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Capacity Development for Health and Nutrition

Standard Project Report 2017

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

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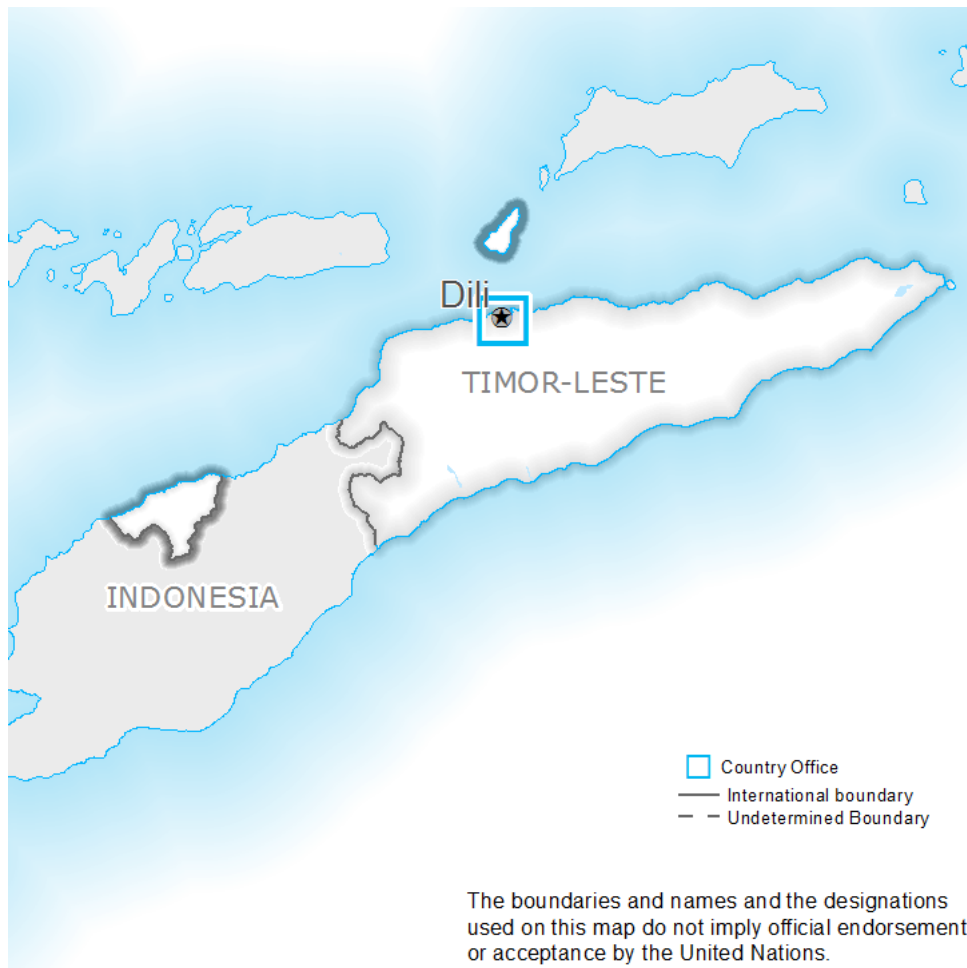
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Country Context and WFP Objectives



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 (SAMÉS) 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 SAMÉS 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
Total number of beneficiaries in 2017	11,726	46,067	57,793




Annual Food Distribution in Country (mt)

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

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
Total	96	20	117
Percentage	82.5%	17.5%	

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

WFP's assistance focused on improving the nutritional status of vulnerable people, most notably pregnant and lactating women/girls (PLW/G), as well as children aged 6–59 months. Through a treatment of moderate acute malnutrition (MAM) programme, WFP helped reduce infant and maternal mortality rates and helped improve the health of vulnerable populations.

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger

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

Activity: Technical assistance

WFP's programme focused on strengthening capacity of the Ministry of Health at central and decentralized levels to implement a malnutrition treatment programme, as well as on enhancing monitoring. WFP field staff carried out monthly monitoring visits to targeted health facilities. Additionally, health staff, government officials and community members participated in training and learning events on various topics including nutrition, on-the-job orientations, monitoring and evaluation, and the use of behaviour change communication (BCC).

Three refresher trainings on BCC and data recording and reporting were delivered jointly with the Ministry of Health's Nutrition Department for 72 nutrition focal points (41 women and 31 men) in Ainaro, Covalima and Dili. WFP also supported a three-day training of trainers for health staff and development partners in data collection, analysis and reporting using Timor-Leste's Health Information System. The training was attended by 19 people (5 women, 14 men) from Nutrition, Monitoring and Evaluation and Health Management Information System (HMIS) Departments of the Ministry of Health, from John Snow Inc. (JSI) together with staff from the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and WFP.

WFP and Timor-Leste's Medical and Pharmaceutical Supply Agency (SAMÉS) renewed their letter of understanding with the aim of increasing the efficiency of national supply chain management (SCM) for medical supplies, consumables and nutrition supplies. Together, WFP and SAMÉS sought to address operational and staff capacity shortcomings that were hampering the supply-tracking, warehouse management, stock management and reporting. In addition, WFP and SAMÉS planned the roll-out of the online supply chain management system mSupply beyond Dili municipality and aimed to strengthen the SCM component of the treatment of MAM programme at central level and in priority districts.

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger

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

Activity: Treatment of moderate acute malnutrition programme

In 2017, the treatment of MAM programme continued in 6 of the 13 municipalities of Timor-Leste—Ainaro, Bobonaro, Covalima, Dili, Ermera and Oecusse. These districts were prioritized because they registered the highest levels of stunting and wasting in the 2013 National Nutrition Survey. WFP supported the Ministry of Health in identifying and providing treatment to PLW/G and children aged 6–59 months. The admission criteria for MAM was done through mid-upper arm circumference (MUAC) screening for PLW/G (<23 cm) and children 6–59 months (MAM between 11.5 and 12.5 cm). In November, Timor Vita was provided in three additional municipalities (Baucau, Lautem and Viqueque) which were the most affected by the 2016 *El Niño*, at the Government's request. WFP established a partnership with CARE International to support the distribution of Timor Vita and provide nutrition and gender sessions to PLW/G through the existing health structure.

A far higher than targeted number of PLW/G received nutrition treatment, which entailed the provision of specialized nutritious food (SNF), the locally produced Super Cereal (Timor Vita), for a period of six months. Increased efforts in behaviour change communication activities such as nutrition promotion and cooking demonstrations attracted a higher number of PLW/G meeting the targeting criteria. In addition, the distribution of Timor Vita in the three additional municipalities also contributed to the higher than planned number of PLW/G assisted.

The uptake of nutrition services by children aged 6–59 months decreased in 2017 compared to 2016. This was due to a supply shortage of the ready-to-use supplementary food (RUSF) for children during the first quarter of 2017. Food distribution resumed in April, but did not fully cover all targeted health facilities until May. For the second half of the year, RUSF was available across all health facilities. The full course of treatment for targeted children entailed

the provision of one sachet of RUSF a day for a period of three months.

The activities continued to promote uptake and continuation of the treatment programme and contributed to the prevention of acute malnutrition through interactive communication with caregivers and other community members on infant and young child feeding practices and adequate dietary diversity at household level. Behaviour change communication posters were used to raise communities' awareness of the importance of dietary diversity during pregnancy and breastfeeding, and good practices to keep their children healthy.

Cooking demonstrations using the locally produced Timor Vita were organized to explain to PLW/G the nutritional properties of the supplementary food and how to prepare it. The sessions also promoted the use of locally available nutrient-rich foods to enhance the nutrient intake of family members.

WFP installed televisions in community health centres in four municipalities (Bobonaro, Dili, Ermera and Oecusse), showing clips to promote good health and nutrition practices. In Ermera municipality, WFP collaborated with Liga Inan, a programme which provides health services via SMS messaging to PLW/G by sharing key messages on nutrition and the importance of visiting health facilities to assess their nutritional status.

The Ministry of Health and WFP further cooperated with Alola Foundation and World Vision International, who established parents support groups to promote proper infant feeding practices, hygiene and nutrition. Alola Foundation supported the programme in Dili and Oecusse, while Covalima was covered by World Vision.

The Ministry of Health played a lead role in the co-organization of several outreach events in all six municipalities during 2017, for example on the National Health Day and World Food Day. The events included cooking demonstrations and competitions, night sensitization events and quizzes for school children and parent support groups.

Discussions were initiated to promote food fortification to address micro-deficiencies in Timor-Leste. A National Consultation on Rice Fortification was organized jointly by the National Council for Food Security, Sovereignty and Nutrition in Timor-Leste (KONSSANTIL) and WFP in November. As part of this initiative, a landscape analysis was initiated, which is expected to be finalized early 2018.

Results

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger

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

Activity: Technical assistance

The Ministry of Health displayed increasing signs of ownership of the programme at both national and municipal level. It requested WFP's support in strengthening the capacities of health staff, recognizing knowledge gaps among the health personnel as well as the willingness to develop technical skills and improve operational mechanisms and processes to strengthen programme implementation.

As a result of trainings and on-the-job learning sessions, the trained nutrition focal points (NFPs) increasingly followed the admission and discharge criteria as per the established protocols for the moderate acute malnutrition (MAM) treatment programmes. They regularly recorded and updated the stock cards and beneficiaries' enrolment cards, and produced the related monthly reports. The NFPs were able to deliver the nutrition promotion sessions emphasizing key messages on dietary diversity and the use of local products. Overall, staff trained acquired sustainable skills and knowledge for an improved programme implementation and better management.

The Medical and Pharmaceutical Supply Agency (SAMES) improved the availability of medicines and the accuracy of data in their warehouse thanks to an electronic mobile inventory. Additionally, mSupply mobile was implemented in all district health services and community health centres across the country, as well as in all health posts in Dili municipality and five referral hospitals in Timor-Leste, apart from Oecusse municipality, where mSupply mobile extends up to the district health services level.

The successful roll-out of mSupply and enhanced warehouse management were the result of capacity development of SAMES and Ministry of Health staff regarding the use the tracking management system, and the introduction of a range of procurement reforms that took place in 2017. These included the pre-qualification of suppliers and line-by-line bid evaluations for pharmaceutical, medical consumables and laboratory tenders, that enabled the Ministry of Health to make savings of over USD 2 million whilst ensuring quality.

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger

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

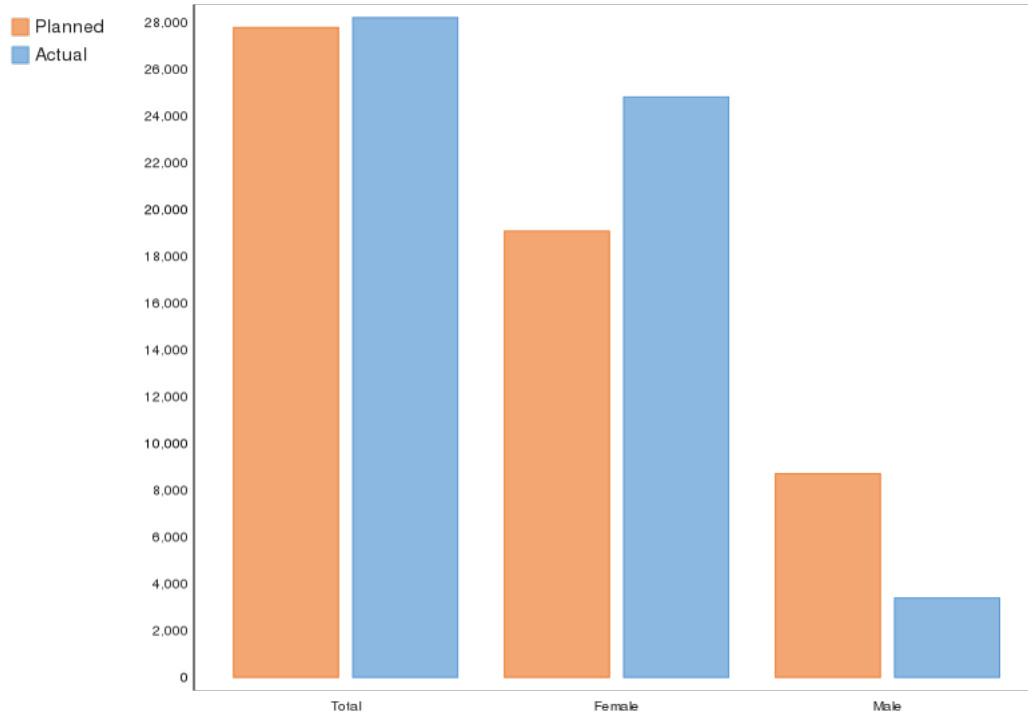
Activity: Treatment of moderate acute malnutrition programme

In 2017, the nutrition programme met the Sphere standards for the treatment of MAM for boys and girls aged 6–59 months in terms of mortality rate (no reported case) and non-response rate. Coverage rates, however, were below the minimum standard of 70 percent for Dili and 50 percent for rural areas. The decrease in the number of eligible children participating in the programme can be attributed to the pipeline break experienced with the ready-to-use supplementary food (RUSF) at the beginning of 2017. Activities focused mainly on nutrition and health education sessions during the affected months. Out of the children enrolled in the programme in rural areas, 66 percent recovered from acute malnutrition—somewhat below the target but an improvement when compared to 2016. Many children did not complete the treatment because of poor understanding from parents and caregivers on the importance of completing the course of the programme, resulting in high default rates. Other factors included the distance from the health facility, engagement in farming activities, participation in cultural ceremonies within their family, as well as insufficient follow-up from the health staff. WFP support units, with nutrition focal points and district public health officers, will work on reinforcing the message to communities on the importance of regular monthly visits to health facilities and increase follow-up on MAM cases.

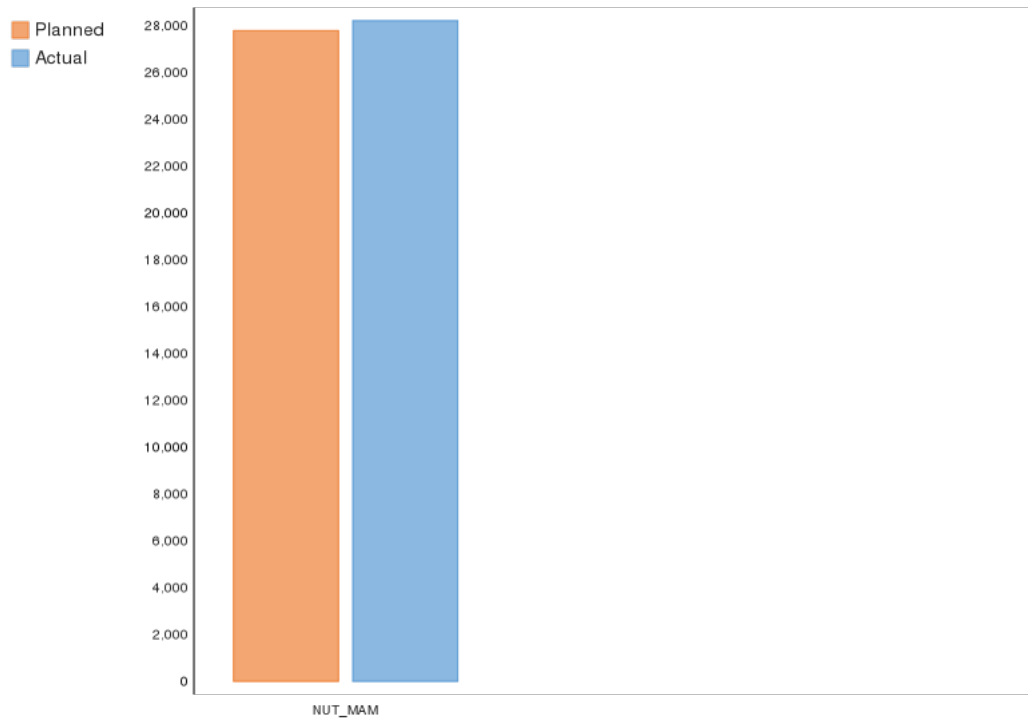
Among pregnant and lactating women and girls, WFP reached more beneficiaries than initially planned, as Timor Vita was a strong pull factor, and thanks to increased efforts on behaviour change communication and strong engagement with parent support groups. Out of the women enrolled, more than half recovered from acute malnutrition. High default rates were documented, owing to similar factors as in the case of children, as well as the pipeline break in the distribution of Timor Vita. The extended practice of supplementary food sharing within the household resulted in sub-optimal consumption of the commodity, which in turn contributed to relatively high non-response rates.

Almost 150 nutrition education sessions and over 70 cooking demonstrations were organized in 2017, reaching over 12,000 people (70 percent women and girls, 30 percent men and boys) across the six targeted municipalities. They contributed to positive results as observed mostly through the household monitoring interviews with beneficiaries enrolled in the programme. Households interviewed reported improved infant and child feeding practices: mothers stated increased breastfeeding of children (from 58 percent in the first quarter of the year to 74 percent in last), improved complementary feeding practices (73 percent of households indicated that they added vegetables to the plain rice), and increased the frequency of feeding (on average, 59 percent feeding their children three times a day). Soap and running water were increasingly available, reaching 76 percent of household interviewed in the last quarter, a considerable improvement compared to the 44 percent of 2017's first quarter. Almost 100 percent of households confirmed they received information on how to prepare the specialized nutritious food (SNF) and put the knowledge into practice. While food sharing continued to be an issue, there was a decreasing trend throughout the year, with only 24 percent of interviewed households reporting sharing the SNF with other family members during the last quarter of 2017.

Annual Project Beneficiaries

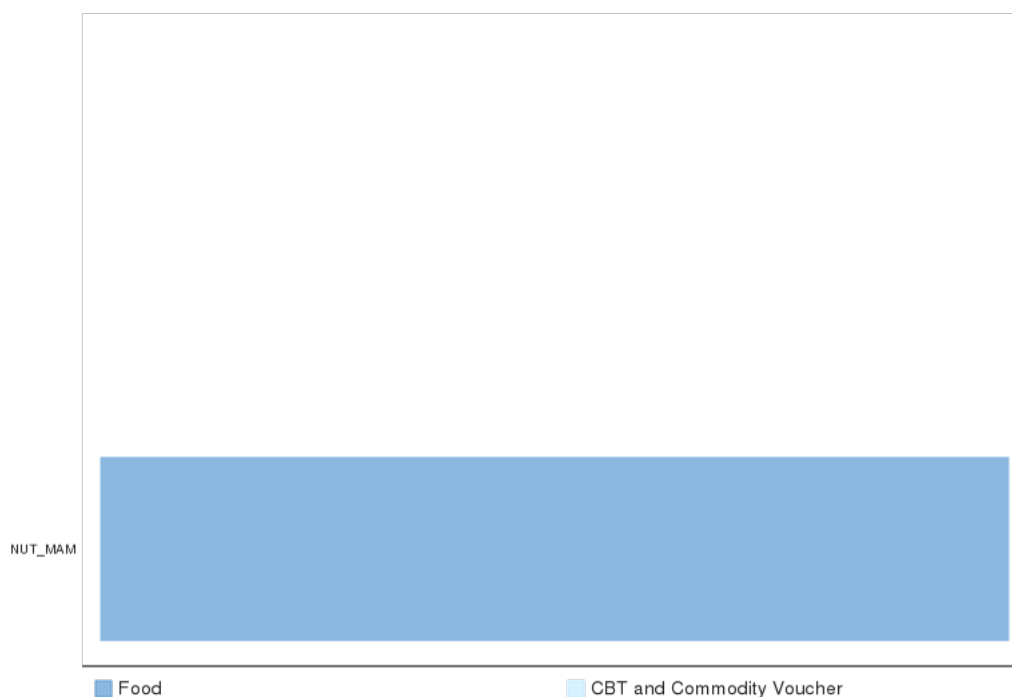


Annual Project Beneficiaries by Activity



NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition

Modality of Transfer by Activity



NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition



Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Corn Soya Blend	386	199	51.7%
Ready To Use Supplementary Food	94	42	44.8%
Total	480	242	50.4%

Performance Monitoring

One of the main objectives of the programme since its start was to strengthen the Ministry of Health's monitoring and evaluation capacity, to feed municipal level data into the national health monitoring system and to use it to take corrective measures and make informed decisions to continuously improve programme performance.

The project monitoring plan matrix was designed in line with WFP's normative framework and the minimum monitoring standards for nutrition programming and guided WFP staff (particularly field support units), nutrition focal points and nutrition district public health officers across the six municipalities on their roles and responsibilities for data collection, compilation and submission of monthly progress reports. Regular supervision and support from WFP and staff training enabled municipal health services to provide higher quality data and submit their reports on time.

By the end of 2017, the number of health facility checks had increased by 5 percent compared to 2016, reaching 80 percent of planned health facilities visited. In addition, WFP field staff continued conducting household interviews to ensure beneficiaries were provided with proper treatment and nutrition information. The number of household interviews increased by 7 percent compared to 2016, reaching 86 percent of planned households. The findings from the monitoring visits were collected using tablets and analysed to produce quarterly reports. The reports were then distributed to relevant health staff and other stakeholders. The use of eWIN (electronic WFP information network), an easy-to-operate software installed onto the tablets for any monitoring, survey or assessment, enabled real-time

data collection indicating the location of the monitoring site thanks to integrated GPS.

Five joint monitoring visits were conducted with the Ministry of Health's Nutrition Department to the municipalities of Ainaro, Covalima, Dili, Ermera and Oecusse, covering 26 health facilities, including community health centers and health posts.

Additionally, WFP supported the Ministry of Agriculture and Fisheries to organize a joint rapid assessment on *Ei Niño* in June 2017. WFP provided equipment and training on the use of eWIN and supported data analysis on agriculture (production of main crops), water (access to water) and livestock (enough food for livestock and causes for the death of the animal).

WFP worked jointly with the Health Management Information System (HMIS) Department of the Ministry of Health to integrate the moderate acute malnutrition (MAM) indicators into Timor-Leste's Health Information System (TLHIS). This increased collaboration allowed to spot data discrepancies between the TLHIS and WFP MAM programme due to insufficient data verification. In 2018, WFP through its field support units will work closely with district public health officers and strengthen coordination with HMIS focal points at the municipality level to ensure consistency between the data from the Ministry of Health and those from WFP.

Gender aspects were better covered in monitoring processes through the collection of sex- and age-disaggregated data and the inclusion of qualitative gender-related questions to ensure that project interventions were designed to meet the needs of women, men, girls and boys. Recruiting female field staff and monitors continued to be a challenge in 2017 due to a lack of candidates with the requisite skills and experience, cultural norms challenging women to ride a motorbike and travel to remote areas. This being said, WFP successfully recruited a female field officer under the emergency operation for Lautem municipality.

Progress Towards Gender Equality

During 2017, WFP extensively used interactive tools and posters to explain the importance of good nutrition for pregnant and lactating women / girls (PLW/G) and young girls and boys, and installed televisions in community health centres in four municipalities (Bobonaro, Dili, Ermera and Oecusse), which showed short clips on good health and nutrition.

The community's and especially men's understanding of the increased nutritional needs of PLW/G was very low. Many community members believed that people eat only to fill their stomachs. Behaviour change communication materials and community mobilization methods were used to increase understanding and support to address the specific needs of girls, boys and PLW/G. 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 and girls need to eat a range of foods, especially proteins, to support their health and their baby's growth. Partner organizations were trained on how to introduce the poster, which was used in community meetings with women and men leaders, where the importance of good nutrition, especially proteins and iron-rich foods during pregnancy, was explained. The results of the behaviour change communication could be seen through the household interviews, as described in the Results section of this report.

Better involvement and engagement of men were promoted. Men generally control 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. Materials and messaging developed by WFP and the Ministry of Health, targeting fathers, male community leaders and women, were distributed to the municipality level by the Ministry of Health, and were shared with Alola Foundation and World Vision International for their use in the community support groups to ensure that messaging on nutrition was consistent and easily understood by rural caregivers. Both cooperating partners, Alola Foundation and World Vision International, worked not only with the PLW/G but actively sought the engagement of husbands, partners, fathers and male caregivers, along with male community leaders, generating enhanced interest and opening a safer space for conversations on nutrition within the household.

In three municipalities in the east of Timor-Leste (Baucau, Lautem and Viqueque), CARE International also conducted gender sessions for PLW/G as well as for partners, caregivers and the community in general. These sessions aimed to challenge rigid gender norms and roles to encourage greater mutual support between men and women and sharing of domestic chores at household and community levels. The sessions also engaged men to have a better understanding of power inequalities, norms of masculinity within their household and community, as well as the linkages with intimate partner violence and gender-based violence at large.

Protection and Accountability to Affected Populations

Accountability to the people WFP serves is closely linked with the protection, information provision and feedback mechanisms enabled for WFP and partners to be aware of the problems and better adapt the activities to the beneficiaries' needs.

Information about the programme was mostly provided through the health staff at the health facilities in each municipality, supported by WFP field staff. The posters mounted at the health facilities and shared through meetings with community leaders ensured key nutrition messages were available to all. Additionally, communities could learn more about the programme through parents support groups.

The Ministry of Health appreciated the checklist used by the Nutrition Department and WFP to interview beneficiaries and give them an opportunity to provide feedback about the assistance they received. The checklist was updated in 2017 to more thoroughly track beneficiaries' satisfaction and understanding of the causes of malnutrition, to guide behaviour change communications, and to learn whether counselling and basic information were being provided by health staff. In 2017, the household interviews found that 97 percent of caregivers surveyed received information on the correct use of the supplementary food and on hygiene.

WFP tried to ensure that assisted populations were required to travel as short a distance as possible by providing specialized nutritious food in village health posts across the six municipalities where the programme operated. Since all food distributions and health checks occurred in the morning, the programme minimized safety risks for beneficiaries, particularly for women, by avoiding the need for beneficiaries to travel at night.

Household surveys of people receiving treatment showed that 85 percent of beneficiaries travelled on foot to their closest health facility, while the remaining 15 percent travelled by motorbike, car or public transport. Most respondents (62 percent) spent between 20 minutes and one hour travelling to their closest health facility, while 31 percent spent between 5 and 15 minutes and the remaining 7 percent spent over an hour travelling. The time taken to attend health clinics created barriers for some beneficiaries to continue follow-up treatment from one month to the next.

Figures and Indicators

Data Notes

Cover page photo © WFP Timor-Leste / Denita Baptista

A nutrition focal point from the Viqueque Villa Community Health Centre and staff from WFP's partner, Care International, provide nutrition education to pregnant and lactating women and girls at Beobe Health Post, Viqueque Municipality. Shortly afterwards, locally produced Super Cereal Timor Vita was distributed.

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total Beneficiaries	8,709	19,081	27,790	3,394	24,819	28,213	39.0%	130.1%	101.5%
By Age-group:									
Children (under 5 years)	8,709	8,368	17,077	3,394	3,261	6,655	39.0%	39.0%	39.0%
Children (5-18 years)	-	5,142	5,142	-	10,348	10,348	-	201.2%	201.2%
Adults (18 years plus)	-	5,571	5,571	-	11,210	11,210	-	201.2%	201.2%
By Residence status:									
Residents	8,709	19,081	27,790	3,394	24,819	28,213	39.0%	130.1%	101.5%

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition	27,790	-	27,790	28,213	-	28,213	101.5%	-	101.5%

Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition	27,790	-	27,790	28,213	-	28,213	101.5%	-	101.5%

Nutrition Beneficiaries

Nutrition Beneficiaries

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition									
Children (6-23 months)	3,040	2,937	5,977	1,185	1,145	2,330	39.0%	39.0%	39.0%
Children (24-59 months)	5,670	5,430	11,100	2,209	2,116	4,325	39.0%	39.0%	39.0%
Pregnant and lactating girls (less than 18 years old)	-	5,142	5,142	-	10,348	10,348	-	201.2%	201.2%
Pregnant and lactating women (18 plus)	-	5,571	5,571	-	11,210	11,210	-	201.2%	201.2%
Total beneficiaries	8,710	19,080	27,790	3,394	24,819	28,213	39.0%	130.1%	101.5%

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children				

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
MAM treatment recovery rate (%)				
<i>DILI (CHILDREN 6-59 MONTHS), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	>75.00	-	66.83	47.26
MAM treatment mortality rate (%)				
<i>DILI (CHILDREN 6-59 MONTHS), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	<3.00	-	0.00	0.00
MAM treatment default rate (%)				
<i>DILI (CHILDREN 6-59 MONTHS), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	<15.00	-	25.64	50.57
MAM treatment non-response rate (%)				
<i>DILI (CHILDREN 6-59 MONTHS), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	<15.00	-	7.53	2.17
Proportion of eligible population who participate in programme (coverage)				
<i>DILI (CHILDREN 6-59 MONTHS), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	>70.00	-	41.69	25.54
MAM treatment recovery rate (%)				
<i>DILI (PLW), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	>75.00	-	57.55	52.05
MAM treatment mortality rate (%)				
<i>DILI (PLW), Project End Target: 2017.12, MoH Reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	<3.00	-	0.02	0.00
MAM treatment default rate (%)				
<i>DILI (PLW), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	<15.00	-	29.27	31.15
MAM treatment non-response rate (%)				
<i>DILI (PLW), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	<15.00	-	13.15	16.79
MAM treatment recovery rate (%)				
<i>MUNICIPALITIES (CHILDREN 6-59 MONTHS), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	>75.00	-	61.57	66.22
MAM treatment mortality rate (%)				
<i>MUNICIPALITIES (CHILDREN 6-59 MONTHS), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	<3.00	-	0.04	0.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
MAM treatment default rate (%)				
<i>MUNICIPALITIES (CHILDREN 6-59 MONTHS), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	<15.00	-	30.84	28.31
MAM treatment non-response rate (%)				
<i>MUNICIPALITIES (CHILDREN 6-59 MONTHS), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	<15.00	-	7.55	5.47
Proportion of eligible population who participate in programme (coverage)				
<i>MUNICIPALITIES (CHILDREN 6-59 MONTHS), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	>50.00	-	40.27	25.69
MAM treatment recovery rate (%)				
<i>MUNICIPALITIES (PLW), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	>75.00	-	49.93	57.18
MAM treatment mortality rate (%)				
<i>MUNICIPALITIES (PLW), Project End Target: 2018.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	<3.00	-	0.01	0.00
MAM treatment default rate (%)				
<i>MUNICIPALITIES (PLW), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	<15.00	-	35.71	26.88
MAM treatment non-response rate (%)				
<i>MUNICIPALITIES (PLW), Project End Target: 2017.12, MoH reports, Previous Follow-up: 2016.12, WFP programme monitoring, MPR, Latest Follow-up: 2017.12, WFP programme monitoring, MPR</i>	<15.00	-	15.35	15.94
Project-specific				
Fortified foods purchased from regional, national and local suppliers, as % of fortified food distributed by WFP in-country				
<i>TIMOR LESTE, Project End Target: 2017.12, Base value: 2015.02, WFP survey, no baseline and according target population, Previous Follow-up: 2016.12, WFP programme monitoring, Food Distribution Reports, Latest Follow-up: 2017.12, WFP programme monitoring, Food Distribution Reports</i>	>77.00	5.08	81.00	98.29

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
SO4: Capacity Development - Strengthening National Capacities and Nutrition: Treatment of Moderate Acute Malnutrition				
Number of health centres/sites assisted	centre/site	125	125	100.0%

Output	Unit	Planned	Actual	% Actual vs. Planned
SO4: Nutrition: Treatment of Moderate Acute Malnutrition				
Number of cooking demonstrations undertaken for fortified foods, complementary foods and special nutritional products	demonstration	144	72	50.0%
Number of people exposed to nutrition messaging supported by WFP	individual	27,790	12,299	44.3%

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
The project has activities to raise awareness of how gender equality goals can increase effectiveness of WFP interventions (1=yes/0=no)				
<i>TIMOR-LESTE, Nutrition: Prevention of Acute Malnutrition, Project End Target: 2017.12, Base value: 2015.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	=1.00	1.00	1.00	1.00
The project has initiatives to reduce risk of sexual and gender-based violence (yes/no)				
<i>TIMOR-LESTE, Capacity Development - Strengthening National Capacities, Project End Target: 2017.12, Base value: 2015.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	=1.00	1.00	1.00	1.00
Training on food distribution includes a solid explanation for gender-sensitive food distribution (yes/no)				
<i>TIMOR-LESTE, Capacity Development - Strengthening National Capacities, Project End Target: 2017.12, Base value: 2015.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	=1.00	1.00	1.00	1.00

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2017.12, Base value: 2015.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>90.00	85.00	85.00	89.00
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2017.12, Base value: 2015.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	=100.00	100.00	100.00	100.00

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>COVA LIMA, Nutrition: Prevention of Acute Malnutrition, Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	>12,500.00	0.00
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	>900,000.00	450,000.00
Number of partner organizations that provide complementary inputs and services		
<i>TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	=2.00	3.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>TIMOR-LESTE, Capacity Development - Strengthening National Capacities, Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	=100.00	100.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>TIMOR-LESTE, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	>80.00	100.00

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
European Commission	EEC-C-00465-01	Vitacereal	-	77
Republic of Korea	KOR-C-00109-02	Ready To Use Supplementary Food	-	20
Republic of Korea	KOR-C-00109-02	Vitacereal	-	19
		Total	-	117