating women have access to supplementary food in sufficient quantity and quality [1]

Activity: Nutrition support

WFP supported the Ministry of Health to identify and provide counselling and treatment for pregnant and lactating women (PLW) as well as infants and young children aged 6-59 months with moderate acute malnutrition (MAM). Following the roll out of the MAM treatment programme in 2015, the programme continued to be implemented in 2016 in 6 of the 13 municipalities of Timor-Leste—Bobonaro, Covalima, Oecusse, Ermera, Dili and Ainaro. PLW were provided with a locally produced Super Cereal called Timor Vita, while children aged 6-59 months received ready-to-use supplementary food, called Plumpy'Sup.

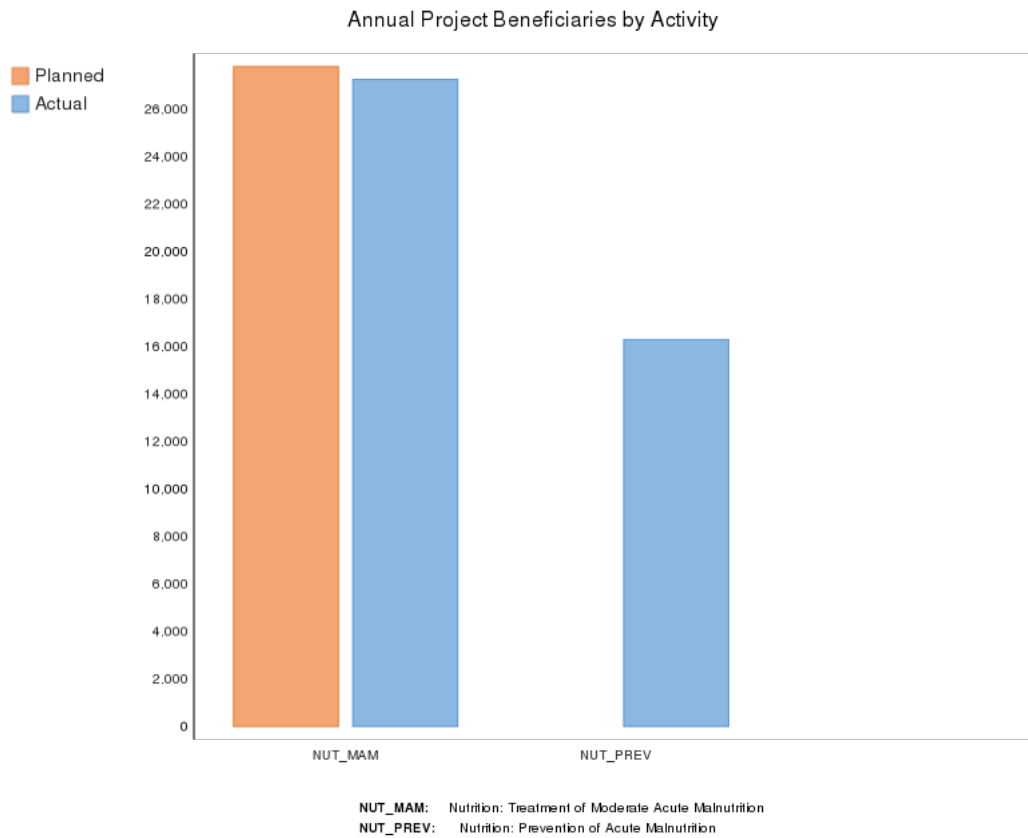
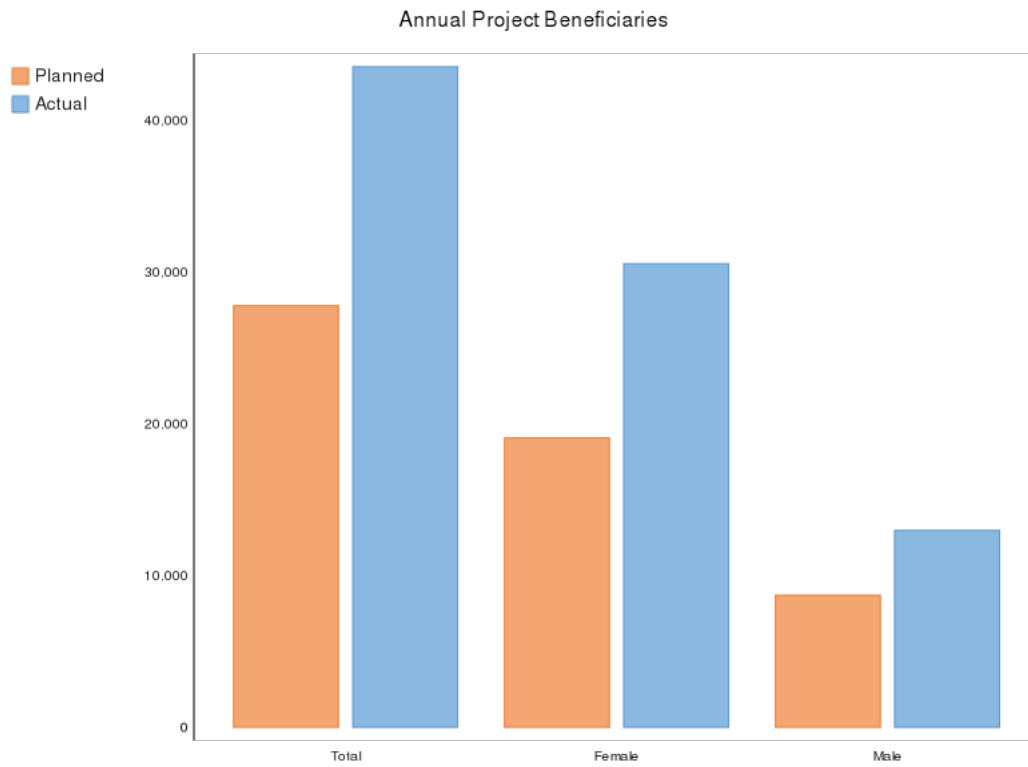
Given the high levels of MAM in the targeted municipalities as identified through mass screening, it was decided that a programme for the prevention of acute malnutrition should be implemented in select municipalities for a limited time period. Following discussions with the Ministry of Health, it was agreed to provide Plumpy'Sup to all children aged 6-23 months in Oecusse, which was the municipality with the highest rates of wasting (19.8 percent) identified by the Timor-Leste Food and Nutrition Survey (TLFNS, 2013). Following a drastic decrease in the coverage rate of children aged 6-59 months attending the MAM treatment programme in Dili, it was agreed to provide the same prevention programme in the city. At the request of the Ministry of Health, the prevention intervention in Dili was expanded to include children aged 24-59 months. This was partly based on the programme's previous experience in Oecusse, where there had been challenges with messaging on the different target groups of the programmes for the prevention of MAM (children aged 6-23 months) and treatment of MAM (children aged 6-59 months), and where health staff and community members preferred to provide the SNF for prevention to children up to the age of 59 months.

In addition, two partners, Alola Foundation and World Vision, screened nearly all households with children under 5 years in Covalima, Oecusse and Dili for both MAM and severe acute malnutrition (SAM), and referred cases identified to health facilities. Treatment included the provision of SNF to women and children, as well as counselling on the prevention of malnutrition and appropriate infant and young child feeding practices.

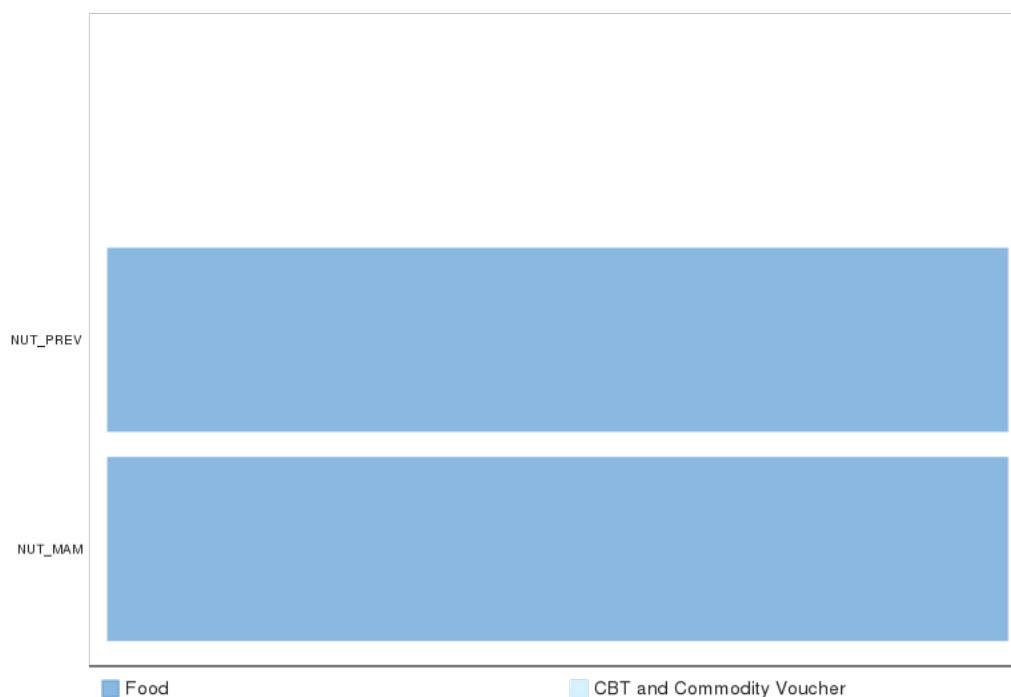
In 2016, a far higher than targeted number of PLW aged 18 or above were provided with nutrition treatment while a lower than targeted number of PLW aged 15-18 years were provided with treatment. This was a result of the project plan being based on incomplete census data. In 2017, the country office will amend targets to reflect the existing demographic breakdowns based on up-to-date data. Around one in three (36 percent) of PLW that enrolled in the acute malnutrition treatment programme was not able to finish the full course of treatment, which entailed the provision of SNF for a period of six months. As a consequence, only 43 percent of the planned quantity of Timor Vita was actually distributed.

Under the MAM treatment programme, the uptake of nutrition services by children aged 6-59 months increased dramatically in 2016 compared to 2015, which resulted in a higher distribution of Plumpy'Sup than planned for the year. This over-achievement was the result of increased enrolment rates of children in 2016 due to the establishment of mother support groups which encouraged enrolment, increased health promotion activities, ongoing training and support to health staff, and mass screenings to identify children in need of treatment. Meanwhile, the actual distribution of Timor Vita (categorised as corn-soya blend in the table below) in 2016 was lower than planned as a result of significant delays in production.

[1] Beneficiaries included PLW over the age of 18 as well as those aged 15-18 years.



Modality of Transfer by Activity



NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition
 NUT_PREV: Nutrition: Prevention of Acute Malnutrition



Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Corn Soya Blend	555	261	47.0%
Ready To Use Supplementary Food	94	127	134.3%
Total	649	387	59.7%

Operational Partnerships

WFP worked with its main partner, the Ministry of Health, to develop its capacity to implement a treatment programme for moderate acute malnutrition (MAM). Although the Ministry's budget for nutrition was small in 2016 and WFP bore the cost of project implementation, the Ministry contributed funding for the salaries of the 114 nutrition focal points across six municipalities, support from the Ministry's monitoring and evaluation adviser to integrate nutrition indicators into national systems, and the development of behaviour change communication tools. In addition, the health promotion unit engaged a graphic designer to develop posters on nutrition and pregnancy, and nutrition for infants. This support was estimated at 5 percent of the total programme budget for 2016, or USD 450,000.

The Ministry of Health also supported a number of outreach events in 2016, including World Breastfeeding Week events in Oecusse, which were organised by WFP's partner Alola Foundation and were supported by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). Quizzes and other activities were organised to raise awareness of the importance of breastfeeding for caregivers, and to inform health workers about the new Sustainable Development Goals related to infant and young child feeding (IYCF).

The Ministry of Health in the autonomous region of Oecusse and the national nutrition department also supported the pilot project to provide all children aged 6-23 months with specialised nutritious food (SNF), by providing a car

for health staff to distribute food at mobile health clinics, called SISCa. In addition, Oecusse health staff supported a series of evening events in February and March 2016 to raise awareness on the importance of good nutrition for children and women, and screening for moderate acute malnutrition.

WFP partnered with several local and international organisations working on nutrition, maternal health, and infant health during 2016. For instance, for the emergency response programme in the eastern municipalities, WFP made agreements with CARE International, Catholic Relief Services, and local non-governmental organizations (NGOs) HIAM Health and *Cinema Loro sa'e* to do health promotion, providing them with behaviour change communication materials and training. In addition, WFP partnered with *Liga Inan*, a mobile telephone service for pregnant and lactating women (PLW), to provide messages on events and the availability of specialised nutritious food (SNF) for women. One of the programme's partners, World Vision, provided a portion of their local staff's salary free of cost to WFP, estimated at USD 12,500 in 2016.

WFP worked with local producer Timor Global to produce Timor Vita, in order to ensure a local supply of SNF for PLW. The proportion of locally sourced Timor Vita would have been higher, however Timor Global had difficulties producing sufficient food as ordered by WFP. One challenge was sourcing high-quality raw materials in-country, or otherwise planning to import soya beans and corn within the time frame needed to meet production deadlines. For instance, Timor Global worked with local farmers' groups to buy corn, but as a result of poor storage conditions, at least one lot of corn was found to be unfit for consumption.

WFP suggested that the programme should import the SNF for women from another producer as a backup when these delays occurred. At the end of the year, the Ministry of Health had not made a final decision and was investigating whether the Ministry of Commerce and Industry could partially fund the cost of purchasing from Timor Global which was higher than sourcing Super Cereal from elsewhere. The Ministry of Health and the Government supported the local producer, Timor Global, in an effort to increase incomes for farmers through the purchase of corn and thereby increase agricultural business in Timor-Leste. In order to assist Timor Global to diversify its markets, WFP hired a value chain and marketing specialist, who advised on how Timor Global could more effectively produce and locally market nutritious snack foods for children and fortified cereals for infants above the age of six months.

Performance Monitoring

One of the major aims of the programme was to strengthen the Ministry of Health's monitoring and evaluation capacity, in particular to use municipal level data to feed into the national health monitoring system, and to use this data to continuously improve programme performance. One of the major achievements in 2016 was that the monthly nutrition reports were produced at municipal health service level with field staff support, in all six municipalities, rather than being produced at the central level as was previously done. Data quality and timeliness also improved in 2016, with municipal health services providing higher quality data towards the end of the year as a result of frequent supervision and support from WFP and national level health staff, training for staff.

By the end of 2016, the number of health facility checklists conducted had increased by 190 percent compared to 2015. In addition, to ensure beneficiaries were provided with proper treatment and nutrition information, WFP field staff conducted household interviews, the findings from which were then fed back to health staff using the online software eWIN (electronic WFP information network) and tablets which enabled real-time monitoring. In 2016, the number of household interviews increased by 240 percent compared to 2015.

WFP's monitoring and evaluation (M&E) consultant worked with the Ministry of Health's M&E system to develop nutrition indicators on the first web-based national health information system, the Timor-Leste Health Information System (TLHIS), and provided nationwide data on nutrition in five of the six municipalities where WFP's programme operated. The programme's reporting tools were further adjusted to be ready to directly feed into TLHIS once it is rolled out. This close coordination was facilitated by having the M&E consultant co-located in the Ministry of Health.

At field level, recruiting female field staff and monitors has often been difficult because of a lack of candidates with the requisite skills, the ability to ride a motorbike and travel to remote areas. However, for the emergency operation in 2016, WFP successfully recruited a female field officer, in addition to a male field staff member, for Lautem municipality. By employing one male and one female staff, tasks such as remote field visits and coordination with the municipal health services could be divided according to capabilities, and the risk of remote travel for the female staff member was reduced.

Results/Outcomes

Strategic Objective: Reduce undernutrition and break the intergenerational cycle of hunger (SO4)

Outcome: Increase ownership and strengthen the Ministry of Health's capacity to reduce undernutrition through the design, planning and management of the mother and child health and nutrition (MCHN) programme

Activity: Technical assistance

In 2016, the Ministry of Health at both the national and municipal level displayed increasing signs of ownership of the MCHN programme. Several municipalities requested follow-up training, recognising that staff's ability to implement the programme could be strengthened. In addition, two municipalities requested training on social and behaviour change communications (SBCC) regarding nutrition, while the national Health Promotion Department requested training of health promotion staff, nutrition focal points, and health volunteers. Health promotion was conducted with the aim of building skills and awareness on the importance of health promotion for nutrition, in order that health facilities in all six municipalities will continue health promotion once the programme closes. One municipality awarded WFP a certificate in recognition of its support to the nutrition programme.

The Government's nutrition department strengthened oversight and monitoring of the programme as a result of input from WFP, and requested budget advice when preparing the 2017 programme budget. The national nutrition department also began the recruitment of 50 nutrition specialists to be based in the various municipalities, a development which came just three years after WFP initially hired nutrition focal points to operate at health facilities. While there was a less positive response to the idea of locally-based nutrition specialists, by the end of 2016, 90 percent of the WFP-supported nutrition focal points were funded by the Ministry of Health.

Strategic Objective: Reduce undernutrition and break the intergenerational cycle of hunger (SO4)

Outcome: Moderately malnourished children aged 6-59 months and malnourished pregnant and lactating women have access to supplementary food in sufficient quantity and quality

Activity: Nutrition support

In 2016, the nutrition programme met the Sphere standards for the treatment of moderate acute malnutrition (MAM) in terms of the coverage rate in rural areas—mortality rate (0.1 percent) and non-response rate (6 percent). However, the recovery rate of 62 percent was below the recommended minimum standard of 75 percent, and the default rate of 31 percent was above the recommended maximum of 15 percent. Many children did not complete the full course of the treatment because of the poor understanding of caregivers and the general population of the importance of finishing the course of treatment, particularly how undernutrition can impact children's growth, in addition to long commutes to health facilities and time spent receiving monthly treatment, as highlighted in WFP's household interviews. On average, the programme reached the Sphere target of >50 percent coverage in rural areas (51.8 percent on average), but coverage remained below target in Bobonaro, Ermera and Oecusse. The programme in Dili, was the only urban municipality in Timor-Leste, and was close to meeting the Sphere target of >70 percent coverage (67.4 percent). The average coverage rate across all six municipalities was 60.7 percent.

However, as a result of delays in the delivery of Timor Vita and Plumpy'Sup, the number of enrolments in the programme in December decreased, which contributed to the lower annual enrolment rate in 2016. Nevertheless, the distribution of locally produced Super Cereal, Timor Vita, was higher than in 2015, and contributed to the high uptake of services in 2016 as the product was well-known and liked by Timorese women.

There were improvements in some municipalities, such as in Dili, in the first two quarters of 2016, and in Bobonaro, where all Sphere targets for children were achieved for two consecutive months (October and November). Improvements in these municipalities were attributed to a number of activities supported by WFP and the Ministry of Health, including:

- An increase in people receiving nutrition messaging, as a result of community health volunteers and health staff being trained in SBCC by WFP and the health promotion unit.
- An increase in the number of cooking demonstrations conducted with pregnant and lactating women (PLW), which also spread nutrition messaging using SBCC.
- Modelling and practising good nutrition behaviours within communities, particularly around infant and young child feeding practices, through WFP partners' mother support groups in three municipalities (Dili, Covalima, Oecusse).
- Refresher training held on recording and reporting to improve the quality of data on MAM treatment collected at health facilities.

- Regular monitoring by WFP field staff, along with continuous support to municipal health staff on recording and reporting.
- Household visits and qualitative checklists for post-distribution monitoring conducted by WFP field staff, who also encouraged regular visits to health facilities and continuation of treatment to reduce the default rate.
- Active coordination between WFP, the municipal health services, the district public health officer, and municipal-level nutrition focal points.

The special autonomous zone of Oecusse had the lowest rates of service uptake in the first quarter of 2016 (24 percent), along with high defaulter rates. In addition, a mass screening pointed to very high rates of MAM in this region, with 18 percent of households found to have children or PLW with MAM. Despite the mass screening, few community members used their referrals to visit health facilities, which prompted WFP to hold outreach events on health promotion in the villages with the highest rates of MAM. In response to these high MAM rates, WFP and the Ministry of Health implemented a joint pilot project for the prevention of acute malnutrition, providing specialised nutritious foods to all children aged 6-23 months. Pregnant and lactating women were not included in the temporary MAM prevention programme, since monitoring data from the MAM treatment programme indicated a high enrolment rate among PLW, as well as an above planned number of PLW beneficiaries. The pilot project, combined with the outreach and health promotion, led to increases in the uptake of nutrition services.

Household interviews with beneficiaries' showed that on average, 68 percent of PLW reported sharing Timor Vita with their family, while 24 percent of children shared the ready-to-use supplementary food they received with other siblings. These findings may have contributed to the lower-than-expected recovery rates, particularly for PLW. In addition, the high default rate was linked to the fact that health staff lacked basic communication tools such as mobile phones and means of transportation necessary to contact beneficiaries that were absent or defaulted from the programme.

The high number of people not returning for treatment (defaulters and absentees) was a concern for WFP as it had a significant impact on programme performance. In response, WFP increased nutrition education for the targeted communities, highlighting the importance of following treatment for malnourished PLW and children, as well as changing their nutritional and caregiving practices. WFP did this through:

- Health promotion events, counselling, and learning sessions for mother and caregiver support groups in three municipalities.
- Training on active case-finding and follow-up as an important component of the nutrition treatment programme.
- Support for health staff to conduct cooking demonstrations and spread key messages on good nutrition, MAM treatment, and the proper use of SNF; for instance, not sharing food within a household.
- Using mass media, such as a radio spot and locally developed videos, and providing all caregivers who received treatment with take-home information, to reinforce these messages.

As a result of these activities, messaging around infant and young child feeding practices reached more people (112 percent) than were targeted, many of whom did not receive nutrition treatment. This was a positive outcome for the nutrition behaviour change campaign, as theories of social change show people need to receive messages multiple times and in a culturally appropriate manner in order to adopt and maintain new behaviours.

The above-target number of children aged 6-23 months reached, and the lower than expected number of children aged 24-59 months reached through the MAM treatment programme in 2016 correlated to findings from the 2013 Timor-Leste Food and Nutrition Survey, which found very low rates of minimum acceptable diet among children aged 6-23 months as a result of poor infant and young child feeding practices.

Progress Towards Gender Equality

During 2016, WFP developed interactive tools and posters, as well as a video explaining the importance of good nutrition for pregnant and lactating women and the important role women play in ensuring their baby's nutrition status and physical and mental development. These tools were critical developments, as there was a low level of community awareness of the importance of good nutrition during pregnancy, particularly amongst male community leaders and male caregivers. Prior to the development of these tools, there were limited health promotion tools or posters on nutrition available, and those available were designed for passive, non-interactive use. Developing interactive health promotion tools has proved to be an important part of adult learning in order to promote behaviours for women to consume more nutritious foods.

Materials and messaging which WFP developed with the Ministry of Health, targeting fathers, male community leaders and women, were distributed down to the municipality level by the Ministry of Health, and were shared with Alola Foundation and World Vision for use in their 215 community support groups, therefore ensuring that messaging on nutrition was consistent and easily understood by rural caregivers.

As men play an important role in controlling household resources, the two partners conducted discussions and information sessions with over 6,300 male and female community leaders in order to encourage more equal sharing of nutritious foods and support for women during pre-natal and post-natal periods. Just under half of the participants in these sessions were men. Other activities which involved both male and female caregivers included cooking demonstrations, knowledge sharing and discussion sessions, and counselling and messaging provided at health centres, with over 19,000 caregivers receiving at least three messages on nutrition practices in 2016. Whilst the majority of recipients were female, 25 percent of male caregivers received counselling or the minimum three messages and 35 percent of caregivers attending cooking demonstrations were men.

These activities also aimed to reduce the risk of gender-based violence, which might arise from allocating increased food resources to young children or women, or in connection with women's more frequent attendance at health facilities. Mother support groups also stressed the importance of women's empowerment. These actions were essential to improving the programme's effectiveness, particularly working towards the overall outcome of reducing the cycle of undernutrition, as the 2013 Timor-Leste Food and Nutrition Survey (TLFNS) identified the link between women's empowerment and better nutritional levels for their children.

WFP worked closely with national partners, including the Prime Minister's Office, to develop communication responses to *El Niño*, to ensure that messaging was gender-sensitive, and that women's nutrition was prioritised within households. As a result of increased food insecurity, it was feared that women, especially pregnant and lactating women (PLW) would reduce their food intake, and so messaging responses tried to prevent this decrease. 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.

Through regular programme monitoring, WFP found more girls than boys suffering from moderate acute malnutrition (MAM), whereas the 2013 TLFNS found more boys than girls with MAM on average in the country. The programme is monitoring these gender differences in MAM rates to assess the need for further investigation.

WFP initiated the collection of age-disaggregated data on PLW enrolled in the mother and child health and nutrition (MCHN) programme for the treatment of MAM in Ermera, in order to analyse further the prevalence of acute malnutrition among this vulnerable group and to support monitoring and evaluation. Thus, the programme will investigate whether further research should be conducted and additional nutrition actions should be undertaken, tailored specifically towards adolescent PLW aged 15-18 years.

Protection and Accountability to Affected Populations

WFP ensured that assisted populations were required to travel as short a distance as possible by providing specialised nutritious food (SNF) in 84 percent of all village health posts across the six municipalities where the programme operated. By providing SNF at these health posts, the Ministry of Health and WFP ensured that assistance was provided at the health facilities closest to beneficiaries. Since all food distribution and health checks occurred in the morning, the programme minimised safety risks for beneficiaries, particularly for women, by avoiding the need for beneficiaries to travel at night.

Household surveys of people receiving treatment showed that 87 percent of beneficiaries travelled by foot to their closest health facility, while the remaining 13 percent travelled by motorbike, car or public transport. The majority of respondents (92 percent), spent no more than 1 hour travelling to their closest health facility, out of which 40 percent of respondents spent less than 30 minutes travelling. Nevertheless, the time taken to attend health clinics created barriers to health clinic attendance for some beneficiaries, in particular difficulties for beneficiaries continuing follow-up treatment from one month to the next. Forty-two percent of beneficiaries cited their need to conduct farming activities and participate in cultural ceremonies within their family as a barrier to accessing health facilities.

Information about the programme was provided by posters mounted at the health facilities, communicated through radio public service announcements, and shared through meetings with community leaders.

The Ministry of Health appreciated the nutrition department and WFP's checklist which was used to interview beneficiaries and give them an opportunity to provide feedback about the assistance they received. The checklist was updated in early 2016 to more thoroughly track beneficiaries' satisfaction and understanding of the causes of malnutrition, to guide behaviour change communications, and to learn whether counselling and basic information were being provided by health staff. In 2016, the household interviews found that 85 percent of caregivers surveyed received information on the correct use of the supplementary food and on hygiene, and that no complaints were made.

In addition, WFP coordinated and expanded robust information-sharing systems with the Ministry of Health, the social audit unit under the Prime Minister's office, and other partners.

Story from the Field: Neon Tasi's First Steps

One-year-old Neon Tasi, whose name literally means "beach dreams", struggled until recently to run on the nearby Lifau beach in his home district of Oecusse; he couldn't walk, and his tiny legs and arms could barely support his body. "He was so thin, you wouldn't believe the difference now," sad Sipri Oki, the family health volunteer who plays with him in his family's front yard. Like almost one in five children in Oecusse, Neon Tasi suffered from wasting, a kind of malnutrition where the child's weight is too low for his height. His 45-year-old mother, Franciska Oki, became concerned when she saw he wasn't growing. "I heard that they had some special food with vitamins for kids who won't grow, so I took him to the clinic and the midwife said he was malnourished," she explained.

At the clinic, a midwife who had been trained under WFP's nutrition programme counselled Franciska on how to feed her child properly, explaining that babies and young children need a variety of nutritious foods, including fruits, and sources of protein. "She told me I had to feed my child healthy foods, such as rice porridge with vegetables, and also fruits," said Franciska. Until she received counselling from the midwife, Franciska had not understood why her son was not growing despite feeding him store-bought milk formula. Despite having the perfect food items for babies, such as bananas and mangoes, growing in her front garden, she believed that they were bad for babies as they could cause stomach upsets. "Before, we never used to feed him fruits, but now we give him bananas. And we buy eggs every few days," Franciska said proudly.

In addition to being counselled as part of the nutrition programme, Neon Tasi was given a special nutritious peanut-based food to help him recover from malnutrition. Franciska can see huge changes in her child, and he has started walking with a stick as he continues building muscle strength. "I'm so happy to see him now that he can walk; in the mornings he uses a stick to walk around," she said, adding that prior to treatment he could only crawl.

The nutrition programme, which was run by the Ministry of Health with support from WFP, operated in the six municipalities with the highest rates of malnutrition, and was funded by Korean International Cooperation Agency (KOICA) and the European Union. Across Timor-Leste, 11 percent of children suffer wasting, but Oecusse has the highest rates of wasting amongst children as well as high rates of malnutrition for women. Although malnutrition rates in Oecusse are very high, few parents realise that their child is suffering from malnutrition, or how to prevent it. In order to raise awareness of this issue, and in particular improve how parents and caregivers feed their babies and young children, WFP also supported local non-governmental organization (NGO), Alola, to establish mother support groups in all 18 of Oecusse's villages, with funding from KOICA.

In Nipani, Alola staff members talked to groups of would-be leaders for mother support groups. One woman asked how to respond when a mother comes to them saying they are having trouble breastfeeding or don't have enough milk for their baby. "So what should you say, first you have to advise them about the ideal positions for breastfeeding, then you need to check whether the baby is attaching properly, and then ask how long they breast-feed and how frequently." An Alola staff member then demonstrated with a doll, which is about the size of a newborn baby, how to hold a baby's head, back and bottom, so that it is comfortable for the mother. "Every normal woman can feed her baby, and will produce a lot of milk if the position she breastfeeds in is correct," she said. Both men and women were trained as mother support group leaders, because as another Alola staff member explained, men are influential in Timorese families, and can influence breastfeeding and infant feeding practices. "It depends on their ability to talk to people, and enthusiasm," he said.

Each group of *suco* leaders received training on breastfeeding after birth, good nutrition, feeding infants, birth planning, and post-birth care, as well as family planning. Afterwards WFP partners conducted house-to-house visits for new mothers and pregnant women, and established discussion groups with parents, grandmothers, aunts and even young people who might be taking care of small children.

Figures and Indicators

Data Notes

Cover page photo © WFP/Marianne Kearney. Neon Tasi Oki, playing with his mother, Franciska Oki. As a one-year-old he is still small for his age, but has showed improvement after just two months of treatment.

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total Beneficiaries	8,709	19,081	27,790	12,981	30,562	43,543	149.1%	160.2%	156.7%
By Age-group:									
Children (under 5 years)	8,709	8,368	17,077	12,981	13,677	26,658	149.1%	163.4%	156.1%
Children (5-18 years)	-	5,142	5,142	-	1,182	1,182	-	23.0%	23.0%
Adults (18 years plus)	-	5,571	5,571	-	15,703	15,703	-	281.9%	281.9%
By Residence status:									
Residents	8,709	19,081	27,790	12,981	30,562	43,543	149.1%	160.2%	156.7%

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition	27,790	-	27,790	27,249	-	27,249	98.1%	-	98.1%
Nutrition: Prevention of Acute Malnutrition	-	-	-	16,294	-	16,294	-	-	-

Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition	27,790	-	27,790	27,249	-	27,249	98.1%	-	98.1%
Nutrition: Prevention of Acute Malnutrition	-	-	-	16,294	-	16,294	-	-	-

Nutrition Beneficiaries

Nutrition Beneficiaries

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition									
Children (6-23 months)	3,040	2,937	5,977	2,822	3,795	6,617	92.8%	129.2%	110.7%
Children (24-59 months)	5,670	5,430	11,100	1,849	1,898	3,747	32.6%	35.0%	33.8%
Pregnant and lactating girls (less than 18 years old)	-	5,142	5,142	-	1,182	1,182	-	23.0%	23.0%
Pregnant and lactating women (18 plus)	-	5,571	5,571	-	15,703	15,703	-	281.9%	281.9%
Total beneficiaries	8,710	19,080	27,790	4,671	22,578	27,249	53.6%	118.3%	98.1%
Nutrition: Prevention of Acute Malnutrition									
Children (6-23 months)	-	-	-	2,900	2,803	5,703	-	-	-
Children (24-59 months)	-	-	-	5,410	5,181	10,591	-	-	-
Total beneficiaries	-	-	-	8,310	7,984	16,294	-	-	-

Project Indicators

Outcome Indicators

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				
Proportion of eligible population who participate in programme (coverage)				
<i>DILI, Project End Target: 2016.12, MoH reports, Base value: 2015.02, WFP survey, no baseline, Previous Follow-up: 2015.12, WFP programme monitoring, MPR, Latest Follow-up: 2016.12, WFP programme monitoring, MPR</i>	=70.00	0.00	18.00	67.40
Proportion of eligible population who participate in programme (coverage)				
<i>MUNICIPALITIES, Project End Target: 2016.12, MoH reports, Base value: 2015.02, WFP survey, no baseline, Previous Follow-up: 2015.12, WFP programme monitoring, MPR, Latest Follow-up: 2016.12, WFP programme monitoring, MPR</i>	>50.00	0.00	18.00	51.80
MAM treatment recovery rate (%)				
<i>TIMOR LESTE, Project End Target: 2016.12, MoH reports, Base value: 2015.02, WFP survey, no baseline, Previous Follow-up: 2015.12, WFP programme monitoring, Latest Follow-up: 2016.12, WFP programme monitoring, MPR</i>	>75.00	0.00	62.10	62.00
MAM treatment mortality rate (%)				
<i>TIMOR LESTE, Project End Target: 2016.12, MoH reports, Base value: 2015.02, WFP survey, no baseline, Previous Follow-up: 2015.12, WFP programme monitoring, MPR, Latest Follow-up: 2016.12, WFP programme monitoring, MPR</i>	<3.00	0.00	0.20	0.10
MAM treatment default rate (%)				
<i>TIMOR LESTE, Project End Target: 2016.12, MoH reports, Base value: 2015.02, WFP survey, no baseline, Previous Follow-up: 2015.12, WFP programme monitoring, MPR, Latest Follow-up: 2016.12, WFP programme monitoring, MPR</i>	<15.00	0.00	30.00	33.00
MAM treatment non-response rate (%)				
<i>TIMOR LESTE, Project End Target: 2016.12, MoH reports, Base value: 2015.02, WFP survey, no baseline, Previous Follow-up: 2015.12, WFP programme monitoring, MPR, Latest Follow-up: 2016.12, WFP programme monitoring, MPR</i>	<15.00	0.00	8.00	6.00
Project-specific				
Fortified foods purchased from regional, national and local suppliers, as % of fortified food distributed by WFP in-country				
<i>TIMOR LESTE, Project End Target: 2016.12, Base value: 2015.02, WFP survey, no baseline and according target population, Previous Follow-up: 2015.12, WFP programme monitoring, Food distribution reports, Latest Follow-up: 2016.12, WFP programme monitoring, Food Distribution Reports</i>	=77.00	5.08	69.00	81.00

Output Indicators

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	154	170	110.4%
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	3	-	-
SO4: Capacity Development - Strengthening National Capacities and Nutrition: Treatment of Moderate Acute Malnutrition				
Number of health centres/sites assisted	centre/site	120	117	97.5%
SO4: Local Purchases				
Quantity of fortified foods, complementary foods and special nutrition products purchased from local suppliers	metric ton	386	412	106.8%
SO4: Nutrition: Treatment of Moderate Acute Malnutrition				
Number of community groups developed to share nutrition messages	individual	160	215	134.4%
Number of cooking demonstrations undertaken for fortified foods, complementary foods and special nutritional products	demonstration	415	342	82.4%
Number of instances in which nutrition and health messages were provided	instance	80	74	92.5%
Number of people exposed to nutrition messaging supported by WFP	individual	125,000	194,645	155.7%
Number of people receiving nutrition counseling supported by WFP	individual	27,790	27,249	98.1%
Number of targeted caregivers (male and female) receiving 3 key messages delivered through WFP supported messaging and counseling	individual	17,077	19,281	112.9%

Gender Indicators

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)				
<i>TIMOR-LESTE, Nutrition: Prevention of Acute Malnutrition, Project End Target: 2016.12, Base value: 2015.12, Latest Follow-up: 2016.12</i>	=1.00	1.00	-	1.00
The project has initiatives to reduce risk of sexual and gender-based violence (yes/no)				
<i>TIMOR-LESTE, Capacity Development - Strengthening National Capacities, Project End Target: 2016.12, Base value: 2015.12, Latest Follow-up: 2016.12</i>	=1.00	1.00	-	1.00
Training on food distribution includes a solid explanation for gender-sensitive food distribution (yes/no)				
<i>TIMOR-LESTE, Capacity Development - Strengthening National Capacities, Project End Target: 2016.12, Base value: 2015.12, Latest Follow-up: 2016.12</i>	=1.00	1.00	-	1.00

Protection and Accountability to Affected Populations Indicators

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)				
<i>TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Base value: 2015.12, Latest Follow-up: 2016.12</i>	=90.00	85.00	-	85.00
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Base value: 2015.12, Latest Follow-up: 2016.12</i>	=100.00	100.00	-	100.00

Partnership Indicators

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)		
<i>COVA LIMA, Nutrition: Prevention of Acute Malnutrition, Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	=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)		
<i>TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	=900,000.00	450,000.00
Number of partner organizations that provide complementary inputs and services		
<i>TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	=2.00	3.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>TIMOR-LESTE, Capacity Development - Strengthening National Capacities, Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	=100.00	100.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	=80.00	100.00

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
European Commission	EEC-C-00465-01	Ready To Use Supplementary Food	-	40
European Commission	EEC-C-00465-01	Vitacereal	-	171
Republic of Korea	KOR-C-00109-01	Vitacereal	-	30

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
Republic of Korea	KOR-C-00109-02	Ready To Use Supplementary Food	-	10
Republic of Korea	KOR-C-00109-02	Vitacereal	-	50
		Total	-	302