

COUNTRY STRATEGIC PLAN REVISION

REVISION

Timor-Leste country strategic plan, revision 4

Gender and age marker code: 2A

	Current	Change	Revised
Duration	<i>1 Jan 2018 - 31 Dec 2022</i>	<i>No change</i>	<i>1 Jan 2018 - 31 Dec 2022</i>
Beneficiaries	72,150	24,046	96,196
Total cost (USD)	21 391 920	4 169 254	25 561 174
Transfer	15 295 950	3 303 800	18 599 751
Implementation	1 594 259	248 140	1 842 399
Direct Support Costs	3 297 970	431 777	3 729 747
Sub-total	20 188 179	3 983 718	24 171 897
Indirect Support Costs	1 203 741	185 536	1 389 277

1. RATIONALE

- Timor-Leste continues to experience the impacts of twin shocks from historic flooding after Cyclone Seroja in April 2021 and the ongoing COVID-19 pandemic. According to the UNDP socioeconomic impact assessment from COVID-19, nearly 60 percent of people lost income during the emergency.¹ Some 38 percent of households were moderately or severely food insecure and most households (85 percent) were forced to employ one or more living coping strategies.² The most common strategy was reducing essential non-food expenditure (62 percent of households), thus jeopardizing the future capacity of households to maintain their wellbeing.
- In April 2021, the Government of Timor-Leste declared a state of calamity following flooding and landslides caused by Cyclone Seroja and requested international assistance. According to the Government, economic loss and damage to infrastructure including roads, bridges and irrigation canal from the cyclone exceeded USD 300 million and will likely impact future production prospects. In response to these shocks, WFP has been supporting the Government response through food procurement for government food security and nutrition programs and augmentation of national supply chains.
- The Timor-Leste Food Security and Nutrition Survey 2020 found that the prevalence of stunting among children under 5 is still among the highest in the world at 47 percent (down from 50 percent in 2013). Only 35 percent of the population has an acceptable level of food consumption. Among pregnant and lactating women (PLW), 8.9 percent had a low (under 21 cm) mid-upper arm circumference (MUAC). One of the recommendations of this study called for targeted supplementary feeding of malnourished pregnant and lactating women (PLW).
- In 2019, the Government assumed full ownership for the nutrition programme to treat moderate acute malnutrition (MAM) as planned. Subsequently, WFP removed the food

¹ United Nations Development Programme. (2020). [Socio-Economic Impact Assessment of COVID-19 in Timor-Leste](#).

² 'Living coping strategy' encompasses household responses to food insecurity and livelihood and household shocks.

modality from the CSP with the second budget revision. In light of the economic and other constraints on the Government of Timor-Leste due to the COVID-19 and Cyclone Seroja, WFP has received a contribution to procure specialized nutritious foods to facilitate the resumption programme activities to treat acute malnutrition in PLW and augment the Government efforts while the Ministry of Health focuses on its COVID-19 response. This revision accordingly increases the budget of Activity 1 and returns the food modality to this Activity.

5. Increased emphasis on food fortification and school feeding activities reflects greater donor interest and support, including from the Government of Timor-Leste.

2. CHANGES

Strategic orientation

8. This revision does not change the strategic orientation of the CSP. It will allow WFP to expand support to the government response to compounding shocks from Cyclone Seroja and COVID-19 under all five CSP Activities (strategic outcomes 1, 2 and 3).
9. There have been 3 previous revisions of the Timor-Leste CSP:
 - Revision 1 was a technical revision to reduce the ISC rate from 7 percent to 6.5 percent.
 - Revision 2, approved in September 2020 by the Country Director, extended the CSP by one year in response to COVID-19 to allow additional time to formulate and consult on the second generation CSP and increased the budget by USD 1,199,383.
 - Revision 3, approved in July 2021 by the Country Director, further extended the CSP by one year and added a crisis response strategic outcome to accommodate food procurement services in response to the impact of Cyclone Seroja. It increased the budget by USD 3,220,020. While the third CSP budget revision allowed for an expanded WFP response the scale of the donor interest in has exceeded earlier projections from July 2021.

Strategic outcomes

10. *Targeting approach and beneficiary analysis.* The expansion of Activity 1 and the resumption of MAM treatment will target all PLW with a MUAC less than 23 cm across all 13 municipalities of Timor-Leste, identified by registration in the Government's malnutrition treatment programme. The estimated number of beneficiaries is based on registration data collected by the Ministry of Health. WFP plans for this to be a one-off, time-bound intervention to augment government procurement and services while the Ministry of Health focuses on COVID-19 prevention and treatment. The Ministry of Health will continue treatment of MAM in children under five using the 'simplified nutrition protocols' in partnership with UNICEF.
11. *Transfer modalities.* This revision adds the food modality to Activity 1, to accommodate distribution of SuperCereal to PLW.
12. *Partnerships.* The Nutrition Department of the Ministry of Health leads on overall policy for nutrition interventions. WFP will leverage its partnership with the Autonomous Drug and Medical Equipment Service (SAMDES) for warehousing and distribution of the SuperCereal.
13. *Country office capacity.* Recruitment of a senior nutritionist to support the development of the strategic direction in nutrition for the country office is ongoing. WFP plans to increase field presence throughout all municipalities and embed a staff member in the National Logistics

Centre. Other capacity strengthening support envisioned with this revision will leverage existing country office capacities.

14. *Supply Chain.* WFP support for the procurement of SNFs for MAM treatment will leverage existing relationships with national supply chain actors, including SAMES. WFP is aware of the global supply disruption in the supply of SuperCereal and in contact with eligible suppliers to expedite delivery. WFP successfully transitioned national responsibility for internal transportation to SAMES under its previous country programme. With this revision, WFP will focus its capacity strengthening and supply chain support at the municipal level. WFP is also in discussion with United Nations partners to explore how to leverage and sustain substantial investments in the national health supply chain for the COVID-19 response.

15. *Transition/handover strategy.* WFP will consult with the Government and nutrition sector partners as it formulates its next CSP (2023-2025). WFP envisages that its expanded role in MAM treatment for PLW under Activity 1 will be limited to one year.

16. *Risk management.* In addition to the existing risk analysis, major risks include:

- *Strategic risks.* Although the treatment of MAM in PLW is mentioned as a key priority in government policies, it has not attracted the necessary financial allocations in recent years. There is a risk that this trend continues in the next national budget cycle. WFP will manage this risk through close coordination and advocacy with the Government on nutrition priorities and plans and consistent communication on the time-bound nature of WFP support to bridge the financing gap renewed ministerial commitment or alternate financing or means of support.
- *Operational risks.* The global supply chain disruptions of SuperCereal may hinder the implementation of treatment for PLW. WFP will mitigate this risk through close coordination with suppliers, through continued tracking of potential new sources and, as a last-resort contingency, the review of in-country capacity to locally produce corn soya blend.

17. *Monitoring and evaluation.* WFP will resume field monitoring with field support staff in 13 municipalities to support overall monitoring activities in nutrition, health and supply chain management. Strengthening field level presence aligns with the Government policy on decentralization.

Beneficiary analysis

18. The increase in beneficiaries for Activity 1 is noted in Table 1. This table reflects the total number of direct beneficiaries over the CSP period.

TABLE 1: DIRECT BENEFICIARIES BY STRATEGIC OUTCOME, ACTIVITY & MODALITY							
Strategic Outcome	Activity	Period	Women (18+ years)	Men (18+ years)	Girls (0-18 years)	Boys (0-18 years)	Total
1	1 (CS)	Current	17 280		36 433	18 437	72 150
		Increase/decrease	24 046				24 046
		Revised	41 326		36 433	18 437	96 196
	2 (CS)	Current					
		Increase/decrease					
		Revised					
		Revised					

TOTAL (without overlap)	Current	17 280		36 433	18 437	72 150
	Increase/decrease	24 046				24 046
	Revised	41 326		36 433	18 437	96 196

Transfers

19. Table 2 describes all transfers to direct beneficiaries over the CSP period, including transfers that are no longer undertaken.

TABLE 2: FOOD RATION (g/person/day) or CASH-BASED TRANSFER VALUE (USD/person/day) BY STRATEGIC OUTCOME AND ACTIVITY		
Strategic outcome	1	
Activity	1	
Beneficiary type	Children	Pregnant and lactating women
Modality (indicate food or CBT)	Food	Food
Corn Soya Blend		200
Ready To Use Supplementary Food	92	
Vitacereal		200
total kcal/day	92	200
% kcal from protein		
Cash-based transfers (USD/person/day)	N/A	N/A
Number of feeding days per year	360	360

TABLE 3: TOTAL FOOD/CASH-BASED TRANSFER REQUIREMENTS AND VALUE						
	Current budget		Increase		Revised budget	
	Total (mt)	Total (USD)	Total (mt)	Total (USD)	Total (mt)	Total (USD)
Cereals	0	0	0	0	0	0
Pulses	0	0	0	0	0	0
Oil and Fats	0	0	0	0	0	0
Mixed and blended foods	1 515	2 354 543	548	534 543	2 064	2 889 086
Other	0	0	0	0	0	0
TOTAL (food)	1 515	2 354 543	548	534 543	2 064	2 889 086
Cash-based transfers (USD)		0		0		0
TOTAL (food and CBT value - USD)	1 515	2 354 543	548	534 543	2 064	2 889 086

3. COST BREAKDOWN

20. The increases under this revision are identified in Table 4. In addition to the increase from the MAM treatment project under Activity 1, there are other increases in strategic outcomes 1, 2 and 3 due to additional contributions received for existing interventions under these outcomes.

TABLE 4: COST BREAKDOWN OF THE REVISION ONLY (USD)				
	Strategic Result 2 / SDG Target 2.2	Strategic Result 5 / SDG Target 17.9	Strategic Result 8 / SDG Target 17.16	Total
Strategic outcome	1	2	3	
Focus area	Root Causes	Resilience Building	Crisis Response	
Transfer	1 441 154	969 196	893 451	3 303 800
Implementation	19 815	58 761	169 564	248 140
Direct support costs				431 777
Subtotal				3 983 718
Indirect support costs				185 536
TOTAL				4 169 254

TABLE 5: OVERALL CSP/ICSP/LEO COST BREAKDOWN, AFTER REVISION (USD)				
	Strategic Result 2 / SDG Target 2.2	Strategic Result 5 / SDG Target 17.9	Strategic Result 8 / SDG Target 17.16	Total
Strategic outcome	1	2	3	
Focus area	Root Causes	Resilience Building	Crisis Response	
Transfer	10 839 111	5 707 692	2 052 948	18 599 751
Implementation	837 085	623 146	382 169	1 842 399
Direct support costs	1 938 195	1 428 256	363 295	3 729 747
Subtotal	13 614 391	7 759 094	2 798 412	24 171 897
Indirect support costs	884 935	504 341	0	1 389 277
TOTAL	14 499 327	8 263 435	2 798 412	25 561 174