

Project Number: 201017 | Project Category: **Single Country IR-EMOP**  
Project Approval Date: August 08, 2016 | Planned Start Date: September 01, 2016  
Actual Start Date: September 01, 2016 | Project End Date: March 31, 2017  
Financial Closure Date: September 30, 2017

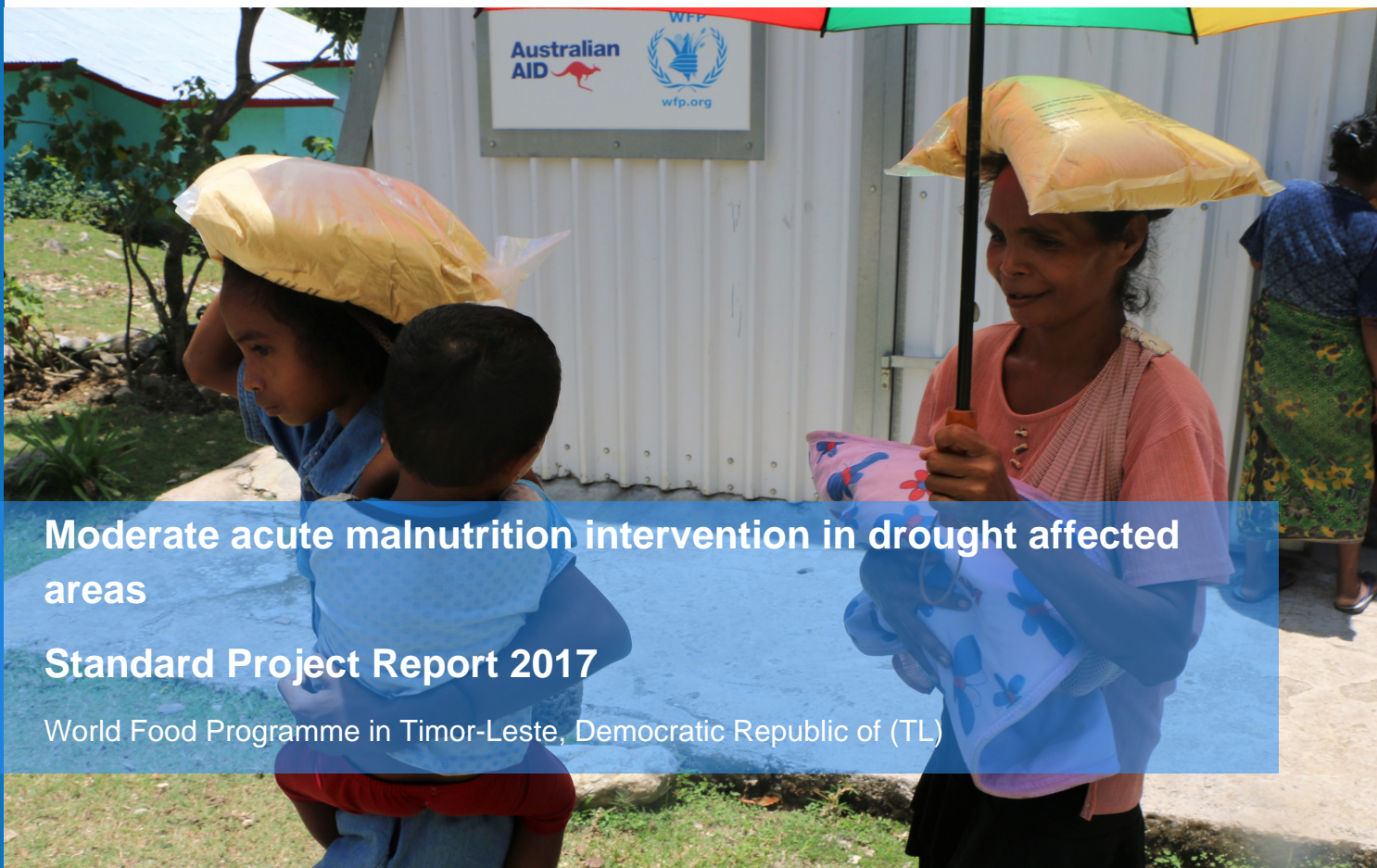
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**SPR Reading Guidance**



**Moderate acute malnutrition intervention in drought affected areas**

**Standard Project Report 2017**

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



**World Food Programme**

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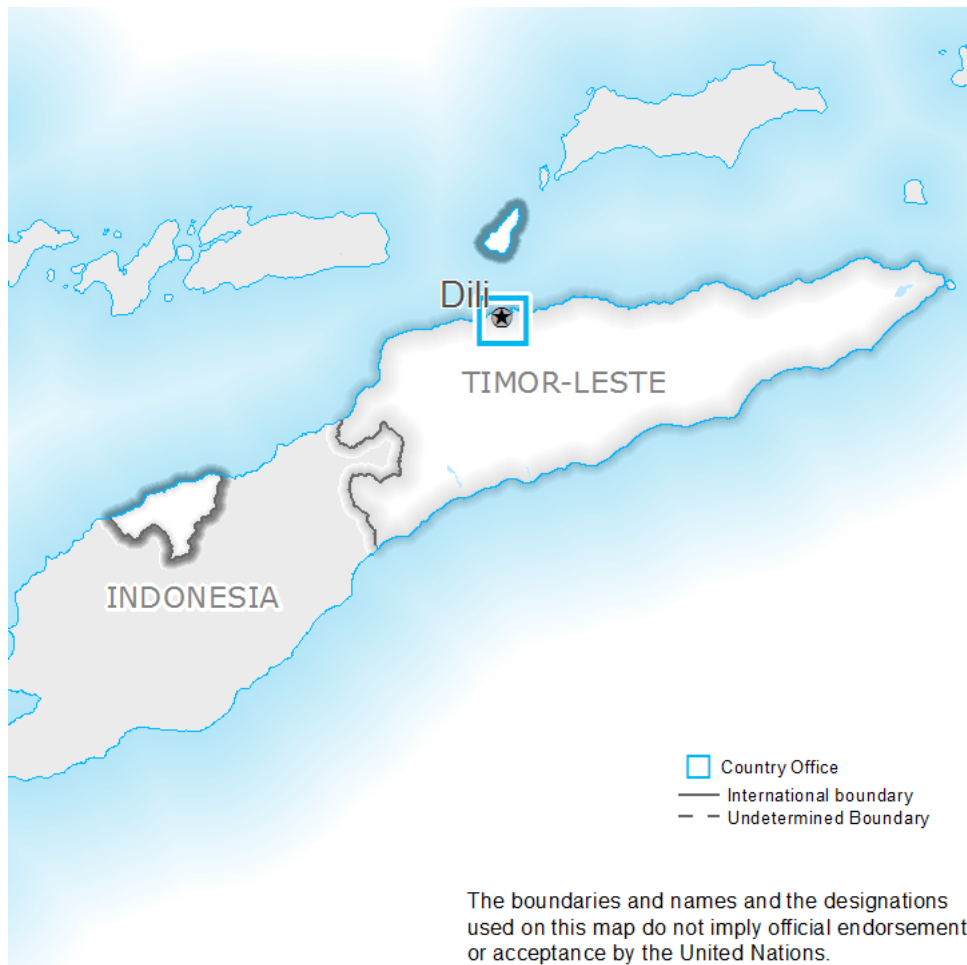
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# Country Context and WFP Objectives



## Achievements at Country Level

Throughout 2017, WFP worked with its major partners—the Ministry of Health, the Department of Pharmaceutical Medicines and Supplies, and non-governmental organizations (NGOs) Alola Foundation, World Vision International and CARE International—to improve the capacity of the Ministry of Health at the national and municipal levels to implement a moderate acute malnutrition (MAM) treatment programme across six municipalities (Ainaro, Bobonaro, Covalima, Dili, Ermera and Oecusse) as well as to improve the performance and sustainability of the supply chain management system.

WFP helped strengthen country capacity for distributing food and medical supplies by supporting the Ministry of Health and Timor-Leste's Medical and Pharmaceutical Supply Agency (SAMÉS). In 2017, the coverage of the stock management software mSupply mobile was expanded to all municipalities, making Timor-Leste the largest user of mSupply mobile in the world. The mSupply software has been implemented in 100 health facilities, including all referral hospitals and district health services, allowing staff to enter and monitor stock-takes, provide medicine and consumable items to patients and other customers, and place orders.

The implementation of mSupply mobile has resulted in cost savings and efficiency gains by minimizing expired stock, reducing lead times and producing usage data to improve the procurement process. The enhanced use of mSupply, better warehouse practices resulting from WFP's capacity development for SAMÉS and Ministry of Health staff using the mSupply system, and a range of procurement reforms together have saved over USD 2 million in 2017. The availability of critical medicine and consumable items is now over 90 percent.

During the first quarter of 2017, WFP continued its response to the *El Niño*-induced drought that had exacerbated food insecurity and malnutrition of vulnerable groups since 2016 in three municipalities in the eastern side of the country. WFP distributed specialized nutritious food to pregnant and lactating women and girls as well as children aged 6–23 months and provided nutrition education to communities.

A Zero Hunger Strategic Review was undertaken to determine what needs to be done to achieve Sustainable Development Goal (SDG) 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture. The report, published in May 2017, was produced by the Centre of Studies for Peace and Development (CEPAD), a local NGO, and Johns Hopkins University, through extensive and inclusive consultations that generated findings endorsed by an in-country advisory board, and after a validation workshop with community members and other contributors to the review. It served as a research exercise designed to give a consolidated picture of the hunger and nutrition challenges in Timor-Leste, and set the foundations for the development of WFP's Country Strategic Plan for Timor-Leste. It has also be a mechanism for supporting the Government to set priorities and find gaps in actions and policies currently implemented to achieve SDG 2.

## Country Context and Response of the Government

Timor-Leste is a young nation which was internationally recognized 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 relative political stability. Presidential and parliamentary elections were held in March and July 2017, respectively. The result was a victory for Revolutionary Front for an Independent East Timor (*Frente Revolucionária de Timor-Leste Independente–FRETILIN*) party, which managed to put their candidate, Francisco Guterres Lu-Olo, as President of the Republic. *FRETILIN* formed a minority government with the Democratic Party. However, the Government's planned programme of work for 2018 was not approved by Parliament, and the national budget only covered previous commitments. The Government is currently in caretaker mode as an anticipated parliamentary election has been announced by the President for mid-May 2018.

Despite recent economic growth, poverty, gender inequality, food insecurity and malnutrition remain widespread in Timor-Leste. The country is a patriarchal society with strong gender divisions around labour, low numbers of women in decision-making roles and high rates of gender-based violence (GBV). Gender gaps in the formal labour force participation remained significant: 140,300 men compared with 72,900 women according to the Timor-Leste Labour Force Survey, 2013. The types of work that women are typically responsible for such as food production and unpaid care work, are not counted as employment. This, combined with high rates of GBV, pervasive gender norms, a highly gendered and unequal economy as well as other factors continue to limit women's opportunities to fully participate in the country's political, economic and social spheres. As a result of a quota system, 24 of the 65 members of the national parliament are women, which is the highest proportion in Asia. However, this is not reflected at the local level, since only 4.7 percent of women were elected as village chiefs in the 2016 elections, according to the Timorese Government.

According to the 2014 National Living Standards Survey, 41.8 percent of the population lived below the national poverty line. Regardless of slight improvements in recent years, Timor-Leste has one of the highest rates of malnutrition in the world, with levels of chronic malnutrition (stunting) categorized as 'critical' and levels of acute malnutrition as 'serious', according to the World Health Organization (WHO). According to the 2017 Global Hunger Index produced by the International Food Policy Research Institute (IFPRI), Timor-Leste scored 34.3, which is in the category of 'serious'. Research published in *The Economic Consequences of Undernutrition in Timor-Leste, 2014*, estimated that USD 41 million was lost annually in economic, productive and educational opportunities as a result of undernutrition.

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”. The previous Government prioritized Sustainable Development Goal (SDG) 2 as one of its primary development goals, stating that Timor-Leste was committed to end all forms of malnutrition, including achieving the internationally agreed targets on stunting and wasting in young girls and boys aged 6–59 months by 2025, and to address the nutritional needs of adolescent girls, pregnant and lactating women and older persons by 2030. During a conference on the Agenda 2030 in May 2017, the Government launched the Timor-Leste Roadmap for the implementation of the 2030 Agenda and the SDGs, which described Timor-Leste's approach to the implementation of the 2030 Agenda and the SDGs. WFP continues to be a committed partner to the Ministry of Health and the National Council for Food Security and Sovereignty in Timor-Leste (KONSSANTIL) to address the high rates of malnutrition in the country.

## WFP Objectives and Strategic Coordination

**Immediate Response Emergency Operation (IR-EMOP) 201017 (October 2016–March 2017), approved budget USD 0.847 million**, provided specialized nutritious food to girls and boys aged 6–23 months and pregnant and lactating women / girls (PLW/G) in three municipalities in the east (Baucau, Lautem and Viqueque), which were the most affected by the 2016 *El Niño*, in order to prevent an increase in undernutrition rates amongst these vulnerable groups.

**Development Project DEV 200770 (2015–2017), approved budget USD 13.8 million**, aimed to develop the capacity of the Ministry of Health to implement and monitor a nutrition treatment programme for moderate acute malnutrition (MAM), providing targeted supplementary feeding to PLW/G as well as girls and boys aged 6–59 months. 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 made by the Ministry of Health when the programme was developed from the preceding mother and child health and nutrition programme. The treatment of MAM programme began in 2015 and has provided the partner ministries with specific technical assistance in nutrition planning, monitoring and evaluation and supply chain management.

To ensure future long-term collaboration towards achieving Sustainable Development Goal (SDG) 2, WFP supported the development of the Timor-Leste Zero Hunger Strategic Review: Progress and Success in achieving SDG 2. The review provided several recommendations and was well received by the Government of Timor-Leste, as well as donors and other development partners.

WFP signed a memorandum of understanding with Timor-Leste's Medical and Pharmaceutical Supply Agency (SAMES) in March 2017, to continue supporting the roll-out of mSupply, a stock management software designed for medical supplies. A pilot project started in 2016, under which the software was successfully implemented in all health posts in Dili municipality. Building on the success of the pilot project, WFP supported SAMES with the national expansion of mSupply.

In response to the Ministry of Agriculture and Fisheries' request, WFP supported the organization of a multi-partner joint agriculture survey in Baucau, Bobonaro, Covalima, Lautem, Viqueque and Oecusse in May–June 2017. This assessment provided a quick picture of the current vulnerability of farmers and families affected by the 2015/16 delayed wet season. The findings triggered a proposal for joint action on early warning systems, with the objective to develop a common strategy and action plan for the event of drought. WFP has donated non-food items to several ministries as part of WFP's support to the Government in strengthening its capacity for disaster preparedness.

In October 2017, WFP undertook a fact-finding mission to develop a rice landscape analysis, and in November WFP supported the National Council on Food Security, Sovereignty and Nutrition (KONSSANTIL) in the organization of a national consultation on rice fortification. This was the first national consultation with all relevant line-ministries, partners, donors and academia to discuss rice fortification and strategies for its implementation in Timor-Leste. As a follow-up to the consultation, it was recommended to set up a technical advisory group on rice fortification under KONSSANTIL.

# Country Resources and Results

## Resources for Results

The Development Project underwent a budget revision end-2016, which extended the project duration to December 2017 and adjusted the capacity development, food requirement plan and associated costs to the treatment of moderate acute malnutrition (MAM) programme. In 2017, WFP's two largest donors in Timor-Leste continued to be the European Union and the Korea International Cooperation Agency (KOICA). WFP received no-cost extensions from both donors until December 2017, to facilitate achievement of the expected results and accommodate the delays incurred. WFP has been actively seeking other funding sources for the implementation of the 2018–2020 Country Strategic Plan.

Funding from these two sources was sufficient to run the treatment of MAM programme in 6 out of 13 municipalities and to continue the community-based operation with parents support groups into the last quarter of 2017. Additional stock of Super Cereal for pregnant and lactating women / girls (PLW/G) was available at the end of the year to distribute to three additional municipalities in the east (Baucau, Lautem and Viqueque), under the request from the Ministry of Health, until the beginning of 2018.

As contingency against pipeline breaks due to unreliable supply of the locally produced specialized nutritious food (SNF) for PLW/G, Timor Vita, and to anticipate the risk of stock-out, WFP requested to the Ministry of Health to import Super Cereal as an alternative to Timor Vita, which was approved during the last quarter of 2017.

A no-cost extension from Yum Australia through non-governmental organization Good 2 Give was granted to WFP to continue its supply chain management support to Timor-Leste's Medical and Pharmaceutical Supply Agency (SAMES) in the handover of responsibility to deliver nutrition supplies from national to sub-national level in all targeted municipalities. Support from WFP to SAMES on supply chain management has been extended until mid-2018.

WFP received funds from the United Nations Central Emergency Response Fund (CERF) until March 2017 for its emergency response for malnutrition prevention in the three municipalities most affected by *El Niño*. Funding was sufficient to purchase ready-to-use supplementary food for girls and boys aged 6–23 months, as well as locally produced Super Cereal for PLW/G for the first three months of 2017.

WFP's advocacy in 2016 with the National Parliament and Ministry of Health for increased budgeting for nutrition programming by the Government of Timor-Leste resulted in a great increase in the Ministry of Health's budget for nutrition—from USD 54,390 in 2016 to USD 422,000 in 2017—, including the allocation of funds specifically for procuring SNF to expand the treatment of MAM programme from 6 to 13 municipalities.

Financial and human resources from the Regional Bureau for Asia and Pacific were allocated to the country office to support in conducting a landscape analysis and facilitating a national consultation on rice fortification. The outputs from the advocacy and analysis that took place in 2017 will provide technical guidance to the various stakeholders and set the foundation for continued dialogue with the Government in 2018 on the introduction of rice fortification in the country.

WFP successfully submitted a funding proposal to the Contingency Evaluation Fund (CEF) that allowed the completion of an independent evaluation of the treatment of MAM programme. This contributed to the Ministry of Health's National Nutrition Strategy output related to making nutrition data available to inform policies and programmes, specifically the proposed action to hire a third party to conduct end-line evaluations of nutrition programmes.

Discussions with the Global Fund took place throughout 2017 on funding for supply chain management. Proposals were submitted, initially for nine months, but following delays in agreements with the Ministry of Health on the mechanisms, the decision on the proposal was postponed. There has been continued dialogue with the Global Fund and the Ministry of Health, regarding the potential consideration of WFP as sub-recipient for supply chain management in the next round of funding.



## Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	11,726	11,270	22,996
Children (5-18 years)	-	13,524	13,524
Adults (18 years plus)	-	21,273	21,273
<b>Total number of beneficiaries in 2017</b>	<b>11,726</b>	<b>46,067</b>	<b>57,793</b>




## Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Development Project	-	-	-	242	-	242
Single Country IR-EMOP	-	-	-	101	-	101
<b>Total Food Distributed in 2017</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>343</b>	<b>-</b>	<b>343</b>

## Supply Chain

The existing supply chain infrastructure in Timor-Leste poses challenges to the distribution and delivery of nutrition supplies to health facilities. Roads outside of the capital Dili are generally unpaved and terrain is mountainous in many areas. During the wet season, remote areas can be difficult to reach by car, the primary mode of transport in Timor-Leste. Some health facilities in Atauro Island in Dili municipality are only reachable by small boats.

In 2017, WFP supported the capacity strengthening of supply chain management in Timor-Leste through its partnership with the Ministry of Health, Timor-Leste's Medical and Pharmaceutical Supply Agency (SAMÉS) and the National Logistics Centre (NLC). This year also saw a change in the handover point from WFP to SAMÉS, which is responsible for secondary transportation and distribution from the Dili warehouse to the health facilities of the locally produced specialized nutritious food (SNF) for pregnant and lactating women / girls (PLW/G) and ready-to-use supplementary food (RUSF) for children. WFP continues to assist SAMÉS in supply chain management, particularly warehouse and transportation.

In the first half of 2017, Timor-Leste experienced a pipeline break in the supply of Timor Vita. Timor Global, the supplier, had been erratic in providing regular supplies of Timor Vita and four batches were rejected between January and May 2017 due to substandard quality. This resulted in a total of 79 metric tonnes rejected from locally produced supply. Thus, WFP continued to recommend the importation of Super Cereal as a way of mitigating the insufficient supplies of Timor Vita. This recommendation was finally accepted by the Ministry of Health and thus, the Nutrition Department through SAMES ordered Super Cereal from Belgium for distribution to PLW/G in 2018.

In addition, Timor-Leste experienced a supply shortage of RUSF due to a delay in importation from January to March 2017. The supply chain break mainly affected the development programme, but did not extend to affect the nutrition supplies for the emergency operation, primarily as *El Niño*-affected areas were prioritized to prevent spikes in acute malnutrition and a different RUSF was provided to children aged 6-23 months.

Under the WFP–SAMES partnership, in 2017 the online supply chain management system mSupply was rolled out from Dili to all 13 municipalities. The use of mSupply allowed health staff from five referral hospitals, 12 district health services and 59 community health centres to place electronic orders of medical supplies and specialized nutritious food (SNF) for malnutrition treatment, and to enter data into a live online, customizable dashboard, which is accessible to the Ministry of Health, SAMES and the Pharmacy Department. In support of this expansion, over 200 health staff and 20 SAMES staff were trained at community health centres and district health services on mSupply mobile and supply chain management. Follow-up training has been completed in all health facilities where mSupply has been implemented.



## Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Ready To Use Supplementary Food	-	20	20
Vitacereal	96	-	96
<b>Total</b>	<b>96</b>	<b>20</b>	<b>117</b>
<b>Percentage</b>	<b>82.5%</b>	<b>17.5%</b>	

## Implementation of Evaluation Recommendations and Lessons Learned

During 2017, the programme was guided by recommendations and findings from CARE International's Review of the immediate response emergency operation, recommendations from the Zero Hunger Strategic Review, as well as the the European Union (EU)'s mid-term evaluation of the integrated nutrition project, which was jointly implemented by United Nations Children's Fund (UNICEF), the Nutrition Department of the Ministry of Health and WFP. In October, the EU conducted its final evaluation of the project, the report of which was submitted to the EU in December 2017, but has not been published yet. In addition, WFP conducted a decentralized end-line evaluation of the moderate acute malnutrition (MAM) treatment programme between October and December 2017 in an effort to identify the MAM programme performance and explore areas of improvement. Preliminary findings show the programme has been successful but lessons can be learned to improve efficiency and effectiveness. The final report including recommendations is expected to be disseminated in early 2018.

### Integration with systems used by the Ministry of Health

The EU recommended to improve the integration of the monitoring and evaluation (M&E) and supply chain distribution systems into the Ministry of Health structures. Consequently, the responsibility of delivering the nutrition supplies from national to sub-national level in all targeted municipalities was handed over to Timor-Leste's Medical and Pharmaceutical Supply Agency (SAMES). This transition was not without challenges and resulted in delays in the transportation to health facilities, particularly in remote areas. The need for continued support from WFP for supply chain management beyond 2017 had been expressed by several stakeholders. The integration of M&E within Ministry of Health systems was supported through the development of new tools and indicators related to nutrition for the Timor-Leste Health Information System (TLHIS). The TLHIS is however yet to be rolled out and



implemented in all targeted municipalities and health facilities. Therefore, the Nutrition Department of the Ministry of Health continued to use WFP systems to monitor the programme performance until TLHIS is fully operational.

### **In-depth evaluation of the use of specialized nutritious food (SNF) for prevention and treatment**

The EU mid-term evaluation as well as CARE's review recommended to further assess the provision and use of SNF in the context of Timor-Leste. While the provision of SNF was recognized as an appropriate short- to medium-term intervention, it was also proposed to identify the most effective models to prevent and treat undernutrition to have a sustained impact in the country. These observations were in line with the World Bank's review of malnutrition in Timor-Leste conducted in 2016. Acting on these recommendations, the country office successfully applied for funding from the Contingency Evaluation Fund (CEF) to conduct an in-depth evaluation specifically of the treatment of moderate acute malnutrition (MAM) programme. The recommendations from the evaluation will guide future programme design for addressing MAM under the Country Strategic Plan (CSP) and provide the Ministry of Health and other stakeholders with an independent assessment of the performance and lessons learned that can enable informed decision-making on the intervention in 2018.

### **Improved Quality Control and Alternative SNF Products**

In May 2017, WFP conducted an audit of the local production of Timor Vita by the private sector producer Timor Global. Most recommendations from the previous audit in 2016 for improving the quality control aspects of Timor Vita production had not been implemented by 2017. Therefore the commitment to food safety and quality was deemed low. This further emphasized the need for stronger engagement of the Ministry of Health in the discussions with Timor Global on quality aspects and agreement from the Government for the use of an alternative product to be imported as a back-up to mitigate the risk of continued quality constraints in the future. WFP intensified the dialogue on the future production and use of Timor Vita, resulting in an agreement from the Ministry of Health to allow for imported Super Cereal to be used for treatment of MAM for pregnant and lactating women and girls. The quality control audit also found inconsistencies in packaging used for Timor Vita and recommended improvements to be made in accordance with WFP standard specifications. Low quality of packaging of Timor Vita was also found in CARE's review following the immediate response emergency operation, resulting in challenges for the beneficiaries in transporting Timor Vita to the household, as the plastic bags were very fragile and easily breakable.

### **Scale up Nutrition Education**

The Timor-Leste Zero Hunger Strategic Review recommended addressing acute and chronic malnutrition in the country through a five-pronged approach which included scaling-up nutrition education and behaviour change communication to address social norms. The recommendation was a result of multiple consultations with stakeholders and was considered one of the priority areas of WFP's CSP in 2018–2020. In 2017, more emphasis was placed on nutrition education activities at community level through the extension of partnerships with non-governmental organizations for community mobilization, production of new materials such as posters and videos for behaviour change communication on infant and young child feeding practices as well as dietary diversity, and the recruitment of a dedicated staff for the development of a strategy on social and behaviour change communication to be implemented in 2018.

# Project Results

## Activities and Operational Partnerships

**Strategic Objective: Save lives and protect livelihoods in emergencies**

**Strategic Outcome: Stabilized or reduced undernutrition among children aged 6–59 months and pregnant and lactating women**

**Activity: Prevention of malnutrition in the target population of children 6–23 months and pregnant and lactating women**

The immediate response emergency operation (IR-EMOP) 201017 aimed to prevent an increase in acute malnutrition in three municipalities most affected by *El Niño*—Baucau, Lautem and Viqueque—where no food-based interventions for the treatment of moderate acute malnutrition (MAM) were in place.

WFP provided specialized nutritious food (SNF) to the most vulnerable population groups, namely children aged 6–23 months and pregnant and lactating women (PLW), while increasing communities' understanding and awareness of the importance of good nutrition in young children and PLW through community mobilization and nutrition and health promotion sessions. PLW were provided with a locally produced Super Cereal called Timor Vita, while children aged 6–23 months received a medium quantity lipid based nutrient supplement (LNS), called Plumpy'Doz.

The LNS for children aged 6–23 months did not arrive in Timor-Leste until four months after the order was placed due to high global demand for this product and the need for transshipment of cargo, as Timor-Leste has a shallow draft port. The cargo therefore only arrived in country in December 2016. The production of the locally produced SNF for women (Timor Vita) was also delayed due to difficulties in sourcing the raw materials locally (coinciding with the lean season) and internationally, as well as poor production planning from the supplier Timor Global.

WFP and the Ministry of Health, WFP's main partner, began distribution of the SNF in late December 2016, working with municipal and village-level health facilities and increasing the community outreach for nutrition education in collaboration with health staff and non-governmental organizations (NGOs).

Local community leaders and voluntary health promoters in Baucau municipality were invited to support the programme in their villages in order to raise awareness among men and families on the use of SNF, and particularly on the importance of good nutrition for PLW and children, especially during the first 1,000 days of their lives. This outreach 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.

The bulk of nutrition and health promotion sessions began in January 2017, coinciding with the distribution of greater volumes of SNF. The sessions focused on appropriate infant and young child feeding (IYCF) practices, necessary elements of good nutrition, dietary diversity, signs of malnutrition, hygiene and sanitation.

To enhance the capacity of the Ministry of Health in reaching the most vulnerable populations affected by *El Niño*, WFP partnered with the NGOs CARE International, Catholic Relief Services, Cinema Loro'sae and HIAM Health. The NGOs mobilized the communities to attend health clinics, assisted with the registration of children and PLW receiving SNF, and conducted nutrition and health promotion sessions. In addition, WFP's partners trained health staff to deliver sessions in an interactive manner using information materials developed by WFP.

The NGO 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.

Behaviour change communication sessions were conducted through different fora. Cinema Loro'sae and HIAM Health both held screenings at night showing educational films about nutrition and discussing messages with partners. HIAM Health particularly targeted men as key decision-makers over household resources and food production.

With support from both CARE International and HIAM Health, nutrition and health promotion events including cooking demonstrations using Timor Vita were held at mobile health clinics, which form part of the *Serviço Integrado da Saúde Comunitária (SISCa—Integrated Community Health Services)* programme—Timor-Leste's main platform for nutrition outreach, growth monitoring and health promotion. The events targeted communities in general and parents and caregivers in particular.

Catholic Relief Services had a pre-existing large network of community groups, known as mother support groups, used to improve maternal and child nutrition through the promotion of good IYCF practices as part of their Community Driven Nutrition Improvement Project implemented in Baucau and Viqueque. As WFP's activities under this IR-EMOP were considered complementary to the ongoing nutrition project in the two target municipalities, Catholic Relief Services agreed to inform PLW and caregivers about the availability of Timor Vita at health facilities during community mobilization events, as well as to use WFP's nutrition messages and tools, free of charge.

WFP also collaborated with the NGOs Plan International and Red Cross Timor-Leste, who had established water, sanitation and hygiene (WASH) projects in the three municipalities in response to *El Niño*, to ensure beneficiaries had access to water when receiving supplementary food.

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 through the existing mother support groups.

## Results

**Strategic Objective: Save lives and protect livelihoods in emergencies**

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**Activity: Prevention of malnutrition in the target population of children 6–23 months and pregnant and lactating women**

Over 29,500 people (34 percent pregnant and lactating women (PLW) above 18 years, 11 percent PLW below 18 years, 27 percent girls and 28 percent boys aged 6–23 months) across the three municipalities received specialized nutritious food (SNF). More PLW and children aged 6–23 months were reached than planned, because WFP distributed the SNF over four months rather than three months as planned, including more beneficiaries who were identified by health staff in the course of the intervention as meeting the targeting criteria.

Instead, the amount of the locally produced and distributed Super Cereal Timor Vita was 75 mt versus the 136 mt planned, mainly due to significant delays in the production of Timor Vita by the local supplier, Timor Global. The delays in production were a result of poor planning and difficulties in sourcing raw materials locally, as well as delays in importing the raw materials not available in-country. WFP urged the supplier to address its challenges and requested to the Ministry of Health to import Super Cereal as an alternative to Timor Vita, which was only approved during the last quarter of 2017.

The medium quantity lipid-based nutrient supplement (LNS) for children, Plumpy'Doz, arrived in Timor-Leste only after four months of delay. Therefore, by the project end date, the amount of LNS distributed was lower than planned. The remaining LNS was handed over to the Ministry of Health for their distribution.

Through the immediate response emergency operation, WFP detected high rates of acute malnutrition using middle-upper-arm-circumference (MUAC) measurements. An average of 23 percent of the targeted PLW were found to have acute malnutrition, 9 percent of targeted boys and 10 percent of targeted girls were found to have moderate acute malnutrition (MAM), with some municipalities exceeding these rates even significantly (for example, Lautem). These results indicated an increase in MAM rates since the 2013 Timor-Leste Food and Nutrition Survey, which had found a MAM prevalence of 4 percent among children aged 24–59 months and a prevalence of thinness among women [1] of 21 percent. In light of the nutrition situation, WFP ensured that all cases of malnutrition detected among children and PLW were referred to health clinics, and requested the respective doctors and/or heads of health posts and community health centres to give special attention to the identified cases.

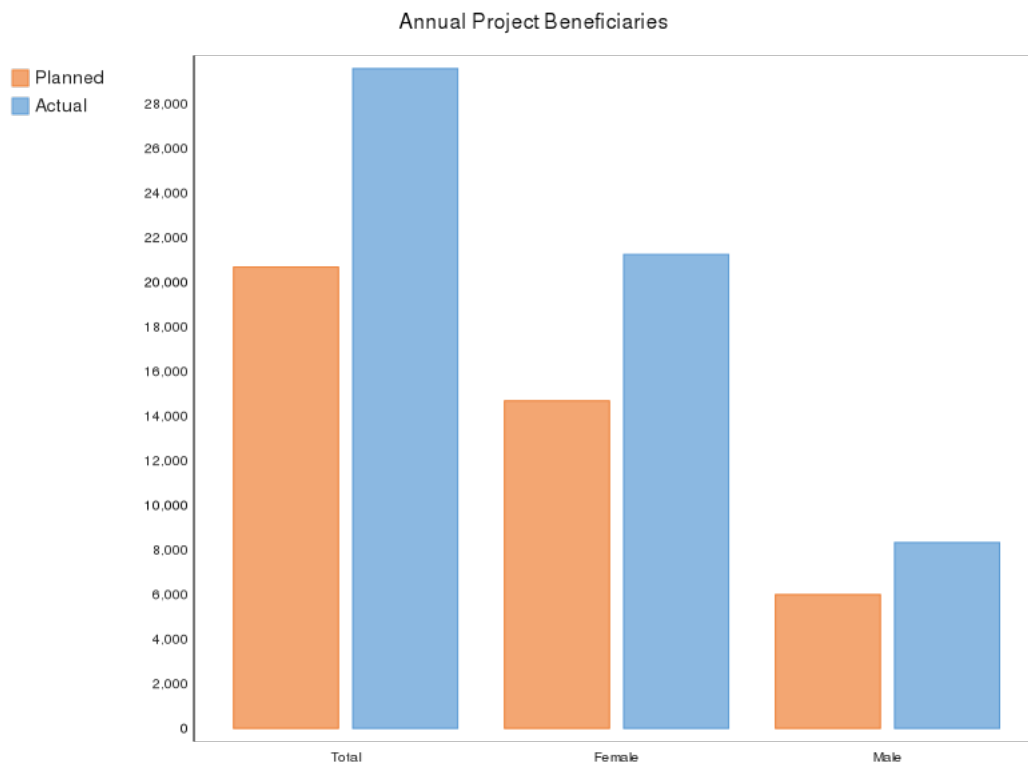
The component of the project which aimed to raise awareness of communities (particularly PLW, parents and caregivers) around the importance of dietary diversity for infants, young children and PLW was mostly conducted by non-governmental organizations (NGOs) partners. Approximately 13,000 people across the three municipalities participated in the awareness raising activities. The delay in the arrival of the SNF in-country and subsequently to the health facilities meant that NGO partners delayed holding awareness raising events until the arrival date of the SNF could be confirmed. Most cooperating partners initiated their activities within the communities in January 2017, following the initial night screenings of films on nutrition held by Cinema Loro'sae in December 2016 in 13 *sucos* (villages) in Lautem municipality, reaching 4,600 people.

HIAM Health activities consisted of cooking demonstrations with Timor Vita, interactive nutrition activities, night events focusing on hygiene and sanitation, as well as health and nutrition education sessions for the whole community, targeting particularly PLW, children, parents and caregivers. HIAM Health also assisted with the distribution of the LNS and hygiene packs during Integrated Community Health Services (SISCa), and screened children for acute malnutrition. Almost 6,700 people (29 percent women, 40 percent men and 31 percent children) from 33 different *aldeias* (hamlets) across 18 *sucos* in the municipality of Lautem participated in the activities.

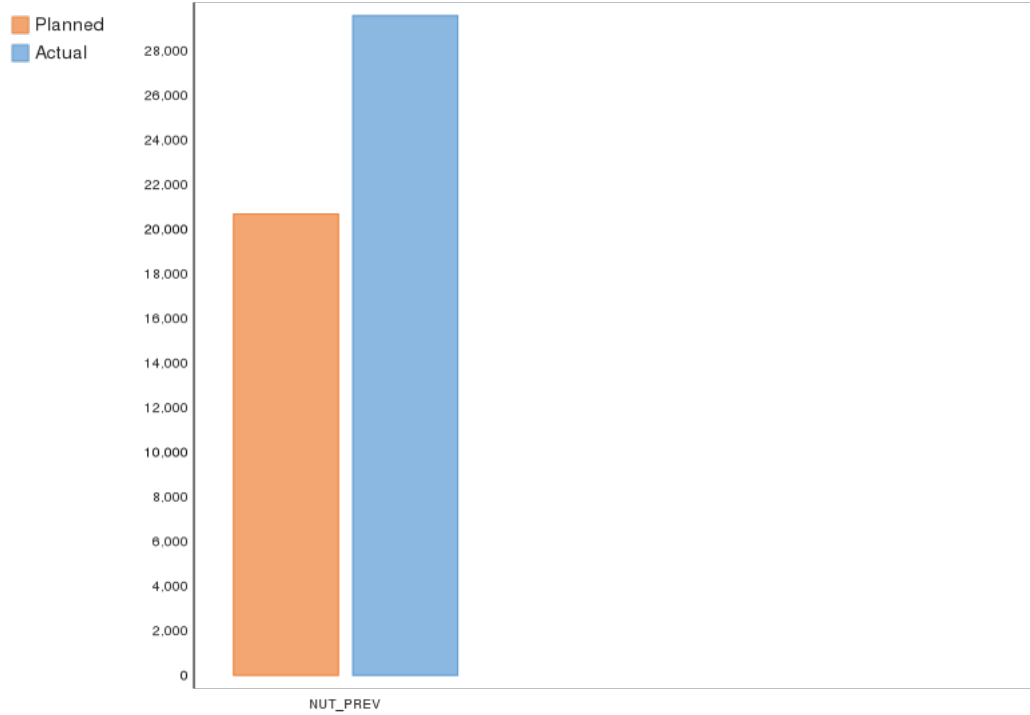
CARE International, jointly with government health staff, conducted mobilization sessions to provide messages on nutrition for PLW and children aged 6–23 months. Over 1,850 people participated in these sessions, including PLW, children and other community peoples and leaders, 20 percent of the participants were men and boys. CARE International also supported the distribution of SNF and performed screenings in Viqueque municipality. 82 percent of targeted PLW, 77 percent of targeted girls and 71 percent of targeted boys aged 6–23 months received SNF, and almost 400 cases of malnutrition among children and PLW were referred for treatment.

Catholic Relief Services shared information on the availability of Super Cereal and LNS with communities through their regular project channels at community health centres and community SISCa posts.

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 [1] Note: Prevalence of thinness in women (Body Mass Index below 18) is for non-pregnant women.

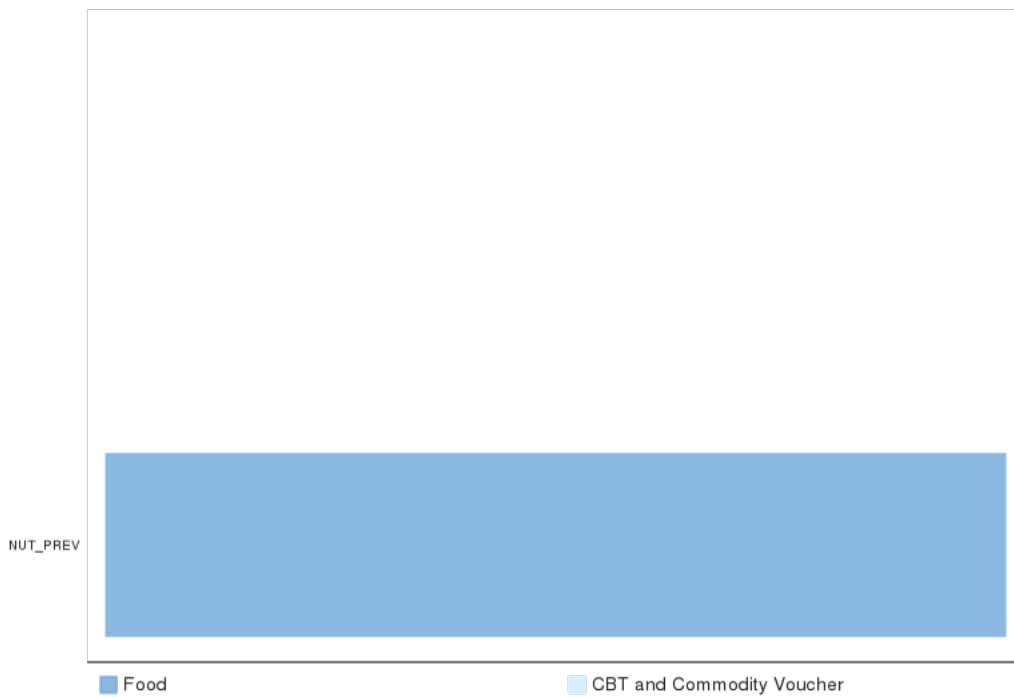


Annual Project Beneficiaries by Activity



NUT\_PREV: Nutrition: Prevention of Acute Malnutrition

Modality of Transfer by Activity



NUT\_PREV: Nutrition: Prevention of Acute Malnutrition



## Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Corn Soya Blend	136	75	55.5%
Ready To Use Supplementary Food	43	26	59.3%
<b>Total</b>	<b>179</b>	<b>101</b>	<b>56.4%</b>

## Performance Monitoring

WFP field support units (FSUs) visited the health facilities on a weekly basis to monitor the number of pregnant and lactating women (PLW) as well as children aged 6–23 months who were provided with specialized nutritious food (SNF), through verification of beneficiaries' registration. Registration forms and ration cards provided to children and PLW and stock cards issued to partners enabled tracking of the number of beneficiaries and the quantity of food distributed. Reporting formats were shared with health staff as tools to track and monitor project implementation.

WFP also monitored the number of cases of acute malnutrition in PLW and moderate acute malnutrition (MAM) in children through middle upper arm circumference (MUAC) measurements. Partners such as CARE International, HIAM Health and Cinema Loro'sae monitored the number of people attending nutrition and health promotion events.

In addition, WFP carried out ten monitoring visits from Dili to support its FSU staff and district public health officers (DPHOs) in the three municipalities in accordance with their monthly work plans, ensuring effective programme delivery through coordination meetings, warehouse assessments, site visits and orientations for blanket distribution. Regular communication was ensured with all partners.

In March 2017, CARE International, together with the Ministry of Health, conducted a review of the project, using key informant interviews and focus group discussions with community members who received SNF and counselling. The review aimed to ensure accountability for the distribution of SNF, as well as the effectiveness of information and health promotion events. The findings indicated a high acceptability of both types of SNF, not only because of their taste, but also because the beneficiaries acknowledged the nutritional benefits. Nutrition messages on the functions of the different food types in relation to the development and growth of the children were also highly accepted and understood by the communities. The men consulted recognized the importance of nutritious food consumption for PLW to avoid complications during pregnancy and delivery, as well as for the health of the baby.

National statistics on the total population [1] of children aged 6–23 months and PLW were used as a basis for the project and as an entry point for the assessment of health facilities to implement blanket supplementary food distributions for the prevention of acute malnutrition in the three targeted municipalities. Data collected through the registration forms was disaggregated by sex for children aged 6–23 months receiving food, and WFP's cooperating partners were required to collect sex-disaggregated data on attendance of community mobilization sessions.

[1] *Estatística Informasaun Saúde* (Health Information and Statistics) Timor-Leste, 2016

## Progress Towards Gender Equality

The engagement of both male and female community members and caregivers was a central component of the project. In Timor-Leste men play an important role in controlling household resources and determining 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 screened for malnutrition. The community's and especially men's understanding of the increased nutritional needs of PLW was very low. Given the context of pervasive gender inequalities in Timor-Leste, challenges remained regarding decision-making at the household level on food and nutrition, and the prioritization of nutrition for pregnant and lactating women (PLW) within the household. Such challenges were evidenced in some cases where Timor Vita was consumed by all members of a household rather than exclusively by PLW. This highlights the importance of continued action on gender equality

and women's empowerment throughout activities and programming. Thus the project used national behaviour change communication materials and community mobilization methods to promote gender equality.

In WFP and its partners' community mobilization plans, targeting both male and female community leaders to perform different roles in their communities was essential in order to share messages with male heads of households on the importance of women and children's nutrition, and to publicly acknowledge this project. Influential female leaders were included in community meetings and were involved in sharing specific messages with women as it was more culturally appropriate for women to discuss nutrition and health issues. Socialization meetings gathered over 130 people, mostly village chiefs, family health promoters, nutrition focal points and district public health officers, 24 percent of which were women. Given that men were not receiving any specialized nutritious food, WFP and its partners also emphasized to men the reasons why the project only targeted children aged 6–23 months and PLW.

One of the main tools used and distributed to the Ministry of Health, as well as to partners and health promotion volunteers, was a poster showing the importance of dietary diversity and especially protein- and iron-rich nutrition for pregnant women to support their health and their baby's growth. Posters were used by health staff during all nutrition education sessions with communities and were distributed to parents and caregivers to take home.

Key messages were widely accepted and easily understood by the communities. During the final review most respondents confirmed they had been exposed to the information through the poster, mostly during the nutrition education sessions across the three municipalities. Some female respondents also reported changing their cooking practices to add more nutritious food when cooking porridge for the children, as well as starting to consume fruits, meat and milk once or twice per week.

WFP's collaboration with Catholic Relief Services benefited from the NGO's 200 mothers' support groups in Baucau and Viqueque, which met regularly to discuss infant care practices and nutrition. These support groups have shown to be effective in empowering women to develop and maintain healthy behaviours around infant and maternal health.

CARE International encouraged gender mainstreaming through a gender-transformative approach involving programme strategies that sought to build social attitudes, behaviours and structures supporting gender equality. CARE International engaged male leaders in all communities to promote the importance of meeting women and children's nutritional needs, since communities tended to accept messages more when they came from their leaders. During the final review, male participants reported higher awareness of women and children's health and nutrition needs and indicated their overall support of women and children's receiving supplementary food and health checks.

HIAM Health focused on empowering women through nutrition-sensitive agriculture to improve maternal nutrition. The NGO used their network of mostly male agricultural extension workers to assist in mobilizing communities, especially male community leaders. As a result, 40 percent of participants at the events organized by HIAM Health were men—the highest share of male participation mobilized by WFP's cooperating partners. Given their agricultural expertise, the extension workers were considered a trusted source of information for male village leaders and heads of households. They encouraged men in the communities to support good nutrition for women and children by attending health clinics and through the consumption of nutritionally diverse food. Health personnel reported an increase in the number of community members visiting the health centres thanks to the supplementary food distribution and nutrition messaging provided.

## Protection and Accountability to Affected Populations

Accountability to affected populations through feedback mechanisms enabled WFP and partners to be aware of problems and to better adapt the activities to beneficiaries' needs.

WFP, jointly with district public health officers, facilitated orientation sessions for nutrition focal points and other health staff in the three municipalities to inform them about the objectives, target groups and type of specialized nutritious food (SNF) distributed through the emergency operation, as well as the monitoring tools used and the behaviour change communication materials for community mobilization and nutrition education. WFP's partners supported the socialization of the programme with communities, mainly through meetings with *suco* (village) and *aldeia* (hamlet) chiefs.

Measures were taken to avoid exposing beneficiaries and other community members to safety or security risks when participating in the activities, by organizing the distributions and other community events during day time, so that women and children would not have to travel long distances in the dark, and by organizing the night events at

the most decentralized level possible.

As requested by WFP, CARE International conducted a review of the immediate response emergency operation (IR-EMOP) with the intention of gathering feedback from the beneficiaries on the nutrition services provided and on how to improve service delivery in future interventions.

Feedback was sought on all aspects of nutrition services offered under this operation, including the distribution of SNF to pregnant and lactating women (PLW) and children aged 6–23 months, middle-upper-arm-circumference (MUAC) measurements to assess nutritional status, and community mobilization and awareness raising sessions on nutrition and its importance for PLW and children. Questions of the review also related to the acceptability of the ration and the two types of SNF, challenges faced by women, men, girls and boys in accessing the SNF and project-related information, as well as challenges in nutrition-related practices as a result of the intervention.

The review aimed to contribute to improved accountability to affected populations in line with the Inter-Agency Standing Committee (IASC)'s commitments and the Core Humanitarian Standard on Quality and Accountability, by ensuring that an effective process for participation and feedback was in place and that programme design and management decisions were responsive to the views of affected communities and people.

A total of 161 women and 65 men participated in focus group discussions. Each respondent was informed about the purpose of the discussion, and CARE International ensured informed consent from the respondents prior to the discussion. In addition, 21 key informant interviews were conducted with representatives from 17 health posts and community health centres across the three municipalities.

Feedback from the review was received at the end of the IR-EMOP, so it was not possible to integrate this into the operation. However, some of the recommendations were introduced into WFP's existing mother and child health and nutrition development programme. For instance, following complaints regarding Timor Vita packaging breaking easily when being carried, it was recommended to improve the quality of the packaging to ensure it could withstand being dropped or carried over rough terrain. WFP raised this issue with the local supplier and a new, more resistant packaging was introduced in mid-2017.



# Figures and Indicators

## Data Notes

Cover page photo © WFP / Cesaltino Ximenes.

Anita da Costa, a breastfeeding mother, with her child Lucia, receiving locally-produced Super Cereal, called Timor Vita, at Lautem Municipality.

## 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	5,998	14,683	20,681	8,332	21,248	29,580	138.9%	144.7%	143.0%
<b>By Age-group:</b>									
Children (under 5 years)	5,998	5,762	11,760	8,332	8,006	16,338	138.9%	138.9%	138.9%
Children (5-18 years)	-	2,141	2,141	-	3,178	3,178	-	148.4%	148.4%
Adults (18 years plus)	-	6,780	6,780	-	10,064	10,064	-	148.4%	148.4%
<b>By Residence status:</b>									
Residents	5,998	14,683	20,681	8,332	21,248	29,580	138.9%	144.7%	143.0%

## 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	29,580	-	29,580	143.0%	-	143.0%

## 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	29,580	-	29,580	143.0%	-	143.0%

## 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)
<b>Nutrition: Prevention of Acute Malnutrition</b>									
Children (6-23 months)	5,998	5,762	11,760	8,332	8,006	16,338	138.9%	138.9%	138.9%
Pregnant and lactating girls (less than 18 years old)	-	2,141	2,141	-	3,178	3,178	-	148.4%	148.4%
Pregnant and lactating women (18 plus)	-	6,780	6,780	-	10,064	10,064	-	148.4%	148.4%
Total beneficiaries	5,998	14,683	20,681	8,332	21,248	29,580	138.9%	144.7%	143.0%