



End-Term Evaluation of Treatment of Moderate Acute Malnutrition in Timor-Leste

BACKGROUND

From January 2015 to December 2017, the World Food Programme (WFP) developed and implemented the Targeted Supplementary Feeding Programme (TSFP) aiming to improve the nutritional status of children under five years of age and pregnant and lactating women (PLW). The project had two main components: the first, capacity development, in which WFP provided technical assistance to enhance the capacity of national counterparts to implement nutrition programmes independently; second, a food-based component, characterized by the provision of specialized nutritious food products for treatment of moderate acute malnutrition (MAM) in children 6-59 months and acute malnutrition in pregnant and lactating women. The intervention was implemented in six out of thirteen municipalities of the country.

The total expected number of beneficiaries was 78,580 (63% children 6-59 months and 37% PLW). The programme budget was US\$13.7 million, funded 59% by the European Union (EU) and 41% by Korea International Cooperation Agency (KOICA).

PURPOSE AND OBJECTIVES OF THE EVALUATION

The **purpose** of the evaluation was to provide the Ministry of Health (MoH), donors and other stakeholders with an independent assessment of the performance and lessons from the implementation of the programme, in order to take informed decision on adaptation or scaling up in 2018.

The **objectives** of the evaluation were to determine to what extent and how the programme had achieved its goal, to contribute to WFP's organisational learning and accountability for results, and to advocate for allocation of resources to the implementation of the recommended actions.

METHODOLOGY

The evaluation was designed to assess the programme against the evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability. Data collection methodologies included (a) review of documents and secondary quantitative data, (b) individual interview of 43 people selected purposively, (c) focus group discussion (28 sessions with 278 participants organised in three categories) and (d) direct observation.

LIMITATIONS

Limitations of the evaluation included the absence of disaggregated data and NGO activity targets not set in the programme log-frame to ease comparison with achievements. Therefore, analysis was performed on aggregated data only for PLW, and descriptive analysis of NGO activities were not compared against targets.

KEY FINDINGS

In response to the first evaluation criteria of **relevance**, the evaluation team concluded that the TSFP was designed in line with different international and national policies and was relevant for improving the skills of government health staff and for improving the nutritional status of the target beneficiaries living in the most vulnerable municipalities. Issues in targeting during programme design and implementation hampered access to services to potential beneficiaries living in remote areas.

Regarding the criteria of **effectiveness**, the evaluation team concluded that due to several challenges experienced by service providers and the beneficiaries, the TSFP did not achieve standards in terms of performance indicators. Weak beneficiary tracking system contributed to bias programme monitoring data. Creating and strengthening mother support groups were necessary for boosting adherence and participation of the community.

The participation of men into parent's groups and community activities positively influenced their level of support provided to children and women in the households.

They claimed for expansion of community nutrition interventions empowering their households, which would be opportunities to increase their involvement in future activities.

Availability of supplementary foods in the health facilities was an important catalyst for the uptake of other health services provided to children and PLW. However, beneficiaries of the TSFP were not linked to nutrition sensitive interventions to promote prevention and household empowerment.

In terms of *efficiency*, the evaluation team concluded that recovering an acutely malnourished PLW was cheaper than recovering a MAM child through the TSFP. It was also cheaper to manage children and PLW through blanket feeding than through the TSFP. The support provided by NGOs was important for increasing admissions to the programme and for achieving better recovery and default rates. Estimating to what extent counselling was successful in addressing MAM in children and acutely malnourished PLW, which option was more cost-efficient between counselling and provision of RUSF until normal recovery, and the cost of supplementary foods used in the TSFP versus other types of Super Cereals were not performed.

Regarding the *impact*, the evaluation team concluded that wasting prevalence did not meet the expectations, while there was an improvement in stunting prevalence in children, infant mortality and under-five mortality across the country. Because of these contradictory outcomes, evidence on impact of the TSFP on wasting was inconclusive.

In terms of *sustainability*, the evaluation team concluded that despite critical issues experienced such as pipeline breaks, supplementary food shortages, irregular supervision and insufficient refresher trainings, the implementation of the TSFP settled an enabling environment for technical continuation of the intervention after WFP's support. However, domestic funding allocation is currently very insufficient for ensuring financial sustainability.

LESSONS LEARNT

- ◆ Permanent availability of supplementary food in the health facilities, especially Timor Vita, is an important catalyst for maternal and child service attendance, as it attracted beneficiaries and boosted the uptake of other services provided for children and PLW.
- ◆ Integrating TSFP supplies into the national supply chain does not preclude timely delivery of supplementary foods to the health facilities. Until full technical and financial capacity of the government is achieved, this essential element of the TSFP should function in parallel to the MoH system for better efficiency and effectiveness.

RECOMMENDATIONS

Recommendation 1: Revise the programme strategy design in collaboration with UNICEF to improve coverage and ensure continuum of care between SAM and MAM interventions.

Recommendation 2: Strengthen the capacity of MoH for appropriate treatment, follow up and prevention of MAM.

Recommendation 3: Strengthen the national health information system for accuracy of data and real time monitoring.

Recommendation 4: Continue to strengthen the governments supply chain and logistics system for timely delivery of supplies in the health facilities.

Recommendation 5: Strengthen linkages and referral of TSFP beneficiaries to exiting nutrition sensitive and safety net interventions delivered in the community to empower households and enhance prevention.

Recommendation 6: Continue the partnership between government, donors and development partners to ensure funding for MAM management.

Recommendation 7: Conduct operational research to assess the (a) Cost-effectiveness of counselling versus supplementary foods for addressing MAM in children and acutely malnourished PLW; (b) Cost per recovered MAM child or acutely PLW using RUSF or Timor Vita versus other types of of super cereals; (c) Relevance of using Sphere Standards (designed for emergency response) to assess the performance of TSFP implemented in a more stable context like Timor-Leste, and (d) in-depth assessment of the 2016 DHS database for better understanding of nutrition outcomes of the survey.

Recommendation 8: Develop a detailed gender equality and empowerment approach in the next Country Strategic Plan, along with the related indicators.

The evaluation is available at: [WFPgo](#) – [WFP.org](#)

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