

	1.2 Harmonise the targeting criteria between WFP and UNICEF for the identification of health facilities that deliver services addressing acute malnutrition.	Accepted	Increased collaboration between both agencies, particularly in terms of programme delivery and monitoring	WFP in collaboration with UNICEF	2018	In progress
	1.3 Expand NGO activities within all villages, in the six municipalities, in order to access more beneficiaries.	Accepted	Mapping of nutrition and health interventions is currently coordinated through DPs groups – Health (EU, WHO) & Nutrition (USAID, FAO), to avoid any duplication if NGOs are contracted in future to support implementation of MAM treatment/prevention.	Development Partners groups on Health and Nutrition	2018	In progress
	1.4 Include non-pregnant adolescent girls, and adolescent boys as direct programme beneficiaries.	Partially accepted <i>Will be targeted as beneficiaries for prevention activities, e.g. SBCC, however it is not clear from recommendation if it is proposed to include as beneficiaries for treatment of acute malnutrition, which would require a revision of the national guidelines admission criteria which currently only includes PLW and children 6-59 months.</i>	Formative research planned will inform interventions targeting adolescent girls and boys; Coordinate with other actors working with adolescents, to explore potential linkages (e.g. with reproductive health, agriculture, school health); Use schools as platform for reaching adolescent girls and boys (10-19 years of age) with nutrition messages.	WFP, in collaboration with Govt and other stakeholders (UNFPA, FAO, UN Women, WHO, UNICEF, Marie Stopes Intl, TOMAK, JDN)	2018	In progress

		<i>Adolescent girls that are pregnant or lactating are already eligible.</i>				
	1.5 Set up mobile clinics as a strategy for identifying and following up with more beneficiaries.	Partially accepted <i>Agreement with the need to enhance efforts for active case-finding and follow-up, and the use of mobile clinics is one modality already in place through SISCa. However, whether this model should be expanded depends on MoH strategy. Currently the focus is on the Saude Na Familia (SnF) and home visits, rather than SISCa.</i>	To be discussed with MoH	MoH	2018	In progress
	1.6 Conduct coverage surveys to appraise the distribution of health facilities delivering the TSFP versus the actual pockets of acute malnutrition in each targeted municipality.	Accepted	To be discussed with MoH, UNICEF and future donors. Will require technical support from WFP RB/HQ and SQUEAC survey specialists (consultant).	WFP, in collaboration with MoH and UNICEF with support from donors. Potentially can be done in collaboration with UNICEF to also assess SAM treatment coverage.	2018-2019	Not started

2. Strengthen the capacity of the MoH for appropriate treatment, follow up and prevention of MAM.	2.1 Undertake refresher trainings to improve the quality of service.	<i>Accepted</i>	Refresher trainings in targeted municipalities planned by WFP. INS are also planning to train health staff on inter-personal communication (IPC) in all municipalities in 2018.	Government (INS, MoH) with support from WFP, WHO, UNICEF, donors d	2018	Not started (planned)
	2.2 Include pre-service training on the management of acute malnutrition for medical students, nurses and other health staff in the curricula of health schools to ensure sustainability.	<i>Accepted</i>	To be discussed with relevant stakeholders	Government (INS, MoH) with support from WFP, WHO, UNICEF, donors	2018-2019	Not started
	2.3 Institutionalize joint monitoring and supervision and dedicate specific fund to it.	<i>Accepted</i>	Joint monitoring has been planned in work plans with MoH – may need enforcement and proper budget allocation; Develop joint monitoring plan with MoH and partners; Revise national supportive supervision checklist and establish database;	Government (MoH) in coordination with UN agencies and partners working on IMAM (WFP, UNICEF, WHO and NGOs)	2018	In progress
	2.4 Initiate a stronger engagement of local leaders and community volunteers to ensure children and PLW do not default from treatment once enrolled.	<i>Accepted</i>	Closer coordination with Saude Na Familia coordinators at municipality level, advocate for referrals and follow-up to be	Govt and WFP (field staff at municipality level, supported by CO)	2018-2019	In progress

			done as part of home visits; Explore use of Liga Inan sms system for messages to PLW enrolled for treatment (following pilot tested in Ermera); Coordinate with Mother Support Groups and NGO partners working in same target areas to explore possibilities of collaboration on case finding/follow-up.			
	2.5 Support the MoH in budgeting monitoring activities and dedicating the necessary human, material and financial resources.	<i>Accepted</i>	Conduct capacity needs mapping as part of Country Capacity Strengthening (CCS) framework, to identify concrete ways of supporting capacity building of MoH; UNICEF, WHO, EU and other actors are already supporting MoH on Public Finance Management.	WFP, in collaboration with Govt, UNICEF and WHO, and with support from RBB on capacity development needs mapping.	2018-2019	Not started
3. Strengthen the national health information system for accuracy of data and real	3.1 Harmonize the reporting mechanism (using tablets) with TLHIS and systematize double checking of data.	<i>Partially accepted the system of TLHIS was rolled out in all 13 municipalities and the system installed in computers/laptops at CHC/DHS level and operated by HMIS</i>	WFP to coordinate with MoH to make use of tablet for monitoring purpose – collecting monitoring data through mobile/tablet data collection	WFP, in collaboration with MoH	2018	Not started

time monitoring		<i>focal point for data entry. It is also important to include some of the TSFP MAM indicators in the TLHIS system.</i>				
	3.2 Build the capacity of the MoH staff in the management and analysis of data reported in the harmonized reporting system.	Accepted	Support printing and dissemination of registration books and new reporting formats for nutrition indicators; Support data entry of MAM indicators into TLHIS (municipality level); Support municipality level trainings on TLHIS and/or include elements in refresher trainings.	WFP, in collaboration with UNICEF, WHO as part of joint efforts to strengthen Nutrition Information Systems and TLHIS	2018-2019	In progress
4. Continue to strengthen the governments supply chain and logistics system for timely delivery of supplies in the health facilities.	4.1 Plan ahead on how much supplies all municipalities would need annually, including the extra needs for household sharing.	Accepted	Joint caseload planning with UNICEF has been initiated (UNICEF consultant contracted to assess both SAM and MAM); Caseload calculations for 2018 have been shared with MoH.	WFP in collaboration with SAMES, MoH, donors and technical partners	2018-2019	In progress
	4.2 Support the MoH in transport and delivery of supplies from municipalities to the health facilities.	Accepted	Continue support to SAMES and MoH, as per LOU with SAMES	WFP, MoH, SAMES	2018-2019	In progress
	4.3 Support the municipalities in exploring options of	Accepted	Continue support to SAMES and MoH, as	WFP, MoH, SAMES	2018-2019	In progress

	delegating delivery of supplies to a third-party for efficiency.		per LOU with SAMES and MoH			
	4.4 Share the annual quantification of supplies with local supplementary food producer.	<i>Partially accepted (depends on MoH willingness to source Super Cereal locally)</i>	Continue discussion with MoH on food quality and safety aspects of local production and support supply chain management of specialized nutritious foods (Super Cereal and/or Timor Vita, RUSF); Keep Timor Global informed of any future prospects.	Govt, with support from WFP	2018-2019	Not started due to funding constraints and MoH preference for imported equivalent of Timor Vita
	4.5 Provide the government's approval to WFP to use super cereal as a back-up to mitigate the risks of a pipeline break with Timor Vita.	<i>Accepted</i>	MoH have taken initiative to procure Super Cereal (Plus) and requested WFP to procure Super Cereal in 2018; Continue dialogue with MoH and private sector on future use of Timor Vita	Government, in collaboration with WFP and SAMES	2018	Completed
5. Strengthen linkages and referral of TSFP beneficiaries to exiting nutrition sensitive and safety net interventions	5.1 Integrate NGO community activities within a broader multi-sectoral approach for prevention of undernutrition.	<i>Accepted</i>	NGOs partners have established network in the community through mother support groups to support nutrition activity.	WFP in collaboration with NGOS and MOH	2018-2019	In progress
	5.2 Expand the existing IMAM guidelines by including a job description of mother support groups and PSF and allocating	<i>Accepted</i>	MoH has developed and implemented MSG and PSF Guidelines	MoH in collaboration with UN Agencies	2018	Completed

delivered in the community.	the necessary incentives and transport means.					
	5.3 Harmonize permanent means of incentives for PSF/volunteers in charge of managing community mobilization activities.	Accepted	PSF Guidelines developed	WFP in collaboration with MOH	2018	Completed
	5.4 Strengthen the coordination mechanism (through harmonisation of priorities) from the national to municipality level to enhance joint planning and implementation between partners.	Accepted	Continued coordinate with KONSSANTIL members for planning and implementation	WFP in collaboration with the MoH, KONSSANTIL, DP groups and UN partners (UNICEF, WHO, FAO, UNFPA)	2018-2019	In progress
	5.5 Strengthen the technical, managerial, financial and logistic capacity of The KONSSANTIL to adequately lead the design and implementation of the multi-sectoral approach at national, municipality and community levels.	Accepted <i>WFP's role and specific contribution to capacity building of KONSSANTIL to be further defined under MoU.</i>	FAO (with EU funding), PHD and other partners are already supporting KONSSANTIL to strengthen coordination at national and municipal level;	All development partners	2018-2020	In progress
	5.6 Define clear linkage mechanisms between TSFP beneficiaries and existing nutrition sensitive and safety net interventions.	Accepted	Explore opportunities with Ministry of Social Solidarity on how to make SSN (e.g. BdM) nutrition sensitive (in accordance with CSP activity 3); Explore opportunities with Ministry of Education and Culture	Government in collaboration with WFP and other partners	2018-2020	Not started

			for linkages with school health programme.			
6. Continue the partnership between government, donors and development partners to ensure funding for MAM management.	6.1 Actively advocate to the government for allocating consistent and long-term funding to MAM management, and for the relevance of a comprehensive and long-term funding source from donors for MAM management in the country.	Accepted	Meetings with high-level decision-makers in Govt, and joint advocacy with UN	WFP, with the Government and with support from RC and other UN agencies as joint approach for Integrated management of acute malnutrition (IMAM)	2018	In progress (an allocation from MoH of 210,000US\$ has already been confirmed as a result of advocacy with Minister of Health)
	6.2 Strengthen community capacity during community mobilisation and sensitisation to advocate to the government to take on more engagement/responsibility regarding food delivery to the health facilities.	Accepted	Government take a lead to deliver food from National District Health services and DHS to CHCs and CHC to Health Posts based on the LoU between SAMES and WFP	Continued coordination with MoH, SAMES	2018	LoU was signed and implemented
7. Conduct operational research to assess the following areas:	7.1 Cost-effectiveness of counselling versus supplementary foods for addressing MAM children and acutely malnourished PLW.	Partially accepted <i>(to be discussed with MoH – would require external funding for research)</i>	<i>TBD</i>	Academia, in collaboration with MoH, INS and technical support from WFP, UNICEF, WHO and implementing partners		Not started
	7.2 Cost per recovered MAM child or acutely PLW using RUSF or Timor Vita versus other types of super cereals.	Partially accepted <i>(to be discussed with MoH – would require</i>	<i>TBD</i>			Not started

		<i>external funding for research)</i>				
	7.3 Relevance of using sphere standards (designed for emergency response) to assess the performance of TSFP implemented in a more stable context like Timor-Leste.	Partially accepted <i>(to be discussed with MoH – would require external funding for research)</i>	TBD			Not started
	7.4 In-depth assessment of the 2016 DHS database for better understanding of nutrition outcomes of the survey.	Accepted	UNICEF have contracted a consultant for this purpose	UN partners	2018	In progress
8. Develop a detailed gender equality and empowerment approach in the next Country Strategic Plan, along with the related indicators		Accepted	Gender action plan developed. Mapping for partnership for Gender Equality and Women's empowerment undertaken. WFP in coordination with relevant stakeholders to put into practice	WFP in coordination with relevant stakeholders	2018	Completed

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