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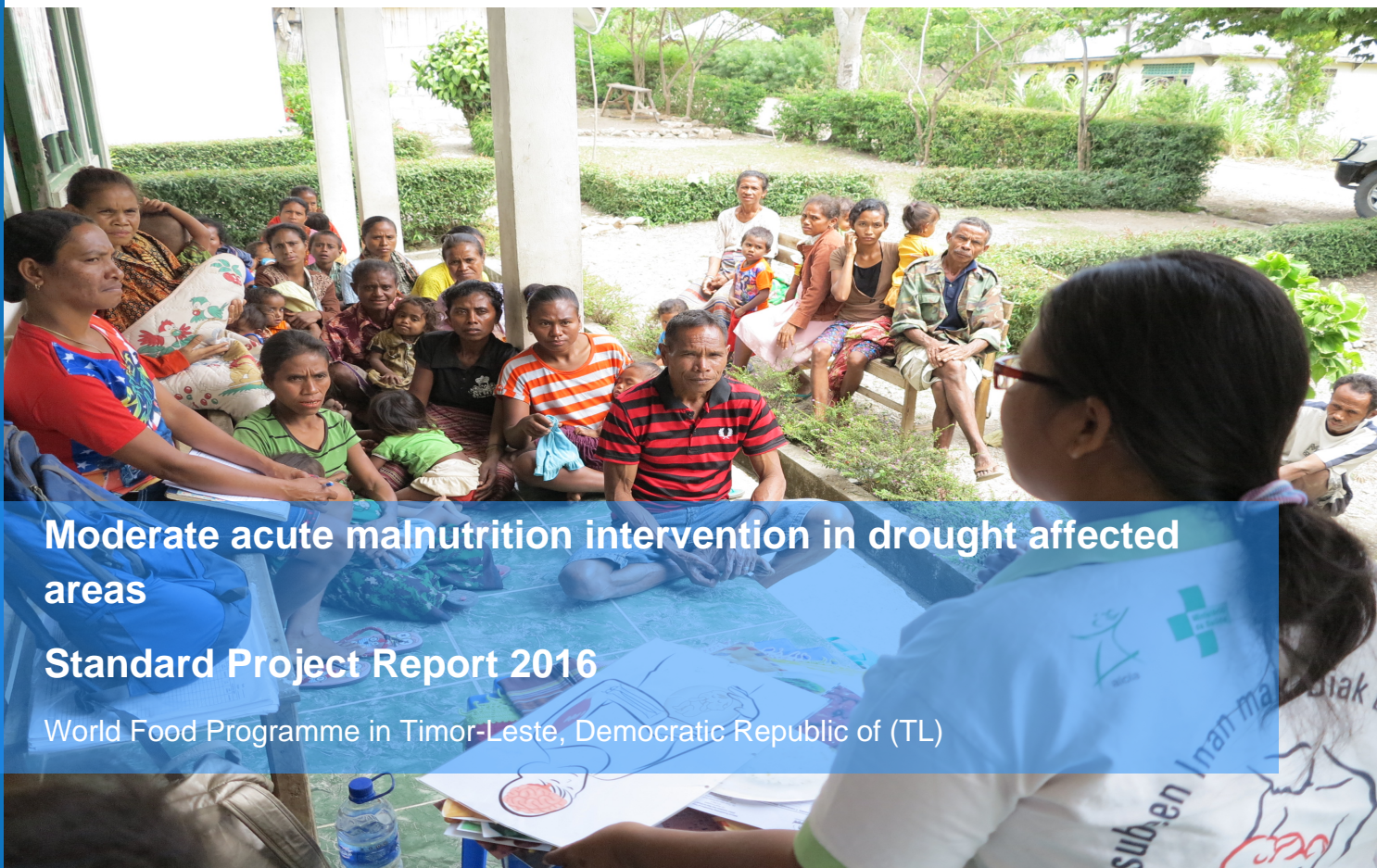
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SPR Reading Guidance



Moderate acute malnutrition intervention in drought affected areas

Standard Project Report 2016

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



World Food Programme

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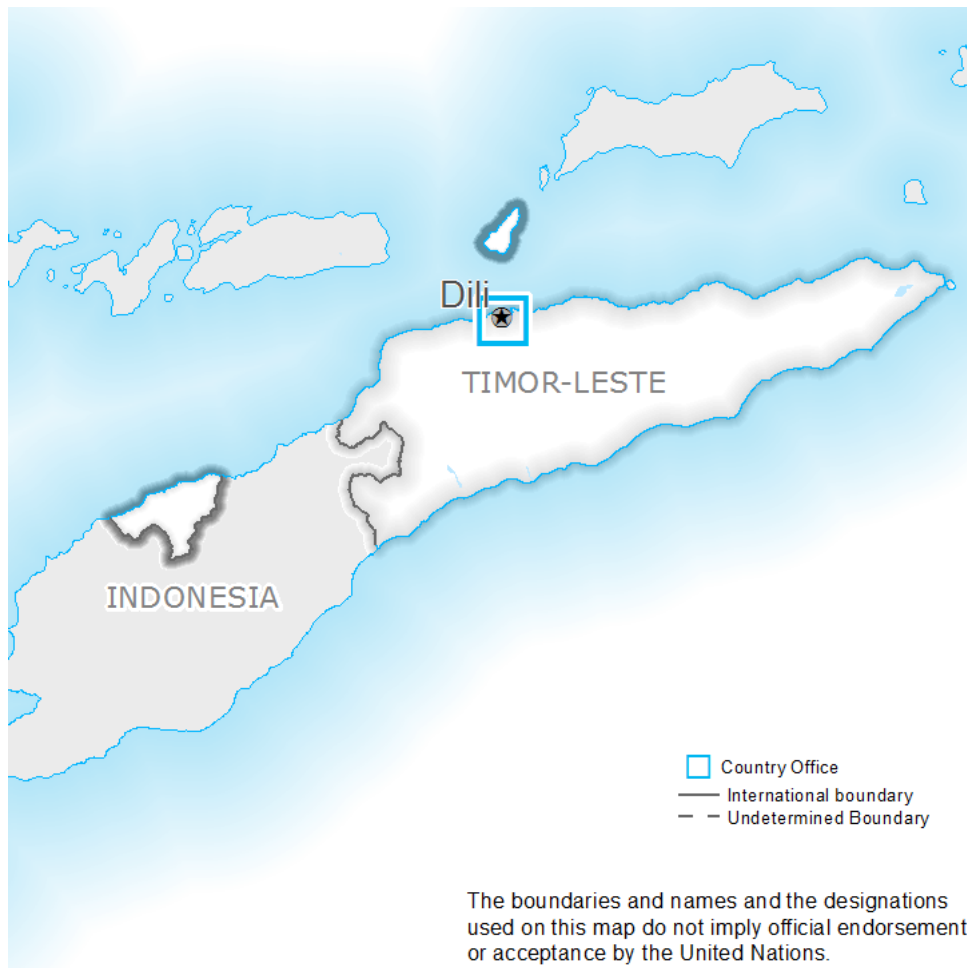
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Country Context and WFP Objectives



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.

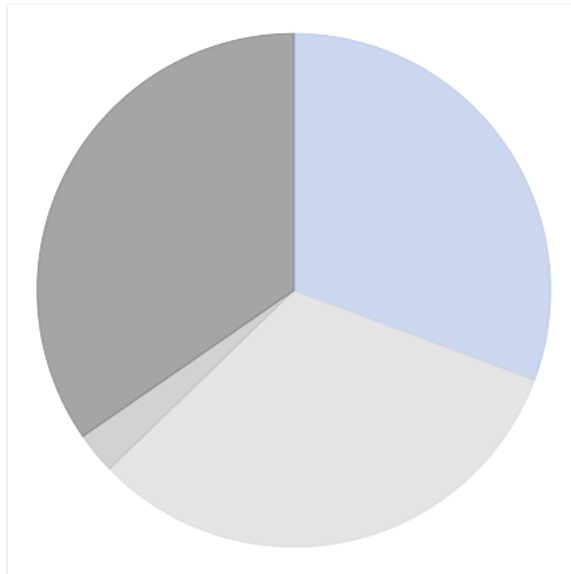


Annual Country Beneficiaries

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

WFP's emergency response project focused on communities affected by El Niño, with the aim of preventing moderate acute malnutrition (MAM) in the most vulnerable segments of the population, as well as raising awareness on the importance of dietary diversity and good nutrition for children aged 6-23 months and pregnant and lactating women (PLW).

The specific objectives were to:

- enhance community and informal leaders' engagement to prevent undernutrition in the selected villages;
- strengthen the capacity of caregivers to prevent malnutrition through good infant and young child feeding practices and improved hygiene for children and PLW;
- strengthen the knowledge of communities on healthy behaviours and signs of danger for common illnesses; and
- reinforce the existing communities' support groups which can promote healthy behaviours that reduce malnutrition (such as mother support groups).

To this end, the expected outputs of the project in 2016 were:

- targeted communities exposed to nutrition, and health messaging appropriate for communities with low education levels;
- community and informal leaders engaged to prevent undernutrition, through urging families to visit health clinics for supplementary feeding support and promotion of healthy behaviours;
- socialisation sessions for male and female community leaders and informal leaders held at sub-village level;
- first month's supply of supplementary foods provided to the target beneficiaries;
- health personnel engaged in community mobilisation sessions and in the first round of supplementary food distribution; and
- targeted beneficiaries informed and encouraged to take up the second and third allocations of supplementary foods.

The project was short-term, with the duration initially planned for three months in 2016 to support vulnerable groups until the next harvest. The operation targeted the three municipalities most affected by El Niño—Lautem, Baucau and Viqueque—where no development interventions for the treatment of MAM were in place. The project aimed to increase beneficiaries' understanding and awareness of the effects of undernutrition on young children and PLW, as well as to promote exclusive breastfeeding and dietary diversity, particularly in the first 1,000 days of a child's life.

However, due to difficulties in obtaining the specialised nutritious foods within the original project timeline, the duration of the project was extended until March 2017.



Approved Budget for Project Duration (USD)

Cost Category	
Direct Support Costs	155,449
Food and Related Costs	636,179
Indirect Support Costs	55,413
Total	847,040

Project Activities

The project aimed to prevent an increase in acute malnutrition in the three targeted municipalities—Baucau, Lautem and Viqueque—by providing specialised nutritious foods (SNF) to 11,750 children aged 6-23 months and 8,900 pregnant and lactating women (PLW) for a period of three months.

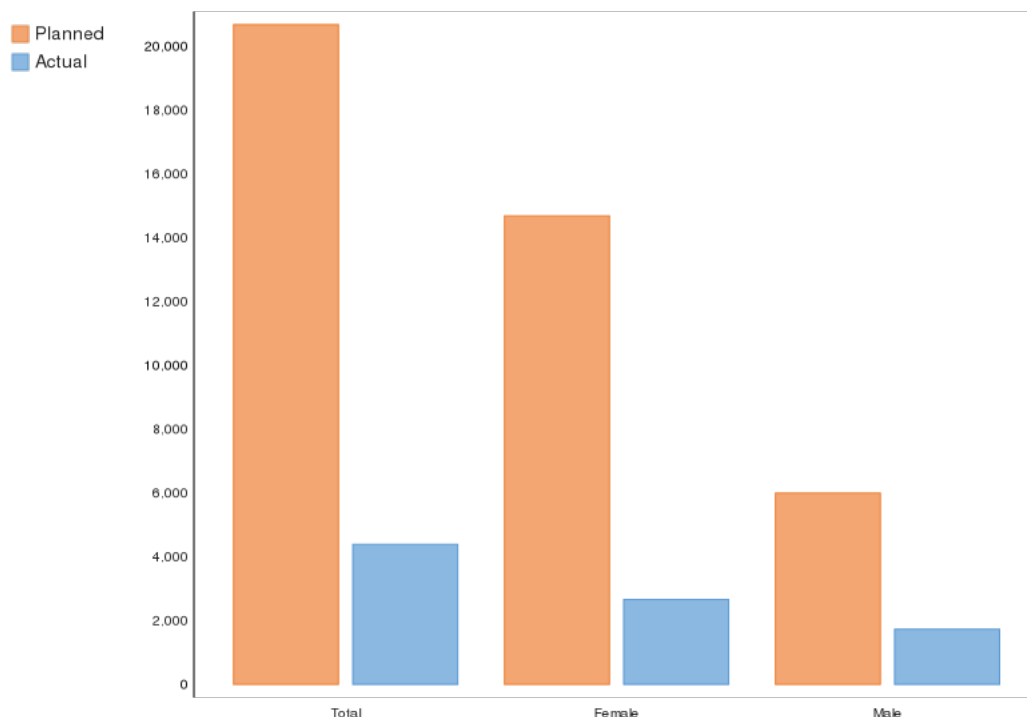
Distribution of the SNF, as well as community mobilisation and health promotion, were due to begin in November 2016. However, there were significant delays in sourcing Plumpy'Doz, the ready-to-use supplementary food (RUSF) to prevent acute malnutrition for children, as a result of the high number of global emergencies in 2016. As a result, Plumpy'Doz did not arrive in-country until December. In addition, the production of 25 mt of Timor Vita, the locally-sourced Super Cereal was delayed, and only a small quantity was available for distribution in December through local health facilities.

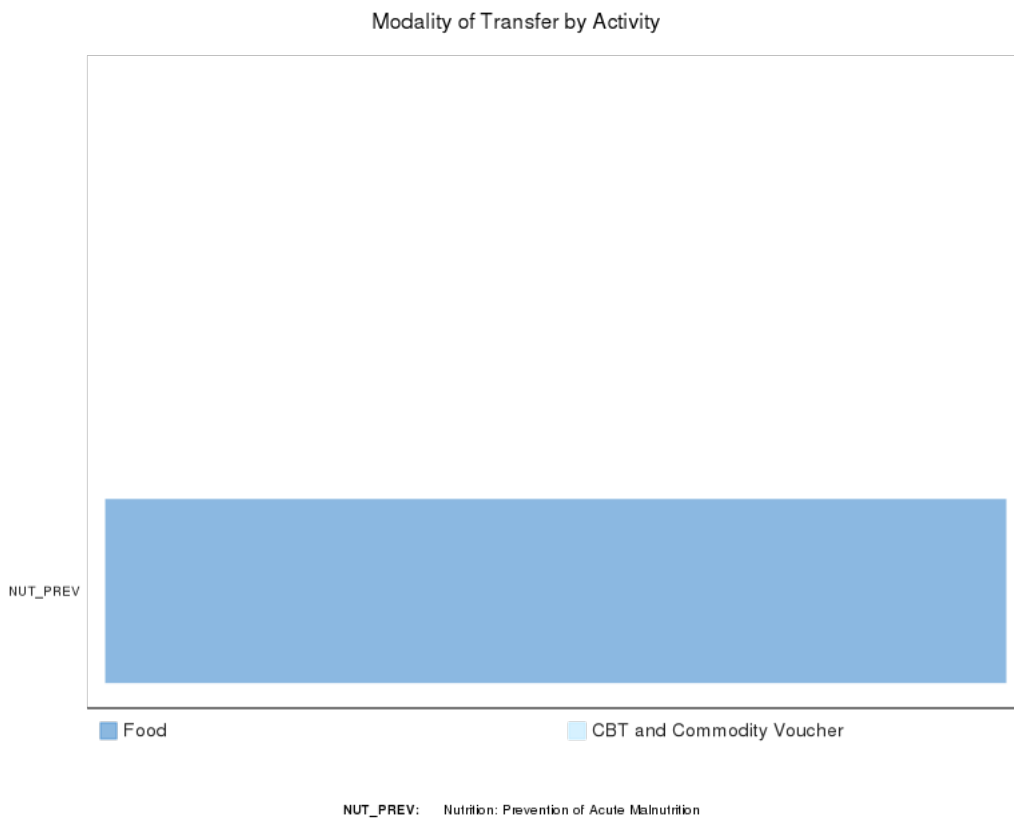
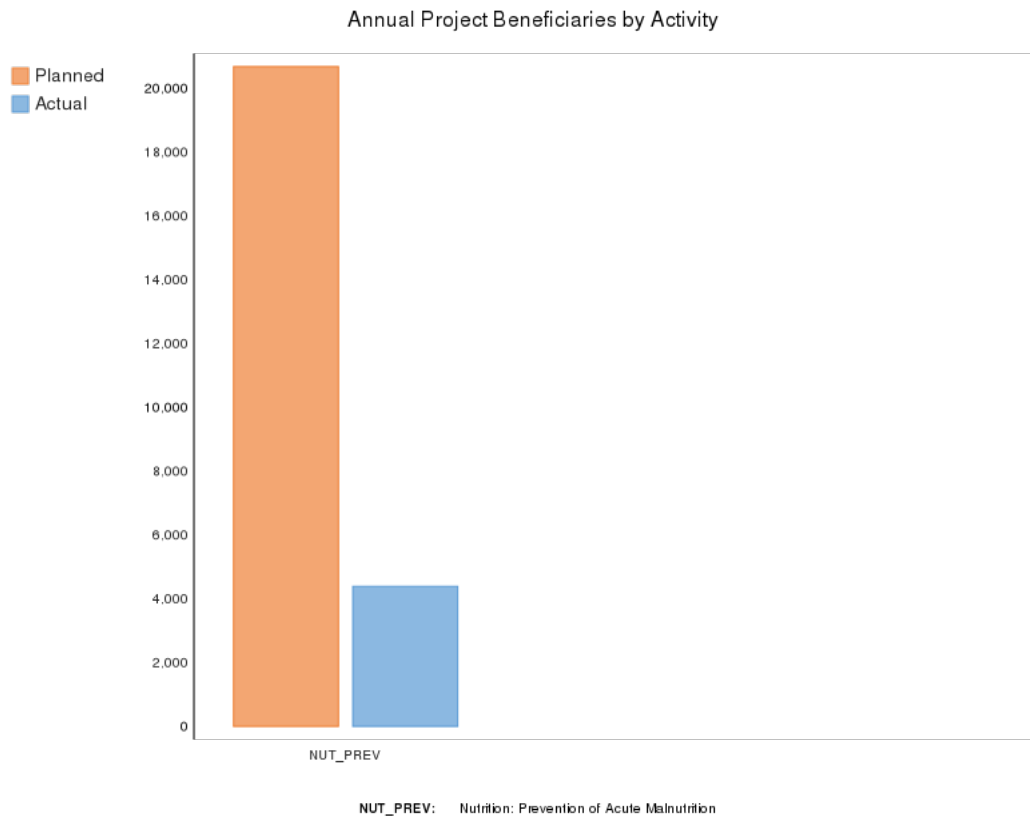
Delays in the production of Timor Vita occurred despite the fact that WFP ordered the SNF in September and received assurances from the supplier, Timor Global, that it would be able to fill the order. However, as a result of difficulties in sourcing sufficient local quantities of raw materials combined with poor production planning, production was delayed. Alternative SNFs to Timor Vita were not available as the Ministry of Health restricted WFP's importing of Super Cereal for PLW. As a result of these challenges, WFP and the Ministry of Health began distributing the SNF, Plumpy'Doz, to children, along with a smaller than planned amount of Timor Vita for women, in late December. WFP worked with municipal and village level health facilities to distribute the SNF and increase health facility staff's skills in providing nutrition education.

Under this emergency operation, WFP also conducted orientation sessions on the use of the nationally approved nutrition education messages and materials. In addition, local community leaders and voluntary health promoters in one municipality were invited to support the programme in their villages in order to raise the awareness of men and families on the use of the SNF, and particularly the importance of good nutrition for PLW and for the first 1,000 days of a child's life. This activity was driven by the fact that WFP's monitoring of its treatment programme indicated low levels of awareness in the community on these issues, particularly amongst men.

WFP also partnered with local and international non-governmental organizations (NGOs) to plan nutrition education through activities designed to reach women and men, community groups and community leaders. These education sessions will begin in January 2017 to coincide with the distribution of greater volumes of SNF. The NGOs will mobilise communities to attend the health facilities and receive the SNF, and will conduct health promotion on good infant and young child feeding practices (IYCF), breastfeeding, and nutrition during and after pregnancy. The objective of these activities is to increase community awareness of nutrition and good health practices.

Annual Project Beneficiaries







Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Corn Soya Blend	25	9	35.2%
Ready To Use Supplementary Food	6	5	89.3%
Total	30	14	45.5%

Operational Partnerships

The main partner in this emergency project was the Ministry of Health in the three targeted municipalities, particularly since the provision of Plumpy'Doz and locally produced Timor Vita was planned through the existing health structures, community health clinics and village level health posts. Through this partnership, the Ministry of Health's ability to implement nutrition programmes will be strengthened in the areas of supply chain management, testing beneficiaries for signs of moderate acute malnutrition, monitoring, and behaviour change communications around nutrition.

Given the delay in the production of the specialised nutritious food (SNF) for women, Timor Vita, and with the delays in the import of Plumpy'Doz for children, WFP advocated with the Ministry of Health to import an alternative SNF for women and for children, as well as using the existing in-country stock of Plumpy'Sup. However, no agreement was reached for the IR-EMOP.

In addition, WFP Timor-Leste partnered with three non-governmental organizations (NGOs), CARE International, Catholic Relief Services (CRS) and HIAM Health, to mobilise the community, attend health clinics to assist with the registration of children and pregnant and lactating women (PLW) receiving SNF, and to contribute to increasing community awareness on good nutrition and health practices.

Partners were chosen based on their presence in the targeted areas, experience in the implementation of nutrition-specific and nutrition-sensitive agriculture interventions, strong efforts to encourage gender equality, as well as experience working with local communities and government structures in these municipalities.

CRS had a large network of mother support groups to improve maternal and child nutrition through the promotion of good infant and young child feeding (IYCF) practices. CRS agreed to inform PLW and caregivers about the availability of SNF at health facilities, as well as to use WFP's nutrition messages and tools, free of charge.

Together, WFP's partnerships with NGOs aimed to: 1) enhance community and informal leaders' engagement to prevent undernutrition in the selected villages; 2) strengthen the capacity of caregivers to prevent malnutrition through good (IYCF) practices and improved hygiene for children and PLW; 3) strengthen the knowledge of communities on healthy behaviours and signs of danger for common illnesses; and 4) reinforce the existing community support groups which could promote healthy behaviours to reduce malnutrition (particularly the mother support groups).

Performance Monitoring

Together with the Ministry of Health, WFP monitored the number of pregnant and lactating women (PLW), as well as children aged 6-23 months who were provided with specialised nutritious food (SNF). In addition, the project monitored the number of cases of acute malnutrition in PLW and moderate acute malnutrition in children. Preliminary results showed relatively high rates of both acute malnutrition and moderate acute malnutrition (MAM), with an average of 27 percent of PLW found to have acute malnutrition and 11 percent of children found to have MAM.

Partners such as CARE, HIAM Health, and Cinema Loro Sa'e also monitored the number of people attending health promotion events. However, as most of these events were delayed until January, with the exception of cinema screenings conducted by Cinema Loro Sa'e, no figures were available for health promotion conducted at the end of 2016.

In March 2017, CARE, together with the Ministry of Health, will conduct a simple evaluation of the project, using key informant interviews and focus group discussions with community members who were provided with the SNF and counselling. The evaluation aims to ensure accountability in the distribution of SNF, as well as the effectiveness of information and health promotion events. WFP will also present results to the United Nations Humanitarian Coordination Team in March 2017.

Results/Outcomes

The project was successful in distributing specialised nutritious food (SNF) to approximately one-third of the pregnant and lactating women (PLW) and children aged 6-23 months planned in 2016. In December, Plumpy'Doz was distributed to 3,425 children and Timor Vita to 963 PLW; this was less than the project target as a result of delays in the production of Timor Vita and the delayed arrival of Plumpy'Doz. As a result, instead of commencing food distribution in October, this was delayed until mid-December.

Through the emergency operation, WFP detected high rates of moderate acute malnutrition (MAM) and acute malnutrition using middle-upper-arm-circumference measurements (MUAC); a large proportion of PLW were found to be acutely malnourished (27 percent or almost a third of the women screened), and 11 percent of children were found to be suffering from MAM. Lautem municipality had the highest rates, with 15 percent of children found to have MAM (using MUAC) as compared to just under 4 percent of children found to have MAM as measured by weight-for-height according to the 2013 Timor-Leste Food and Nutrition Survey (TLFNS). While 38 percent of PLW in Viqueque municipality were found to be acutely malnourished measured using MUAC, only 21.3 percent were found to be malnourished as measured by body mass index (BMI) according to the 2013 TLFNS. These results could indicate an increase in acute malnutrition rates in these three municipalities since the 2013 survey. This emergency programme did not provide treatment for MAM or acute malnutrition, and could only provide referrals to local health clinics as there was no treatment programme running in this part of Timor-Leste. However, the data collected through this operation will be used to advocate with the Ministry of Health to scale-up the treatment programme to cover all 13 municipalities in the country.

The component of the project which aimed to raise awareness around the importance of dietary diversity for young children, infants, and PLW, was mostly not conducted by non-governmental organization (NGO) partners as a result of difficulties in organising these events without the simultaneous provision of SNF. The delay in the arrival of the SNF in-country and consequently to the health facilities meant that NGO partners delayed holding mobilisation events until the future arrival date of the SNF could be confirmed. However, awareness raising sessions were conducted with village leaders, and voluntary health promoters were trained on how to conduct more activities in Baucau municipality. In addition, one partner, Cinema Loro'sae, successfully held community events by screening films about nutrition in 15 *sucos* (villages), and reached several thousand community members in one municipality of Lautem.

Progress Towards Gender Equality

Gender engagement—the engagement of both male and female community members and caregivers—was an important component of the project. In Timor-Leste men play an important role in controlling household resources, and determine whether family members visit health clinics, which in turn can influence a woman's health status and her ability to take herself or her child to the local health clinic to receive food or be tested for malnutrition. Therefore in any community mobilisation plan, targeting both male and female community leaders to perform different roles in their communities was important to share messages with male heads of households on the importance of women and children's nutrition, and to publicly acknowledge this important project. In addition, influential female leaders were included in community meetings and used to spread specific messages to women as it was more culturally appropriate for women to discuss nutrition and health issues. Given that men were not receiving any specialised nutritious food, it was also important for them to understand why the project targeted children aged 6-23 months and pregnant and lactating women, rather than men.

The community's, and especially men's, understanding of the increased nutritional needs of pregnant and lactating women (PLW) was very low, with WFP's household surveys from the nutrition treatment programme showing that the consumption of proteins was particularly low. Many community members believed that people eat only to fill their stomachs. Thus the project used national behaviour change communication materials and community mobilisation methods to promote gender equality. For instance, one of the major tools used and distributed to the Ministry of Health, as well as partners and health promotion volunteers, was a poster showing how pregnant women need to eat a range of foods, especially proteins, to support their health and their baby's growth. Partners were trained on the use of the poster, which was used in community meetings with male and female leaders, where the

importance of good nutrition, especially proteins and iron-rich foods during pregnancy, was explained.

Three partners were chosen to assist with community mobilisation and social and behaviour change communication, based on their approach to women's empowerment, their prior experience in working with communities in programme areas, and their expertise in conducting nutrition-sensitive or nutrition-specific projects in Timor-Leste. One partner, Catholic Relief Services, was chosen as it had established 200 mothers' groups, which met regularly to discuss infant care practices and nutrition in Baucau and Viqueque. In Timor-Leste, these support groups have shown to be effective in empowering mothers and women to develop and maintain healthy behaviours around infant and maternal health.

Another partner, CARE, encouraged gender mainstreaming through a gender transformative approach involving programme strategies that sought to build social attitudes, behaviours, and structures that support gender equality. CARE engaged male leaders in the communities to promote the importance of meeting the nutritional needs of women and children.

WFP's other partner, HIAM Health, a local non-governmental organization (NGO), focused on empowering women through nutrition-sensitive agriculture to improve their maternal nutrition. HIAM Health used their network of mostly male agricultural extension workers to assist in mobilising communities, especially male community leaders. Given their agricultural expertise, the extension workers were considered a trusted source of information for male village leaders and heads of households. They were able to persuade the men in the communities to support good nutrition for women and children by attending health clinics and through the consumption of nutritionally diverse food.

Lessons Learned

Lessons learned from the implementation of this project revolved around the reliance on a single source (Timor Global) for the locally produced Super Cereal for pregnant and lactating women (PLW). WFP advocated with the Government for the flexibility to import fortified blended food and find alternate sources, but an agreement was not reached. In addition, it took longer than anticipated to internationally source the specialised nutritious food (SNF) for children, Plumpy'Doz, as a result of high global demand for this SNF from regional suppliers. The country office elected to use a supplier in France, as they claimed to be able to deliver faster than a regional supplier based in India; but delivery was delayed. The flexibility to use alternate products, such as Plumpy'Sup stocks already in-country, would have enabled a faster response.

WFP coordinated with the Red Cross Timor-Leste and with Plan International, both of which were delivering emergency water supplies to affected areas, to inform them about the plans for food delivery. In addition, WFP shared health promotion posters on maternal nutrition with Catholic Relief Services (CRS), so they could be distributed to 4,000 members of mother support groups in Baucau and Viqueque.

The project could have begun coordinating earlier, particularly to conduct community mobilisation with its three main partners—CARE, HIAM Health and Cinema Loro Sa'e—as these kinds of events need sufficient planning time and strong coordination with the Ministry of Health. Although WFP obtained support for the project from the Municipal Health Services (MHS) in the three targeted municipalities, the MHS were also overloaded and required a longer lead time to allow for staff orientation sessions, the coordination of logistics, training of voluntary health promoters, and support to community mobilisation events. An additional lesson learned was the importance of budgeting for health promotion and communications, as this was an important component of the prevention project, and would be critical to making this type of project more sustainable.

WFP and the Ministry of Health will conduct a review of the project together with partners in March 2017, in order to draw upon other lessons and ways to improve programming in the future.

Figures and Indicators

Data Notes

Cover page photo © WFP Timor-Leste. Men and women attending a health promotion event on the importance of good nutrition for women and children.

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	5,997	14,684	20,681	1,729	2,659	4,388	28.8%	18.1%	21.2%
By Age-group:									
Children (under 5 years)	5,997	5,791	11,788	1,729	1,696	3,425	28.8%	29.3%	29.1%
Children (5-18 years)	-	2,068	2,068	-	67	67	-	3.2%	3.2%
Adults (18 years plus)	-	6,825	6,825	-	896	896	-	13.1%	13.1%
By Residence status:									
Residents	5,997	14,684	20,681	1,729	2,659	4,388	28.8%	18.1%	21.2%

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: Prevention of Acute Malnutrition	20,681	-	20,681	4,388	-	4,388	21.2%	-	21.2%

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: Prevention of Acute Malnutrition	20,681	-	20,681	4,388	-	4,388	21.2%	-	21.2%

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: Prevention of Acute Malnutrition									
Children (6-23 months)	5,998	5,762	11,760	1,747	1,678	3,425	29.1%	29.1%	29.1%
Pregnant and lactating girls (less than 18 years old)	-	2,141	2,141	-	67	67	-	3.1%	3.1%
Pregnant and lactating women (18 plus)	-	6,780	6,780	-	896	896	-	13.2%	13.2%
Total beneficiaries	5,998	14,683	20,681	1,747	2,641	4,388	29.1%	18.0%	21.2%

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
UN CERF	001-C-01476-01	Ready To Use Supplementary Food	-	44
UN CERF	001-C-01476-01	Vitacereal	-	161
		Total	-	205