



# FINAL NARRATIVE REPORT

**Timor-Leste**

Thematic window  
Children, Food Security and Nutrition

**Joint Programme Title:**  
Promoting Sustainable Food and Nutrition  
Security in Timor-Leste

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March | **2013**

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# Prologue

The [MDG Achievement Fund](#) was established in 2007 through a landmark agreement signed between the Government of Spain and the UN system. With a total contribution of approximately USD 900 million, the MDG-Fund has financed 130 joint programmes in eight Thematic Windows, in 50 countries around the world.

The joint programme final narrative report is prepared by the joint programme team. It reflects the final programme review conducted by the Programme Management Committee and National Steering Committee to assess results against expected outcomes and outputs.

The report is divided into five (5) sections. Section I provides a brief introduction on the socio economic context and the development problems addressed by the joint programme, and lists the joint programme outcomes and associated outputs. Section II is an assessment of the joint programme results. Section III collects good practices and lessons learned. Section IV covers the financial status of the joint programme; and Section V is for other comments and/or additional information.

We thank our national partners and the United Nations Country Team, as well as the joint programme team for their efforts in undertaking this final narrative report.

MDG-F Secretariat



## FINAL MDG-F JOINT PROGRAMME NARRATIVE REPORT

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## **I. PURPOSE**

### **A. Brief introduction on the socio economical context and the development problems addressed by the joint programme.**

The MDG-F Joint Programme: Promoting Sustainable Food and Nutrition Security in Timor-Leste was undertaken in late 2009 to address the conditions contributed to chronic and acute situation of undernutrition and overcome many of the shocks faced by the Timorese citizens through harmonized approach utilizing both technical support and long-term capacity building.

The 2010 Census estimated total population at 1,066,582 and annual population growth rate of 2.4 percent. The Demographic Health Survey (DHS) 2009-2010 revealed that under-five mortality was at 64 per 1,000 live births, infant mortality at 45 per 1,000 live births, and maternal mortality ratio at 557 per 100,000 live births. Disparity of the mortality rates and utilization of health services among the 13 districts was also high.

Ensuring basic social services including health and nutrition was considered as a serious challenge in Timor-Leste. The reach of health care services was poor due to the lack of health infrastructure, qualified health professionals, poor communication infrastructure and low quality of primary health care services and referral systems.

Timor-Leste health indicators rank amongst the poorest in the region. Based on the Demographic and Health Survey (DHS) 2009–2010, the infant mortality rate is 64 deaths per 1,000 live births, and the maternal mortality ratio is at 557 per 100,000 live births. Acute respiratory infections, diarrhoea, dengue, and malaria are the most common illnesses, often aggravated by underlying under-nutrition. The DHS 2009–2010 showed that at the national level, among children under 5 years of age, stunting<sup>1</sup> prevalence is 58%, while wasting<sup>2</sup> and underweight<sup>3</sup> are respectively 18.6% and 45%. Moreover, the prevalence of reported low birth weight is 10%. All nutrition indicators are defined as very high and critical levels of public health significance according to the World Health Organization thresholds<sup>4</sup>. The national average figures however do not reflect the wide disparities between districts.

Micronutrient deficiency is also significant public health problem in Timor-Leste. Micronutrient deficiency has profound effects on the health and well-being of individuals and consequently on their productivity. Timor-Leste to date presents some of the highest burdens of micronutrient deficiencies such as iron, vitamin A, and iodine. The prevalence of anemia among children 6-59 months old and non-pregnant women is 38% and 21%, respectively.

Another micronutrient needing attention in Timor-Leste is vitamin A deficiency. Vitamin A is required for proper vision, proper immune function and reproduction. Iodine Deficiency Disorder (IDD) is also a public health issue in the country. Based on Timor-Leste Survey of

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<sup>1</sup>Stunting or low height for age is caused by long-term insufficient nutrient intake and frequent infections. Stunting generally occurs before age two, and effects are largely irreversible such as delayed motor development, impaired cognitive function and poor school performance

<sup>2</sup>Wasting or low weight for height is a strong predictor of mortality among children under five. It is usually the result of acute significant food shortage and/or disease

<sup>3</sup> Underweight or low weight for age is combination of stunting and wasting

<sup>4</sup> WHO thresholds: Stunting  $\geq 40\%$ , Underweight  $\geq 30\%$ , Wasting  $\geq 15\%$

Living Standard conducted in 2007, only 60 percent households were consuming iodized salt. A survey conducted in 1991<sup>5</sup> found that Timor-Leste has a Total Goitre Rate (TGR) above 5% among school children; a level considered by WHO as indicative of a mild public health challenge. However, 7 out of 13 districts have TGR above 20% of which indicates a severe public health problem. Most significantly, iodine deficiency leads to poor brain development and if it occurs during pregnancy, it causes cretinism, severe mental and physical retardation. About 40% of the salt used in Timor-Leste is locally produced by small scale salt producers in several districts including Lake Laga, a natural salt lake situated in Baucau District. This local production of salt has not been regulated by the food safety and quality standards for either water quality or levels of iodine in the salt. In addition, the locally produced salt is neither properly packaged nor labelled and is sold in local markets among households unaware of the consequences of un-iodized salt on health and wellbeing.

Exclusive breastfeeding rate was reported to be sub-optimal although there has been some improvement observed on the exclusive breast feeding among children 0-6 months old between 2003 and 2009/2010, from 31% to 52%. Common traditional practice was discarding colostrum. Practice such as giving pre-lacteal food/liquids (e.g. sugar-water) is also common. The reasons for sub-optimal exclusive breastfeeding rate in Timor-Leste includes lack of knowledge about importance of breastfeeding, lack of support and incorrect advice from health workers and pressure from friends, relatives and community to follow traditional practice on infant feeding.

Clearly, malnutrition lowers the body's ability to resist infection by undermining the functioning of the immune-response mechanisms. This leads to longer, more severe and more frequent episodes of illness. According to TL-DHS 2009-2010, the two weeks period prevalence of diarrhoea and Acute Respiratory Infection (ARI) among the under-fives was 16% and 2.1%, respectively.

There has been no progress made for the reduction of undernutrition prevalence among children under five in Timor-Leste, thus it remains a big concern with regard to reaching the Millennium Development Goal 1, target c.

Poor knowledge on young child feeding practices including breastfeeding, high incidence of acute respiratory infection, malaria and diarrhoea, inadequate access to health and nutrition services and inappropriate child care practices were the major contributing factors for the high rates of under-nutrition in Timor-Leste.

Despite the progress made in expanding the health infrastructure and improving health services since 1999, the access to and utilisation of health service remains low. There is only one national hospital and five district referral hospitals with 65 community health centres and 182 health posts across the country. About 33 percent of the population was still living more than two hours walk away from the nearest health facility.

Chronic food insecurity and malnutrition was widespread throughout Timor-Leste. According to the '2007 Second Participatory Assessment in Timor-Leste', shortage of food was considered the main indicator of poverty. About 20 percent of the population was food insecure, and a further 23 percent was highly vulnerable to becoming food insecure. The '2008 World Bank Report on Poverty in a Young Nation' noted that the percentage of

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<sup>5</sup>University of Udayana 1998. Final Report on Goitre Prevalence Survey and Mapping in Provinces Bali, Nusa Tenggara Barat and East Timor. Ministry of Health Republic of Indonesia. Jakarta

population with per capita food consumption below the food poverty line increased from 31.2% nationally in 2001 to 42.1% in 2007. The ‘Timor-Leste Survey of Living Standards 2007’ identified 72.9% households with “at least one month of low food consumption” and the number of months with low food consumption averaged at 3.2 months during a year. Food shortages and household food insecurity were particularly severe during the country’s ‘lean’ season, from October to March, particularly in upland areas. The typically food insecure were subsistence farmers, female-headed households and households that were struck by sudden setbacks.

Apart from the seasonal and short-term causes of food insecurity, there were longer-term issues of physical and economic access to food grains, inadequate staple food production and storage, unfamiliarity of production and diversified use of nutrient-rich food, post-harvest losses, recurrent natural disasters, low availability of quality seeds and other inputs. That was compounded by inadequate income to buy food grains and an unbalanced intra household food distribution and consumption pattern. Other factors included inability to produce surplus from agricultural produce, insufficient cash income to buy food from the market, lack of knowledge, and lack of actual medical services to support health and nutrition. A further causal factor was instability in maintaining sufficient flows of food for adequate nutrition due to shocks and stresses such as floods, droughts, changes in income and food prices which impact the vulnerable groups. Improving food security and nutrition also intrinsically demanded targeted interventions to better reach and benefit the poor and hungry. It was further recognized that improved food security and nutritional outcomes do not automatically result from the reduction of income poverty, and require specifically planned and designed interventions to complement poverty alleviation strategies.

Women and children were generally at a disadvantage in terms of receiving food and nutrition in the family. It was documented that more than a third of non-pregnant women aged 15-49 years and a quarter of men aged 15-49 years were reported to be chronically underweight (BMI<18.5). It was suggested that Timorese women’s nutrition status was inferior to that of men, a reflection of inequalities in household food and commodities distribution. Intensive communication and education on nutrition was considered as crucial to assist households and communities’ diversity in food production, improved food preparation and to better utilize the local food to improve health and nutrition status.

Gender awareness among different sectors of society, including local leaders was low. Certain traditional and cultural practices have had adverse effects on women and girls, for example, the lower social status of women compared to men results in poor education of girls, women and girls are more likely to receive less food than men and boys, the payment of a “bride price” means women are often treated as the property of their husband.

## **B. Joint programme outcomes and associated outputs as per the final approved version of the Joint Programme Document or last agreed revision.**

The joint programme had following three expected outcomes and seven outputs as per the final version of the approved Joint Programme Document:

### ***Outcome 1: Improved health and nutritional status of pregnant and lactating women and under-five children in 4 selected districts.***

Output 1.1: Strengthened health system’s and local communities’ capacity to increase availability of, access to, and utilization of quality essential nutrition services at

Integrated Community Health Services (SISCa) posts, Health Posts (HPs) and Community Health Centres (CHCs) in 4 districts.

Output 1.2: Increased demands for essential nutrition services by the families and communities, especially by the poor and vulnerable women and children in 4 districts.

Output 1.3: Increased production, availability and utilization of micronutrient-rich foods among women and children in 4 selected districts.

***Outcome 2: 20 percent more children access, and 25 percent more children complete, free compulsory quality basic education in 4 selected districts.***

Output 2.1: Improved quality of ongoing school feeding in 4 districts

Output 2.2: Increased nutrition education in schools and communities through introduction of school gardens and utilization of nutritious food.

***Outcome 3: Food Security and Nutrition surveillance systems established and functioning at all sub-districts in 4 districts.***

Output 3.1: Strengthened capacity of Central and District Team to utilize Food Security Information and Early Warning System (FSIEWS) at the national, district and community levels

Output 3.2: Improved capacity of District Food Security and Disaster Management Committees to plan and support mitigation and response initiatives

The joint programme outcome 2 became ambitious and unrealistic after full handover of the school feeding programme to the Government in 2011. Output 2.1 was excluded from the joint programme for the same reason and budget for that output was reallocated to the output 2.2 with an additional activity of 'nutrition training in schools'. The Programme Management Committee (PMC) and National Steering Committee (NSC) agreed on this revision/decision and notified that change in joint programme outcomes and outputs to the MDG-F Secretariat.

### **C. Overall contribution of the joint programme to the National Plans and Priorities**

The joint programme interventions were fully in line with the National Development Plans and Priorities of the Government of Timor-Leste. The first National Development Plan of Timor-Leste (*NDP 2002-2010*) prioritized short-term and long-term policies and programmes in child, maternal and reproductive health. It was focused to the needs of capacity building for the provision of support services and management systems for delivery of those programmes. Development strategies emphasized the importance of providing adequate access to primary health care, and focus to prevention and clinical support in the underserved areas. The second National Development Plan (*Strategic Development Plan 2011-2030*) included Health as one of the three key areas and set goal to ensure quality primary health care services to all citizen through establishment of SISCa at the community level outreach posts, a Health Post for every 1,000 population and a Community Health Centers for each sub-district and district.

Joint programme's support to strengthening the capacity of the health system in implementation of the Community-based Management of Acute Malnutrition (CMAM)

programme and technical, logistic and financial supports for the basic health and nutrition services delivery through SISCa, HPs and CHCs were fully consistent to the first National Development Plan 2002-2010 and the National Strategic Development Plan 2011-30. Also, joint programme's support in developing the 'National Solid Iodization Law' and revising the '2004 National Nutrition Strategy' were consistent to the both National Development Plans and contributed in strengthening the national policy and strategy for improved implementation and management of the public health and nutrition services.

The 'Health Sector Strategic Plan' (2008-2012) emphasized the delivery of basic service packages of which nutrition and health were the two of five packages of essential services. The Ministry of Health placed a high priority on reducing the rate of malnutrition through improved maternal and child nutrition services as part of the basic services packages. MoH and its partners implemented basic services packages through the key strategy of improving community based service delivery through SISCa, HPs and CHCs. SISCa was introduced to increase the access to and utilization of essential primary health care services through decentralized planning and management involving all relevant actors in the community led by the village council with technical back-up by the MoH staff. Joint programme interventions under all three outputs of the outcome 1 were fully consistent to the Health Sector Strategic Plan. Joint programme's support for Micro Nutrient Powder (MNP) supplementation in Aileu district and Timor Vita distribution through SISCa, HPs and CHCs and promotion of Infant and Young Child Feed (IYCF) practices supported MoH in ensuring improved nutrition service delivery at the district, sub-district and community levels.

The joint programme interventions were directly in line and contributed to the UNDAF Outcome 3 (*By 2013, children, young people, women and men have improved quality of life through reduced malnutrition, morbidity and mortality, strengthened learning achievement and enhanced social protection*). To some extent joint programme Outcome 3 contributed to the UNDAF Outcome 2 (*By 2013, vulnerable groups experience a significant improvement in sustainable livelihoods, poverty reduction and disaster risk management within an overarching crisis prevention and recovery context*) through supporting the MAF in establishment of the Food Security Information and Early Warning System.

The joint programme interventions directly contributed to the MDG 1 (*Eradicate Extreme Poverty and Hunger*) by reducing the prevalence of underweight children of under-five years and reducing the proportion of population below the minimum level of dietary energy consumption. Also, joint programme interventions were in line with the long-term programmes and commitments of the programme implementing UN agencies such as, UNICEF is committed to provide long-term support to MoH in delivering basic health and nutrition service, WHO is committed to support MoH in improving inpatient health care, FAO is committed to support MAF and promote modern agriculture, and WFP is committed to support in reducing the food insecurity and improving nutrition status of malnourished children and pregnant and lactating women through supplementary food distribution.

#### **D. Joint contributions of the programme implementing partners in achieving the development results.**

Timor-Leste is still in the early stage of UN joint programming. This joint programme was one of the total five UN joint programmes and one of the two MDG-F joint programmes in Timor-Leste. The practice of joint contribution in programme implementation and achieving the development results are gradually improving. In spite of limited experience in UN joint



programming, this joint programme implemented a number of activities jointly and contributed in achieving the development results. Some examples of the joint contributions under this joint programme are as follows:

- **National and sub-national capacity building**

UNICEF supported MoH in revising the operational guidelines for CMAM programme and provided orientation training to the staff members and volunteers of the CHCs and HPs on identification, screening and outpatient treatment as well as referral of the malnourished children to in-patient services. WHO supported in revising the protocol for inpatient management of severely malnourished children and provided training to the medical facility workers on inpatient care in the referral hospitals. These joint efforts contributed in strengthening the capacity of the MoH staff members on identification, screening and treatment of malnourished children.

- **Management of acute malnutrition**

Management of acute malnutrition under the CMAM programme was absolutely a joint effort by the nature of its programme. The Nutrition Department under Directorate of Community Health Services of the Ministry of Health led the CMAM programme with support from UNICEF, WHO, WFP and Alola Foundation. UNICEF supported with necessary equipment and supplies for the CMAM such as therapeutic nutrient supplies (F75, F100), Resomal, and Ready-to Use Therapeutic Food (RUTF, such as Plumpy-nut/EezeePast Nut/Immunut) and nutrition equipment such as scale and mid-upper arm type measurement; WFP provided locally produced fortified food (TimorVita) for the malnourished children and pregnant and lactating women, Alola Foundation provided counseling at SISCa on IYCF practices and local council members and community volunteers assisted health workers in regular holing of the SISCa. This joint intervention contributed in developing a structural shape for implementation of the CMAM programme in collaboration of multiple actors including local council members.

- **Micronutrients supplementation**

UNICEF supported MoH in distribution of multiple MNP supplementations for children of 6-23 months in Aileu district as one of efforts to improve complementary feeding practice and WFP distributed TimorVita to the children of 6-59 months and pregnant women and lactating mothers in four programme districts in collaboration with and through the service delivery system of the MoH, as well as community health volunteers. UNICEF also supported MoH in distribution of Vitamin A capsules to the children of 6-59 months twice a year and iron folate to pregnant and lactating women. De-worming for the children of 6-59 months was linked to vitamin A capsule distribution. These joint interventions contributed in improving coverage of nutrition services which lead to improvement nutrition status of children and mothers in four programme districts as well as other districts since interventions such as TimorVita distribution, vitamin A capsule and deworming, and iron folate supplementation are being implemented nation-wide.

- **Infant and Young Child Feeding**

Ministry of Health with support from UNICEF and in partnership with Alola Foundation implemented a range of IYCF activities including breastfeeding promotion and appropriate complementary feeding for children 6-23 months and mothers. Alola Foundation expanded establishment of Mother Support Groups (MSGs) with the support from UNICEF. Members

of the MSGs were provided training (ToT) on nutrition and infant and young child feed including demonstration of food cooking. In addition, MoH with technical support from WHO and UNICEF established Baby Friendly Hospitals and IYCF corners at CHCs to provide counselling by trained counsellors in the hospitals and health centres. Advocacy and campaign were conducted at the national and district level to promote nutrition and infant and young children feeding practices through IEC materials and through radio and TV talk shows.

#### ▪ **Nutrition training in schools**

Promotion of school garden and nutrition training to the schools was a joint intervention. FAO along with the MAF provided training at the primary schools on establishment of school gardens and supplied farming tools and vegetable seeds. Field Extension Workers of the MAF and FAO monitored the school gardens and motivated students and teachers to add the vegetables produced in the school gardens in their regular school meals. After the school gardens were established, WFP along with MoH, MoE and FAO provided training to the selected students, teachers, parents and cooks on nutrition, food safety, hygiene and sanitation. This joint intervention contributed in increase awareness of the school students and teachers on nutrition and vegetable production and consumption which has been replicated to the household level in the school catchment areas.

#### ▪ **Food security interventions**

The Ministry of Agriculture and Fisheries has been implementing various interventions with support from technical agencies such as FAO and WFP. Under this joint programme, MAF along with the MSS and with technical support from WFP developed tools and operational guidelines for food security information and early warning system, provided training to the District Food Security Officers and Field Extension Workers of the MAF on data collection and analysis, established district response teams and in preparation of contingency plan. The Inter Ministerial Task Force established at the national level and producing quarterly situation analysis report based on the data and information from the field level which ultimately submits to the Council of Ministers. Very recently, district food security and early warning system has been merged with the district disaster committee which ensured grater synergy and interaction between MAF and MSS at the field level. Also, MAF and FAO have implemented jointly food security intervention in the four targeted districts. The joint activities have been implemented through the extension worker system that MAF have placed in most of the villages of the country. The main joint activities have been the promotion of home and school gardens, promotion of small scale livestock and aquaculture activities.

#### ▪ **Salt iodization programme**

UNICEF supported MCIE and MoH in drafting the National Salt Iodization Law which is now ready to submit for approval by the Council of Ministers. In addition, MCIE, MoH and UNICEF jointly provided training to the traditional salt farmers in 6 sites and established a platform for improving the local salt producing factories and will continue these efforts with other source of funding to ensure increased salt iodization production and consumption in Timor-Leste.

#### ▪ **Management and governance of the joint programme**

The Minister of Economy and Development and the UN Resident Coordinator co-chaired the National Steering Committee (NSC)<sup>6</sup>, and Representatives from MAF and UNICEF co-chaired the Programme Management Committee. Representatives from the Government and NGO implementing partners were included in the PMC and participated in the meetings, joint monitoring visits and managed the mid-term and final evaluation of the joint programme.

## **II. ASSESSMENT OF JOINT PROGRAMME RESULTS**

### **A. The key outcomes achieved and explanation on the variance in achieved versus planned results**

#### ***Expected Outcome 1: Improved health and nutritional status of pregnant and lactating women and under-five children in 4 selected districts***

**Outcome achieved:** The joint programme contributed in improving the health and nutrition status of under-five children and pregnant and lactating mothers through strengthening the institutional capacity of MoH in implementation of the CMAM programme to treat malnourished children through distribution of therapeutic foods and micronutrient-rich supplementary food to the malnourished children and mothers, and promotion of food production and consumption with focus to improved infant and young child feeding practices. Based on the available data at the Health Management Information System (HMIS), it is indicated that the prevalence of underweight under-five children was 45.7% in 2009 which is reduced to 28.9% in 2012. However, the HMIS data only represented 20.3% and 25.7% of under-five being weighed at health facilities and SISCa in 2009 and 2012, respectively.

**Variance in achieved versus planned results:** Measuring the end of programme nutrition status of the children and mothers in the targeted districts with a most reliable data source (e.g. DHS) was challenging. The DHS conducted in 2009-10 indicated that 44.7% of the under-five children were underweight and 27.2% women of 15-49 years were with below the normal body mass index. The DHS 2009-10 concurrently matched with the joint programme timing and above data and indicators were used as baseline for this outcome but could not be compared as next DHS is due in late 2013. Instead, HMIS data has been used to measure the achievement of this outcome which may not fully reliable as it is based on weighing coverage of only around 20% children of same age group in the health facilities.

#### ***Expected Outcome 2: 20 percent more children access, and 25 percent more children complete, free compulsory quality basic education in 4 selected districts***

**Outcome achieved:** The target of increasing 20% enrolments and decrease of 25% dropouts in the primary schools were determined during the programme design stage considering that this joint programme would support the on-going school feeding programme. However, Government of Timor-Leste took over full responsibility of implementation of the school feeding programme in 2011 with its own funds, management and administration. No specific intervention was implemented under this joint programme to achieve the targets of this outcome. As a result, targets of this outcome became unrealistic and unachievable and excluded from the joint programme. Under this outcome, only training provided to the

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<sup>6</sup> The NSC platform was in-active since the forming of new government where the MoED as the co-chair of NSC was abolished in August 2013. Thus, the NSC has been absent ever since.

students, teachers and parents on nutrition, food safety and school garden. Necessary farming tools and vegetable seeds supplied for establishment of school gardens and promoted using product of the school gardens to the school meals which contributed in increased nutrition awareness and practice at the schools as well as at the household level.

**Variance in achieved versus planned results:** Joint programme interventions under this outcome may not have significant or no contribution in increasing school enrolment and reducing the dropout rates. Therefore, assessment on achievement of this outcome has not been done. However, training to schools contributed in increasing nutrition awareness of the students and teachers, and increased vegetable production and promoted adding vegetables to the regular school meals which may have a positive spillover effect at the household level.

***Expected Outcome- 3: Food Security and Nutrition surveillance systems established and functioning at all sub-districts in 4 districts***

**Outcome achieved:** The joint programme contributed in strengthening the food security and nutrition surveillance system through capacity building of the central and field level Government officials on data collection, compilation and analysis and establishment of the database for the Food Security Information and Early Warning System (FSIEWS) not only in four districts but in all 13 districts of Timor-Leste and at the central level. Provided training to the District Food Security Officers at the district level, Agriculture Extension Workers at the Suco level and members of the Inter Ministerial Taskforce for Food and Nutrition Security at the central level. The Inter Ministerial Food and Nutrition Security Taskforce produced the fifth “Quarterly Situation Analysis Report” in September 2012 based on the data and information provided by the Agriculture Extension Workers through the District Food Security Officers. The Inter Ministerial Taskforce submits the Situation Analysis Reports to the Council of Ministers in a quarterly basis, based on which Government decide necessary actions required to ensure food security.

**Variance in achieved versus planned results:** MAF established FSIEWS in all districts with training to the relevant officials. The Inter Ministerial Taskforce holding monthly meeting and produce quarterly assessment reports based on the data and information provided by the District Food Security Officers. Government expanded the FSIEWS in all districts with other sources of funding. It could be considered that achieved results fully meet the initial targets of this joint programme outcome.

**B. Contribution of the capacity development efforts provided during implementation of the joint programme in achievement of the outcomes**

The joint programme supported in knowledge and skill development of the health facility workers and community volunteers in identification, screening, outpatient treatment and referral of the malnourished children. Also, training provided on inpatient treatment of the severely malnourished children in the referral hospitals. These joint programme interventions significantly contributed in strengthening the national capacity in identification, treatment and management of the malnourished children. The equipment and supplies provided under this joint programme contributed in successful implementation of the CMAM programme at the health facilities (CHCs, HPs) as well as at the community level through SISCa.

Training and capacity building efforts provided to the small scale vegetable farmers, livestock farmers and fish farmers contributed in establishment of small scale vegetable, livestock and fish farms and increased local food production. Some farmers generating incomes from their farms which inspiring their neighbours to have similar farms and may contribute in increasing overall food production and consumption in Timor-Leste.

Nutrition training provided to the school teachers, students and parents contributed in increased knowledge and skills on nutrition, food safety and hygiene as well as on vegetable gardening. The knowledge and skills will have a positive spill over effect at the community level and expected to improve food production and overall nutrition awareness and practices.

Training and capacity building efforts provided to the Agriculture Extension Workers and District Food Security Officers enhanced knowledge and skills on data/information collection, analysis and improved farming techniques and transfer of knowledge to farmers. District Food Security Officers are producing monthly reports and submitting to the central level. Training and capacity building support provided to the inter-ministerial taskforce for food and nutrition security enabled in producing quarterly situation assessment report for the Council of Ministers based on which Government decide necessary measures.

### **C. Contribution of the outputs in the achievement of the outcomes and variance in actual versus planned contributions of the outputs.**

#### **JP Outcome 1: Improved health and nutritional status of pregnant and lactating women and under-five children in 4 districts.**

***Output 1.1: Strengthened health system's and local communities' capacity to increase availability of, and access to quality essential nutrition services at SISCa, Health Posts and Community Health Centres in 4 districts.***

**Output Achieved:** The Ministry of Health up-dated the operational guidelines and supplied necessary equipment and micronutrient rich supplementary food for the CMAM programme with technical and financial supports from the joint programme. Capacity of 5 MoH staff at central level, 387 health staff of 64 CHCs and 167 HPs, as well as 1,540 community health volunteers (PSF) strengthened through orientation training on CMAM operational guidelines which includes identification and screening of malnourished children, referral, out-patient and in-patient services, integration of IYCF, and distribution of Ready-to Use Therapeutic Food (RUTF) and MNP. These capacity building efforts contributed in strengthening the institutional capacity of the MoH and improved implementation, monitoring, recording and reporting of the CMAM and MNP in the programme districts. The trained staff members and volunteers conducted community mobilization to screen and provide treatment for 3,229 severely malnourished children. Some 1,513 children aged 6-23 months received MNP.

The joint programme supported the revision of the protocol for inpatient management of children with malnutrition and provided training to 54 medical facility workers on inpatient care and monitoring of SAM patients in the referral hospitals. The trained medical facility workers delivered essential health and nutrition services including treatment of the SAM patient in the referral hospitals with enhanced knowledge and capacity. MoH established IYCF corners for counselling by the trained staff members in 5 CHCs in the programme districts and 2 hospitals accredited as “Baby Friendly Hospital”. The JP also contributed to

the development of capacity government staff (MoH and MCIE) in facilitating and monitoring of locally iodized salt through training of 31 staff.

The joint programme supported in revising the 2004 National Nutrition Strategy in consultation with all relevant line ministries, development partners, donors and NGOs. A validation workshop to discuss the proposed strategic priorities took place in late of January 2013. UNICEF will continue support to MoH in finalizing the revised nutrition strategy with other source of funding as finalization and approval process will not be completed during the joint programme period.

**Variance in achieved versus planned results:** All expected results of this output have been achieved. MoH, UNICEF and WHO are committed to continue implementation of the CMAM in with support from other funding sources.

***Output 1.2: Increased demand for essential nutrition services by the families and communities, especially by the poor and vulnerable women and children in 4 districts***

**Output Achieved:** The joint programme supported MoH in community mobilization for early detection, referral and treatment of malnourished children in partnership with NGOs, church-based organizations, community based organizations, suco councils and other community groups. MoH developed, produced, printed and distributed IEC materials on early detection, referral and treatment of malnutrition children and mothers and conducted media campaign and encouraged people to visit SISCa for nutrition counselling and services. Community mobilization through NGOs/CBOs and media campaign through radio and TV talk shows contributed in increased community awareness on prevention and early detection of malnutrition and on available essential nutrition services at the health facilities.

Alola Foundation supported in formation and establishment of 21 new MSGs in the programme districts and provided training (ToT) to 481 new members of the MSGs on counselling techniques for nutrition including IYCF, and pregnant and lactating mother's care. MoH and Alola Foundation jointly developed and provided counselling cards to the MSG members. The trained MSG members provided nutrition counselling to 13,455 pregnant women and 18,944 lactating mothers in their villages and contributed in behavioural changes on feeding practices, and children and mother's care at the household level.

**Variance in achieved versus planned results:** All expected programme results under this outputs have been achieved. Government is committed to continue nutrition education through mass media and MSGs in collaboration with Alola Foundation and other civil society organizations. This joint programme contributed in strengthening the partnership between MoH and Alola Foundation and both are keen to replicate the nutrition counselling through MSGs in the entire country. The EU is expected to continue support to MoH and Alola Foundation through UNICEF for providing nutrition counselling through MSGs at the community level.

***Output 1.3: Increased production, availability and consumption of micronutrient-rich foods among women and children in 4 districts***

**Output Achieved:** The joint programme supported in institutional capacity building of the MCIE, establishment of the Committee for Universal Salt Iodization and drafting the National Salt Iodization Law. The draft Law is waiting for approval by the Council of

Ministers. Provided training to 423 local salt farmers in two districts and supplied equipment and liquid iodine for salt iodization in 6 local salt production sites. Also, conducted an assessment and identified the areas of improvement in iodization of the locally produced salts which will be addressed holistically with other source of funding (AusAID).

The joint programme provided technical and financial supports to MoH in scaling up micronutrient supplementation for young children and pregnant and lactating women. This programme supported MoH in community mobilization and improving the distribution coverage of Vitamin A capsules to the targeted children in the programme districts. MoH will continue this intervention with its own arrangement under the national programme with support from UNICEF.

MNP into the mainstream interventions of MNP supply to the CHCs and HPs. Timor Global has been supporting in establishment of the factory to produce local blended food (Timor Vita). During this joint programme period, Timor Global produced 1,848 metric tons of Timor Vita which has been supplied to 36,457 malnourished children of 6-59 months, 7,253 pregnant and 12,150 lactating women through the CHCs, HPs and SISCa in all 13 districts. Timor Vita has been recognized as high quality supplementary food for the malnourished children and mothers. WFP confirmed continue support to MoH and Timor Global till the end of 2013, and will do a responsible hand over to the government in the planning and management of the supplementary feeding programme during 2013 and beyond.

Joint programme supported in establishment of 94 vegetable farmer groups, 32 small scale livestock farmer groups and 13 fish farmer groups in the programme districts with training and supply of farming tools, seeds and technical support services. These farmer groups established 1,600 home gardens, 30 small scale livestock farms and 13 fish farms and 2,013 households were consuming the products from their gardens/farms and selling the surplus products at the time of preparing this report. Some beneficiaries who are selling their surplus products have reported that they are using part of the money in buying some food that they don't produce and in buying some materials for the children to go to the school. These farmer groups have been linked with the Field Extension Workers of MAF and MSGs for necessary follow-up and sustenance.

**Variance in achieved versus planned results:** All expected programme results under this outputs have been achieved and implementing partners are committed to continue and replicate similar interventions under the new European Union funded Nutrition Security programme or with their own country programmes in all districts.

**JP Outcome 2: 20 percent more children accesses, and 25 percent more children complete, free compulsory quality basic education in 4 districts**

*Output 2.1: Increased quality of ongoing school feeding in 4 districts*

**Output Achieved:** The Government of Timor-Leste took over full responsibility of implementation of the school feeding programme with its own resources and management. There was no scope of improving the quality of the on-going school feeding programme and this output was excluded from the joint programme work plan in 2011. Budget for this output/intervention was reallocated to output 2.2.

**Variance in achieved versus planned results:** No specific results achieved under this output. Government has strong commitment to continuing the school feeding programme throughout the country with its own resources and management. It is expected that Government will ensure and maintain standard quality of the school feeding programme.

***Output 2.2: Increased nutrition education in schools and communities through introduction of school gardens and consumption of nutritious food, contributing to improved quality of meals provided by schools***

**Output Achieved:** This joint programme supported the establishment of demonstrative vegetable gardens in 98 schools in the programme districts with training to school teachers and students, and supplied necessary farming tools and vegetable seeds and manuals for running school gardens. Field Extension Workers of MAF and FAO provided technical support and follow-up through regular visits to the schools which ensured 98 schools adding vegetables harvested from their gardens to the school meals. In addition, nutrition education and food safety training was provided to 215 students, 581 teachers, parents and cooks of 78 schools in the programme districts. Knowledge and skills on school garden contributed in increasing the number of household level vegetable gardens in the school catchment areas as a positive spill over effect which ultimately contributed in increasing production and availability of vegetable at the local level. It also, contributed in increasing nutrition awareness at the household level and behavioural changes specially, adding vegetables in their regular meals.

**Variance in achieved versus planned results:** All expected results under this output have been achieved. Considering the success of this intervention, FAO planned to replicate promotion of school gardens in other schools depending on sufficient resource mobilization.

**JP Outcome 3: Food Security and Nutrition surveillance systems established and functioning at all sub-districts in 4 districts**

***Output 3.1: Food Security and Nutrition Surveillance Systems established and functioning at all sub-districts of the 4 districts***

**Output Achieved:** The Ministry of Agriculture and Fisheries established the Inter Ministerial Food and Nutrition Security Taskforce at the national level and strengthened the capacity of the District Food Security Officers and Agriculture Extension Workers to monitor, data collection and analysis of food and nutrition security information. Training and equipment support provided to MAF in establishing the FSIEWS not only in four districts but in all 13 districts of Timor-Leste. The Inter Ministerial Taskforce for Food and Nutrition Security analyze the reports from the District Food Security Officers and prepare a quarterly situation analysis report for the Council of Ministers. The Council of Ministers reviews the reports and decides ways of overcoming the challenges of inadequate food production and availability as well as preparing contingency plan and advice for diversified food production. Initially, it was implemented in four programme district and then scaled up in all districts of Timor-Leste with other source of funding support.

**Variance in achieved versus planned results:** Considering the success of this intervention, Government has expanded this intervention throughout the country. Government has strong commitment to continue and further strengthening the food security and nutrition surveillance



system. FAO will continue support to MAF in strengthening the food and nutrition security surveillance system under a European Union funded project until February 2015.

***Output 3.2: Improved capacity of district food security committees to plan, support mitigation and response initiatives***

**Output Achieved:** District Food Security Officers have been instructed to work with the District Disaster Management Committee to strengthen capacity and streamline response mechanisms at the district level. This integration process is still at the early stage and getting a sustainable shape to jointly response the natural disasters and early warning on food and nutrition security in Timor-Leste.

**Variance in achieved versus planned results:** The expected results under this output have been achieved. FAO will continue support to MAF for this initiative under a European Union funded project until February 2015.

**D. The primary beneficiaries and their engagement of in the joint programme implementation**

The primary beneficiaries of this joint programme were vulnerable population in four programme districts mostly the under-five children and pregnant women and lactating mothers. Few interventions were focused to capacity building of the Government and NGO officials. Details of the joint programme beneficiaries by interventions are attached as **Annex 3** to this report. Engagement of the primary beneficiaries in programme implementation is as follows:

**Under-five Children and pregnant women and lactating mothers:** Joint programme outcome 1 was mostly focused to improve health and nutrition service delivery to the under-five children and pregnant and lactating mothers. Under the CMAM programme, 3,229 under-five children with SAM received treatment in the referral hospitals, 36,457 moderate malnourished children, 7,253 pregnant women and 12,150 lactating mothers received Timor Vita country wide.

**Small scale farmers:** 2,180 households have been beneficiaries of the food production component of the JP. At least one member of each household belong to a small scale farmer groups which established 1,600 vegetable gardens, 30 small scale livestock farms and 13 fish farms with necessary training and technical supports. Necessary tools and seeds were supplied to motivate farmers in engaging local and sustainable food production. It is expected that these farmers will motivate other farmers in establishment of similar farming activities and will contribute in increasing local production and consumption.

**School teachers and students:** 215 School students and 581 parents, teachers, and cooks participated in the training on nutrition, food safety and hygiene and received supports in establishment of vegetable gardens in 78 schools. The trained students and teachers disseminated information and increased awareness of other students and their families on nutrition and vegetable garden.

**National policy makers:** Beneficiaries of the FSIEWS are the national policy makers and through them all citizens of the Timor-Leste benefited from the FSIEWS.

#### **E. The social, cultural, political and economic inequality issues addressed by the joint programme during the implementation phase of the programme**

Women and children are the most disadvantaged and vulnerable and affected by food and nutrition security in the family. Nearly half of under-five children and more than one third of the non-pregnant women were suffering from malnutrition in Timor-Leste based on DHS 2009/2010. Malnutrition among pregnant women and lactating mothers was higher than non-pregnant women. Undernutrition among pregnant women will affect the foetus and new born children. Therefore, under-five children and pregnant women and lactating mothers were targeted for the health and nutrition services under this joint programme. Primary beneficiaries of the CMAM programme were under-five children and pregnant women and lactating mothers. MNP supplementation was distributed to children aged 6-23 months old. Timor Vita was distributed to all pregnant women and lactating mothers and children of 6-59 months age those were visiting health service delivery points (SISCa, HPs and CHCs). Vitamin A capsule distribution, iron folate supplementation, nutrition counselling and demonstration of feeding practices were focused to these groups of population. Marginalized and poor farmers were supported with training, farming tools and seeds for establishment of small scale vegetable, livestock and fish farms so that they can meet the basic nutrition needs from their own farms.

Trained volunteers and local council members were involved in implementation of the CMAM at the SISCa level which provided opportunity of interactions with the health professional and participation in management of community based health and nutrition service delivery. Also, Agriculture Extension Workers provided technical supports and regularly visited the farms established with this joint programme support as well as collected data and information for the food security surveillance system and interacted with the farmers, community leaders and local council members.

The joint programme supported in establishment of new mother support groups and provided training to the members of the MSGs. Multi-purpose meetings of the MSGs includes nutrition counselling, demonstration of IYCF practices and motivation for local nutritious food production and consumption. Trained MSG members supported health workers and agriculture extension workers in delivering the Government's services at the grassroots level.

The joint programme supported the MoH in strengthening implementation of the CMAM programme and basic health and nutrition services delivery to the vulnerable population. Supplementary food distribution to the malnourished children and women also helped the most vulnerable population in overcoming the challenge of malnutrition.

#### **F. The extent of the contribution of the joint programme to the following categories of results:**

##### **(a) Paris Declaration Principles**

**Leadership of national and local governmental institutions:** The joint programme interventions were developed along with the national institutions and based on the national development plans and priorities. The NSC was co-chaired by the Minister of Economy and

Development and the PMC was co-chaired by a representative of the Ministry of Agriculture and Fisheries and UNICEF. The technical working groups such as nutrition working group, evaluation reference groups were also led by the Government representatives. In addition to the overall Government's leadership in programme management and implementation, each programme intervention was led by one or more Government Ministry or Department. For example Nutrition Department of the MoH leads all interventions under joint programme outcome 1 except salt iodization which was coordinated with MCIE. MAF was the lead Government agency for promotion of small scale farming. School gardening and nutrition training to school was led by the MoE with technical support from the MoH. FSIEWS was led by the MAF. Thus, all supported interventions were developed and implemented with close consultation with the respective lead Government and shared with the PMC and NSC. Also, the annual work plans and periodical progress reports of this joint programme were drafted in consultation with the Government counterparts at the national and sub-national level.

**Involvement of CSO and citizens:** CSO including NGOs actively engaged in PMC for consultation of development and revision of strategy and policy documents supported by the Joint Programme such as the national salt iodization law decree and revising of the 2004 national nutrition strategy. NGOs also implemented a number of programme activities, e.g. Alola Foundation implemented the establishment of MSGs and increasing social awareness on nutrition and IYCF practices. Citizens' groups such as farmer groups were involved in increase local food production through establishment of small scale farms. Also, a significant number of advocacy and communication events were conducted at the community-level in which community leaders and NGO/CSO representatives participated.

**Alignment and harmonization:** Programme interventions were fully aligned with the development priorities and national objectives. The joint programme also focused on strengthening existing national institutions and systems. The programme ensured that activities were aligned with the Government cycles. Furthermore, all programme interventions were linked with similar previous and future interventions, which ensured continuation and sustainability of the programme results. Each of the implementing UN agency, Government and NGO partners had a clear role in implementation of programme activities without having any duplication.

**Innovative elements in mutual accountability:** Joint planning and implementation ensured mutual accountability of the programme implementing partners. Almost all of the joint programme activities were implemented jointly and more than one implementing partner were responsible for achieving the specific results. Progress in implementation was also shared and discussed at the PMC and NSC meetings to further strengthened mutual accountability as these committees were co-chaired by the Government and UN representatives. Implementing UN agencies received the funds and were responsible and accountable to the donor through the PMC, NSC and MDG-F Secretariat.

## **(b) Delivering as One**

**Role of Resident Coordinator Office and synergies with other MDG-F joint programme:** Two MDG-F joint programmes in Timor-Leste (Gender Equality and Women's Rights, and Food and Nutrition Security) shared information as and when needed, especially for the NSC meetings and reporting to MDG-F Secretariat. Both joint programmes contributed to the implementation of the MDG-F Monitoring and Evaluation (M&E), and

Advocacy and Communication (A&C) initiatives as well as benefited from these two MDG-F initiatives. The MDG M&E Working Group, MDG A&C Working Group, UNDAF M&E Working Group, Inter-agency meetings on joint programme and joint meetings with the Government and other stakeholders also contributed to establishing effective coordination. The UN Resident Coordinator co-chaired the NSC and facilitated collaboration among the participating UN agencies of the two MDG-F joint programmes in Timor-Leste. The NSC provided oversight and strategic guidance to the joint programmes. Also, the NSC reviewed the work plans and progress reports of the two joint programmes after endorsement by the PMCs. The UN Resident Coordinator also approved the request for funds and requested no-cost extension of the programmes after approval by the PMCs. The Head of UN Resident Coordinator's office participated in the PMC meetings and other technical working group meetings and reviewed the bi-annual progress reports and submitted to the MDG-F web portal.

**Innovative elements in harmonization of procedures and managerial practices:** Joint planning and implementation mechanism was innovative in this joint programme. Work plans and progress reports of all implementing agencies were compiled in the standard templates and ensured that there was no duplication and gaps. Also, joint implementation ensured a harmonised approach, which reduced programme implementation costs and increased effectiveness, e.g. school training, promotion of IYCF. Several communication and advocacy events were organised jointly by UNICEF, WFP, WHO and FAO. Inter-agency coordination was overall good and several components of the joint programme designed in a complimentary and joint manner.

**Joint United Nations formulation, planning and management:** This joint programme was developed jointly by four UN agencies under the leadership of the UN Resident Coordinator. Periodical meetings and interactions organised for the implementing UN agencies ensured effective coordination and exercised the participatory planning and implementation.

### III. GOOD PRACTICES AND LESSONS LEARNED

The MDG-F Joint Programme: Promoting Sustainable Food and Nutrition Security in Timor-Leste was one of the two MDG-F joint programmes in Timor-Leste. It generated the following key lessons learned and good practices which could be used in future UN joint programme design and implementation in Timor-Leste as well as in other countries with similar social, economic and political situation.

***Good Practice 1: Coherence to the national development plan and long-term commitments of the programme implementing partners.***

Joint programme interventions were fully aligned to the national development plans and in line with the long-term commitments of the programme implementing partners. The expected programme outcomes and outputs were consistent with the National Development Plan 2002-2010, Strategic Development Plan 2011-30 and UNDAF 2009-13. Almost all interventions of the joint programme were linked with previous similar interventions (such as CMAM) to ensure continuation of the efforts in reducing the overall malnutrition of under-five children and pregnant and lactating mothers. Consistency with the long-term programming and commitments of the Government, UN agencies and NGOs ensured greater synergy and

sustainability of the programme results such as CMAM, promotion of home gardening and food security information and early warning system.

***Good Practices 2: Promotion of national ownership in programme design and implementation.***

National leadership and ownership was promoted in all stages of the programme cycle. Government leadership and participation was ensured in all committees and technical working groups those were established under this joint programme. The NSC for the MDG-F joint programmes was co-chaired by the Minister of Economy and Development and the PMC for this joint programme was co-chaired by a representative of the MAF. Technical committees and working groups for different programme actions, such as Nutrition Working Groups and Evaluation Reference Groups for the mid-term and final programme evaluations were led by the Government representatives. Also, national NGOs were involved in programme implementation as well as in the PMC, technical committees and working groups.

***Good Practice 3: National capacity building.***

The joint programme implemented a significant number of capacity building interventions especially for the Government. The health facility workers were trained on operational guidelines for the CMAM programme and on identification, screening and treatment of the malnourished children. District Food Security Officers and Agriculture Extension workers were training on tools and techniques for data and information collection for the FSIEWS. Training and technical assistance to the small scale farmers enhanced capacity in applying good agriculture practices.

***Good Practice 4: Harmonization in programme implementation.***

The joint programme promoted effective coordination and harmonization in programme implementation through regular interactions and coordination meetings. The PMC discussed and intervened in harmonizing the programme implementation and operations aspects of the joint programme as and when needed. Although, harmonization in programme implementation was sometimes challenging due to the different priorities and implementation capacity of the programme implementing partners but a satisfactory level of coordination and integration among the implementing partners was ensured throughout the programme period.

***Good Practice 5: Participatory planning and decision making with adequate flexibility to accommodate situational changes and practical needs of the implementing partners.***

This joint programme practiced a participatory planning and decision making process in preparing and revising the annual work plans and budgets, and in monitoring and evaluation of the programme interventions with adequate flexibility to accommodate the situational changes and practical needs of the implementing partners and to ensure effective and efficient use of the programme resources. The work plans and periodical progress reports were finalized through consultation with the implementing partners and after discussion and approval in the PMC meetings. Joint monitoring visits were conducted with the programme implementing partners. Also, several coordination meetings of the implementing partners were organized to discuss joint programme issues which allowed adequate opportunity for a participatory decision-making.

***Good Practice 6: Sustainability plan developed and periodically up-dated to ensure sustenance of the programme results.***

A matrix on sustainability of the joint programme interventions were developed in early 2012 identifying the opportunities and gaps of sustaining the programme interventions and results. A detailed sustainability and exit strategy was developed during the second last quarter of the programme implementation period indicating strategy for sustaining each programme results (outcomes and outputs). The sustainability and exit strategy was discussed and endorsed by the PMC which allowed preparing for the necessary steps to be taken to sustain the programme results after closing of the joint programme.

***Lessons Learned 1: Some opportunities of 'Delivery as One' could not be used due to delay in establishment of the Programme Management Unit***

The joint programme faced challenges and delay in recruitment of the Joint Programme Coordinator and establishment of the Programme Management Unit (PMU), which affected the joint implementation and some opportunities of 'Delivery as One' could not be implemented. The Nutrition Specialist of the lead UN agency (UNICEF) performed the core management functions of the PMU during the first 15 months of the programme period. An International Joint Programme Coordinator was assigned to perform the PMU functions almost at the midpoint of the programme period. Although, inter-agency coordination was overall good and some components of the programme were implemented jointly but some opportunities for joint implementation were not taken up.

***Lessons Learned 2: Different paces of work of the implementing UN agencies affected the timely completion of the joint programme***

The joint programme faced challenges in balancing the implementation paces of the participating UN agencies. The highest proportion (65%) of the joint programme funds were allocated and disbursed by UNICEF and the lowest proportion (1.5%) of the funds were disbursed by WHO. Twenty point five percent (20.5%) and 13 % were disbursed to WFP and FAO, respectively. To some extent, this gap in programme implementation and disbursement of funds might have affected in building equal participation of the implementing UN agencies.

***Lessons Learned 3: Appropriate selection of programme implementing partners contributed to greater achievement and sustainability of programme results***

The selection of the implementing UN agencies and their partnership with Government and NGOs was very good and contributed to an effective implementation and achievement of the joint programme results. UNICEF was involved in implementation of the activities related to CMAM, IYCF and micronutrient supplementation with MoH and Alola Foundation. WFP was involved in production and distribution of Timor Vita, nutrition training in schools and supported MAF in establishment of the FSIEWS. FAO along with MAF promoted home garden and school garden. WHO contributed in revising the protocol for inpatient case of the severely malnourished children and provided training and monitoring support to MoH.

***Lessons Learned 4: Joint monitoring visits to identify areas for improvement and develop the scope for better coordination at the field level***

This joint programme conducted only four joint monitoring field visits for programme activities at the district level which were found highly effective in terms of identifying ways to improving programme implementation at the grassroots level and achieving better integration and coordination and promoting ‘Delivery as One’. However, due to inadequate budget for M&E functions, joint monitoring visit was limited to one per programme districts during the entire programme period.

### ***Lessons Learned 5: Database for Monitoring and Evaluation and measuring the programme results***

The joint programme faced challenges in measuring the programme outcomes due to the lack of reliable data. No budget was allocated for the baseline survey. As a result, the joint programme used mostly process indicators to measure the programme results. The joint programme failed to produce reliable statistics on the programme outcome level results as the establishment of a database did not part of the joint programme. The lead UN agency for this joint programme (UNICEF) faced significant challenges in specifying the results achieved under this joint programme as most of its support to the MoH was combined with other sources of funds.

## **B. Innovative Development Approaches**

**Joint review of the programme implementation:** Quarterly joint progress reviews contributed to harmonizing the programme implementation coordination as well as to identifying opportunities, challenges and necessary adjustments in the work plan and budget. Every quarter, a PMC meeting was conducted to review and approve the implementation progress and the revised work plans, which allowed flexibility in programme implementation and contributed to a more timely achievement of the expected programme results.

**Joint training to schools:** Two UN agencies (WFP and FAO) and two Ministries (MoE and MAF) jointly conducted training to the primary schools on school garden, nutrition, food safety and sanitation which was found most effective, integrated and innovative approach.

## **C. Key Constraints during Programme Implementation**

**Internal to the joint programme:** The opportunity of ‘Delivery as One’ could not be fully utilized due to delay in recruitment of the Joint Programme Coordinator who was assigned almost at the middle point of the joint programme period. Also, the different paces of programme implementation and capacity of the implementing UN agencies and gaps in budget allocation and programme implementation responsibilities of the UN agencies created some challenges, mainly in joint programme implementation and coordination. WHO completed implementation of its planned activities in the first year of the Joint Programme. Also, WFP faced challenges and delay in defining its roles in implementation of the school feeding programme which resulted in the adjustment of the joint programme outcome 2.

**External to the joint programme:** Government took over implementation of the school feeding programme with its own resources, management and administration after approval of the joint programme. Joint programme output 2.1 was set with the assumption that WFP will continue support for improving the quality of the school feeding programme. Due to this change in Government’s decision, WFP no longer implemented school feeding programme.

The joint programme also experienced slow implementation in 2012 due to the national elections (two rounds of Presidential elections and the Parliament elections) and limited availability of the national implementing partners for few months.

**Main mitigation actions implemented to overcome the constraints:** Joint programme output 2.1 was excluded from the work plan and no specific intervention was implemented for improving the school feeding programme. Slow delivery and implementation progress was overcome through 4.5 months no-cost extension of the programme period.

#### **D. Contribution of the Monitoring and Evaluation Function**

**Improvement in programme management and attainment of development results:** Monitoring and evaluation functions contributed in improvement of the programme management and achievement of the development results. Quarterly color-coded work plans and biannual progress reports were submitted to the PMC meetings for review, comments and approval by the PMC members. Joint monitoring visits and mid-term programme evaluation allowed the identification of the areas for improvement.

**Improvement in transparency and mutual accountability:** Quarterly sharing of progress and estimated financial delivery to the PMC members enhanced the transparency and mutual accountability in programme implementation and management.

**Increasing national capacities and procedures in M&E and data:** The joint programme provided some equipment and supported the MAF in developing tools and provided training to the District Food Security Officers and Agriculture Extension Workers on collection and analysis of data and information for the FSIEWS. Technical support provided in establishment of the inter-ministerial food security taskforce at the central level which is producing quarterly food security situation analysis report for the Council of Ministers. Also, national partners were supported with capacity building training to their M&E officials under the MDG-F M&E initiative.

**The extent of the mid-term evaluation process useful to the joint programme:** The mid-term evaluation that was conducted in 2011 identified the challenges of limited synergy and inadequate monitoring of the field level activities. Based on the recommendations of the mid-term evaluation, a management response was prepared and four joint monitoring visits were conducted which strengthened integration and coordination and promoted 'Delivery as One'.

#### **E. Contribution of the communication and advocacy functions**

**Improve the sustainability of the joint programme:** Advocacy and communication functions of the joint programme and MDG advocacy activities conducted under the MDG-F Advocacy and Communication initiative contributed to raising awareness of citizens on available health and nutrition services and improving the IYCF practices.

**Improve the opportunities for scaling up/replication of the programme components:** Government and UNICEF are committed to continue and strengthen CMAM programme throughout the country supported by other resources such as the incoming EU Integrated Nutrition Project. FAO is committed to continue support in promotion of the home gardens.



Also, FAO confirmed to continue support to MAF for the FSIEWS till February 2015. WFP confirmed to continue support for Timor Vita till the end of 2013.

**Providing information to beneficiaries/right holders:** Joint programme beneficiaries included both Government and NGO officials as well as citizens. Implementing partners implemented some advocacy and communication events for the Government and NGO officials as well as for the citizens.

#### **F. Scalability of the joint programme and/or any of its components**

The joint programme generated evidence for replication of the programme components such as implementation of the CMAM, MNP supplementation for children 6-23 months old, counselling for IYCF practices through the MSGs and improving the locally produced iodized salt. All these components are included in the incoming EU Integrated Nutrition Project.

FAO confirmed to continue and scale up the promotion of home garden and small scale livestock and fish farming under its country programme. MAF extended the FSIEWS in all districts and FAO confirmed supporting MAF for the FSIEWS until February 2015. WFP confirmed to continue supply of Timor Vita for the malnourished children and pregnant women and lactating mother till the end of 2013 and that WFP will do a responsible hand over to the government in the planning and management of the supplementary feeding during 2013 and beyond. Government already approved USD 10 million for supplementary food supply to the most vulnerable and malnourished children. A detailed sustainability and exit strategy was developed in which programme interventions were analysed and the sustainability strategy defined. The sustainability and exit strategy is attached in **Annex 6**.

#### IV. FINANCIAL STATUS OF THE JOINT PROGRAMME

##### A. Financial Status as of 31 March 2013

|                                 |              |             |                  |               |
|---------------------------------|--------------|-------------|------------------|---------------|
| <b>Total Approved Budget</b>    | UNICEF       | US\$        | 2,277,856        | 65.08%        |
|                                 | WFP          | US\$        | 720,645          | 20.59%        |
|                                 | FAO          | US\$        | 447,999          | 12.80%        |
|                                 | WHO          | US\$        | 53,500           | 1.53%         |
|                                 | <b>Total</b> | <b>US\$</b> | <b>3,500,000</b> | <b>100%</b>   |
| <b>Total Budget Transferred</b> | UNICEF       | US\$        | 2,277,856        | 100%          |
|                                 | WFP          | US\$        | 720,645          | 100%          |
|                                 | FAO          | US\$        | 447,999          | 100%          |
|                                 | WHO          | US\$        | 53,500           | 100%          |
|                                 | <b>Total</b> | <b>US\$</b> | <b>3,500,000</b> | <b>100%</b>   |
| <b>Total Budget Committed</b>   | UNICEF       | US\$        | 2,277,856        | 100%          |
|                                 | WFP          | US\$        | 703,169          | 97.57%        |
|                                 | FAO          | US\$        | 447,999          | 100%          |
|                                 | WHO          | US\$        | 53,500           | 100%          |
|                                 | <b>Total</b> | <b>US\$</b> | <b>3,482,524</b> | <b>99.50%</b> |
| <b>Total Budget Disbursed</b>   | UNICEF       | US\$        | 2,277,855        | 100%          |
|                                 | WFP          | US\$        | 703,169          | 100%          |
|                                 | FAO          | US\$        | 447,999          | 100%          |
|                                 | WHO          | US\$        | 53,500           | 100%          |
|                                 | <b>Total</b> | <b>US\$</b> | <b>3,482,524</b> | <b>99.50%</b> |

The above financial information includes overhead, monitoring and evaluation and other associated costs.

##### B. Outstanding balance or variances with the original budget

Total funds budgeted and received from MDG-F Secretariat were US\$ 3,500,000. Ninety nine point five per cent (99.5%) of total fund was utilized as of 31 March 2013.

#### V. OTHER COMMENTS AND/OR ADDITIONAL INFORMATION

## VI. CERTIFICATION ON OPERATIONAL CLOSURE OF THE PROGRAMME

**A. By signing, Participating United Nations Organizations certifies that the Joint Programme has been operational completed.**

| UN Agency | Name                      | Title                             | Signature and Date |
|-----------|---------------------------|-----------------------------------|--------------------|
| UNICEF    | Ms Hongwei Gao            | Representative                    |                    |
| WFP       | Mr Alberto Correia Mendes | Representative & Country Director |                    |
| WHO       | Dr Jorge Mario Luna       | Representative                    |                    |
| FAO       | Ms Paula Lopes da Cruz    | Acting Representative             |                    |

**B. By signing, Co-chairs of the Programme Management Committee certifies that the Joint Programme has been operationally completed.**

|   |   |
|---|---|
| Signature: _____ Date: _____  | Signature: _____ Date: _____  |
| Octavio C.M. de Almeida<br>PMC Co-Chair<br>Director National for Policy and Planning<br>Ministry of Agriculture and Fisheries | Mayang Sari<br>PMC Co-chair<br>Health and Nutrition Section<br>UNICEF Timor-Leste |

**C. By signing, Member and Co-chair of the National Steering Committee for MDG-F Joint Programmes in Timor-Leste certifies that the Joint Programme has been operationally completed.**

|   |  |
|---|--|
| Signature: _____ Date: _____  | Signature: _____ Date: _____                   |
| <b>Javier Calviño Pazos</b><br>Representative, AECID, Spanish Embassy<br>to Indonesia and Timor-Leste | Hongwei Gao<br>Acting UN Resident Coordination |

Note: Minister of Economy and Development was the Government Co-chair of the NSC. The new Government of Timor-Leste dissolved the Ministry of Economy and Development. UN RC office is waiting for nomination of a new NSC Co-chair by the Government. A NSC meeting to discuss and endorse the final narrative report of the MDG-F Food and Nutrition Security Joint Programme was not possible in absence of Government Co-chair, instead it has been signed and endorsed by the Spanish Representative and UN RC in Timor-Leste.

## **VI. LIST OF ANNEXES**

1. List of documents and studies produced by the joint programme
2. List of communication products created by the joint programme
3. List of beneficiaries reached by the joint programme interventions
4. Summary of the results achieved by the joint programme
5. Final version monitoring and evaluation framework of the joint programme
6. Sustainability and exit strategy of the joint programme
7. Minutes of the last Programme Management Committee
8. Final Evaluation Report of Joint Programme

## **Annex 1. List of Documents and Studies Produced with the Joint Programme Support**

1. Mid-term Evaluation Report of the MDG-F Food and Nutrition Security Joint Programme
2. Final Evaluation Report of the MDG-F Food and Nutrition Security Joint Programme
3. Case Study on “Linking home-gardening and promotion of IYCF practices through community-based mother support groups: Potential for scale-up and future programming”
4. The draft Law on Salt Iodization in Timor-Leste
5. Up-dated operational guidelines for the community management of acute malnutrition programme
6. Revised protocol for inpatient management of children with malnutrition
7. Assessment report on locally produced salt iodization
8. Community Assessment Report: Agricultural and household food security analysis

## **Annex 2. List of Communication Products Created with the Joint Programme Support**

1. Counseling cards on infant and young child feeding and pregnant and lactating mother's care
2. Farmers training modules on home garden, small scale livestock and fish farming
3. Establese no hala'o jardin 28scolar ida" (setting up and running a school garden)
4. Training module for the schools on nutrition, food safety and hygiene and sanitation
5. Training module on data and information collection for food security and early warning system
6. Tools for food security and early warning system

### Annex 3. List of Programme Beneficiaries by Programme Interventions

| Beneficiaries Types and Interventions  | Institutions |         | Women/Girls Beneficiaries |         | Men/Boy Beneficiaries |         |
|--|--------------|---------|---------------------------|---------|-----------------------|---------|
|  | Target       | Reached | Target                    | Reached | Target                | Reached |
| <b>Local Institutions</b>  |              |         |                           |         |                       |         |
| Community health centers and health posts providing CMAM outpatient services   | 196          | 230     |                           |         |                       |         |
| Hospitals accredited as “Baby Friendly Hospital”                               | 2            | 2       |                           |         |                       |         |
| Local food factory producing Timor Vita  | 1            | 1       |                           |         |                       |         |
| Local salt production sites producing iodized salt                             | 5            | 5       |                           |         |                       |         |
| New mother support group established   | 30           | 21      |                           |         |                       |         |
| Districts produced monthly FSIEWS database                                     | 4            | 4       |                           |         |                       |         |
| Schools receiving training and input for school gardens                        | 100          | 102     |                           |         |                       |         |
| Schools received nutrition training related to school gardens and school meals | 100          | 78      |                           |         |                       |         |
| <b>Direct Beneficiaries</b>  |              |         |                           |         |                       |         |
| Children of 6-23 months received Timor Vita                                    |              |         | 21,156                    | 12,072  | 21,844                | 12,194  |
| Children of 24-59 months received Timor Vita                                   |              |         | 7,380                     | 6,269   | 7,620                 | 5,922   |
| Pregnant women received Timor Vita   |              |         | 11,600                    | 7,253   |                       |         |
| Lactating mothers received Timor Vita  |              |         | 17,400                    | 12,150  |                       |         |
| Children of 6-23 months received MNP (no disaggregation)                       |              |         | 3,000                     | 1,513   |                       |         |
| Number of MSG members received TOT   |              |         | -                         | 481     |                       |         |

|   |            |            |                   |        |                   |        |
|---|------------|------------|-------------------|--------|-------------------|--------|
| Pregnant women receiving IYCF counseling from MSG                                 |            |            | 13,455            | 19,107 |                   |        |
| Lactating mothers receiving IYCF counseling from MSG                              |            |            | 36,000            | 32,399 |                   |        |
| Training and input received for home gardens, small-scale livestock & aquaculture |            |            | 820               | 1,072  | 820               | 1,108  |
| Students received training and input for school gardens                           |            |            | 5,000             | 11,500 | 5,000             | 11,500 |
| Teachers/parents received training and input for school gardens                   |            |            | 200               | 208    | 200               | 230    |
| Student received nutrition training related to school gardens and school meals    |            |            | No target was set | 112    | No target was set | 103    |
| Teachers/parents received training related to school gardens and school meals     |            |            | No target was set | 261    | No target was set | 320    |
| <b>Total</b>  | <b>438</b> | <b>443</b> |                   |        |                   |        |



#### Annex 4. Summary of the Results Achieved against the Expected Results

| Expected Outcomes   | Results Achieved  |
|---|---|
| <p><b>Outcome 1:</b> Improved health and nutritional status of pregnant and lactating women and under-five children in 4 districts.</p> | <p><b>Expected Output 1.1:</b> Strengthened health system's and local communities' capacity to increase availability of, and access to quality essential nutrition services at SISCa, HPs and CHCs in 4 districts.</p> <p><b>Results Achieved:</b></p> <ul style="list-style-type: none"> <li>Up-dated operational guidelines for the CMAM programme, including protocol for inpatient care of SAM patients</li> <li>Enhanced knowledge and capacity of 387 staff members of CHCs and HPs and 1221 volunteers on CMAM programme implementation.</li> <li>Enhanced knowledge and skills of 54 medical facility workers of the referral hospitals on inpatient care of SAM patients.</li> <li>Nutrient supplies (therapeutic and ready-to use therapeutic food and micronutrient supplements) were procured and made available at the health facilities and SISCAs.</li> <li>IYCF corners established in 5 CHCs in the programme districts for counselling by the trained staff members and 2 hospitals accredited as "Baby Friendly Hospital".</li> </ul>  |
|   | <p><b>Expected Output 1.2:</b> Increased demand for essential nutrition services by the families and communities, especially by the poor and vulnerable women and children in 4 districts.</p> <p><b>Results Achieved:</b></p> <ul style="list-style-type: none"> <li>Increased number of people visited SISCa and other health facilities for nutrition counselling and services as a result of IEC materials distribution and media campaign.</li> <li>Increased community awareness on prevention and early detection of malnutrition and essential nutrition services through NGOs/CBOs and radio and TV talk shows.</li> <li>21 new MSGs established in the programme districts and strengthened capacity of 481 MSG members on counseling techniques for nutrition including IYCF and pregnant and lactating mother's care.</li> <li>Counseling cards provided to the MSG members jointly by MoH and Alola Foundation.</li> <li>Nutrition counseling provided by the trained MSG members to 13,455 pregnant mother and 19,107 lactating women to promote improved feeding practices and children and mother's care at the household level.</li> </ul> |
|   | <p><b>Expected Output 1.3:</b> Increased production, availability and consumption of micronutrient-rich foods among women and children in 4 districts.</p>  |

| Expected Outcomes   | Results Achieved  |
|---|---|
|   | <p><b>Results Achieved:</b></p> <ul style="list-style-type: none"> <li>▪ Drafted the National Salt Iodization Law which is waiting to submit for approval by the Council of the Ministers.</li> <li>▪ 423 local salt farmers in three districts received training and equipment and liquid iodine supplies for salt iodization.</li> <li>▪ Identified the areas of improvement in iodization of the locally produced salts through a joint assessment.</li> <li>▪ MoH implemented new initiative micronutrient powder (MNP) through health facilities and outreach services</li> <li>▪ A total of 1,513 children 6-23 month old in Aileu district at least received MNP for two months.</li> <li>▪ Timor Global established a factory to produce local blended food and produced 1,848 metric tons of Timor Vita</li> <li>▪ 36,457 children with MAM, 7,253 pregnant women and 12,150 lactating mothers received Timor Vita in 13 districts through the CHCs, HPs and SISCa.</li> <li>▪ Established 94 vegetable farmer groups, 32 small scale livestock farmer groups and 13 fish farmer groups in the programme districts with training and supply of farming tools, seeds and technical support services. These farmer groups established 1,600 home gardens, 30 small scale livestock farms and 13 fish farms and 2,013 households consuming the products from their gardens/farms and selling the surplus products.</li> </ul> |
| <p><b>Outcome 2:</b> 20 percent more children accesses, and 25 percent more children complete, free compulsory quality basic education in 4 districts</p> | <p><b>Expected Output 2.1:</b> Increased quality of ongoing school feeding in 4 districts.</p> <p><b>Results Achieved:</b></p> <ul style="list-style-type: none"> <li>▪ The Government of Timor-Leste took over full responsibility of implementation of the school feeding programme with its own resources and management. There was no scope of improving the quality of on-going school feeding programme and this output was excluded from the joint programme in 2011. Budget for this output/intervention was reallocated to output 2.2. Therefore, no specific result achieved under this output.</li> </ul>  |
|   | <p><b>Expected Output 2.2:</b> Increased nutrition education in schools and communities through introduction of school gardens and consumption of nutritious food, contributing to improved quality of meals provided by schools.</p> <p><b>Results Achieved:</b></p> <ul style="list-style-type: none"> <li>▪ Established demonstrative vegetable gardens in 98 schools with training to school teachers and students, and supply of necessary farming tools and vegetable seeds.</li> </ul>   |

| Expected Outcomes  | Results Achieved   |
|--|--|
|  | <ul style="list-style-type: none"> <li>▪ A total of 98 schools adding vegetables harvested from their gardens to the school meals.</li> <li>▪ 215 students and 581 teachers/parents/cooks of 78 schools received nutrition education and food safety training, which contributed in increasing nutrition awareness at the household level and behavioral changes specially, adding vegetables in regular meals.</li> <li>▪ Knowledge and skills on school gardens contributed in increasing household level vegetable gardens in the school catchment areas.</li> </ul>  |
| <p><b>Expected Outcome 3:</b> Food Security and Nutrition surveillance systems established and functioning at all sub-districts in 4 districts</p> | <p><b>Expected Output 3.1:</b> Food Security and Nutrition Surveillance Systems established and functioning at all sub-districts of the 4 districts.</p> <p><b>Results Achieved:</b></p> <ul style="list-style-type: none"> <li>▪ Established the Inter Ministerial Food and Nutrition Security Taskforce at the national level and strengthened the capacity of the District Food Security Officers and Agriculture Extension Workers to monitor, data collection and analysis of food and nutrition security information.</li> <li>▪ MAF established the Food Security Information and Early Warning System not only in 4 districts but in all districts of Timor-Leste with training and equipment support.</li> <li>▪ The Inter Ministerial Taskforce for Food and Nutrition Security analyse the reports receiving from the District Food Security Officers and prepare a quarterly situation analysis report for the Council of Ministers.</li> <li>▪ The Council of Ministers reviewed the report and advised ways of overcoming the challenges of inadequate food production and availability as well preparing contingency plan and for diversified food production.</li> </ul> <p><b>Expected Output 3.2:</b> Improved capacity of district food security committees to plan, support mitigation and response initiatives.</p> <p><b>Result Achieved:</b></p> <ul style="list-style-type: none"> <li>▪ Merged the District Food Security and District Disaster Management Committees and streamlined the response mechanisms for food security early warning at the district level.</li> </ul> |

## Annex 5. Joint Programme Monitoring and Evaluation Framework

| Indicators  | Means of verification (data source) | Frequency of data collection | Baseline (2009)   | Target (by 2012)          | Latest data as of 31 March 2013  | Reporting Agency |
|---|-------------------------------------|------------------------------|---|---------------------------|--|------------------|
| <b>Outcome 1. Improved health and nutritional status of pregnant and lactating women and under-five children in 4 selected districts</b>  |                                     |                              |   |                           |  |                  |
| 1.0.1. Prevalence of underweight children under five years old  | DHS<br><br>MoH-HMIS                 | 3-4 years<br><br>Monthly     | 44.7% (DHS)<br><br><i>Note: Based on HMIS 2009, 20.3% of children underfive weighed at health facilities and SISCa with prevalence of underweight 45.7% while in 4 focus district of JP, 29.7% underfive weighed with underweight is 55.3%) (Jan-Dec 2009, HMIS))</i> | 42%                       | N/A<br><br><i>Note: Based on HMIS 2012, Nationwide, 25.7% of children underfive weighed at health facilities and SISCa with prevalence of underweight 38.9% while in 4 focus district of JP, 37.0% underfive weighed with underweight is 25%) (Jan-Dec 2012, HMIS)</i> | All              |
| 1.0.2. Percentage of women aged 15-49 with body mass index (BMI) less than 18.5   | DHS                                 | 3-4 years                    | 27.2% (DHS)   | No target set             | N/A  | All              |
| <b>Output 1.1. Strengthened health system's and local communities' capacity to increase availability of, and access to quality essential nutrition services at SISCa, Health Posts and CHCs</b> |                                     |                              |   |                           |  |                  |
| 1.1.1. #CHCs and HPs providing outpatient services on CMAM  | MoH data                            | Bi-annually                  | 71 (27 CHCs, 44 HPs)  | 196 (65 CHCs and 131 HPs) | 230 (63 CHCs, 167 HPs) oriented to provide CMAM outpatient services  | UNICEF           |
| 1.1.2. # SAM cases 6-59 months receiving appropriate treatment under CMAM   | MoH data                            | Monthly                      | 285   | 3,000 (in 2012)           | 3,229 SAM patients admitted and treated in OTP and ITP   | UNICEF           |

| Indicators   | Means of verification (data source) | Frequency of data collection | Baseline (2009)       | Target (by 2012)  | Latest data as of 31 March 2013  | Reporting Agency |
|--|-------------------------------------|------------------------------|-----------------------|---|--|------------------|
| 1.1.3. # hospitals accredited as “Baby Friendly Hospital”  | MoH data                            | Bi-annually                  | 0                     | 2   | 2  | UNICEF           |
| 1.1.4. # CHC having IYCF corner to provide counseling by trained counselors  | MoH data                            | Bi-annually                  | 0                     | 6   | 5  | UNICEF           |
| <b>Output 1.2. Increased demand for essential nutrition services by the families and communities, especially by the poor and vulnerable women and children</b> |                                     |                              |                       |   |  |                  |
| 1.2.1. Number of mother support groups (MSGs) established  | Progress report (Alola foundation)  | Bi-annually                  | 37                    | 10 new established per year with JP funds   | 102, of which 21 established with JP funds (2010-2012), 481 MSG members training in 2010-2012. | UNICEF           |
| 1.2.2. # pregnant women and lactating mothers who received IYCF counseling from MSGs.  | Progress report (Alola foundation)  | Bi-annually                  | 15,393                | 28,250  | 9,527 in 2010<br>7,241 in 2011<br>15,631 in 2012   | UNICEF           |
| <b>Output 1.3. Increased production, availability and consumption of micronutrient-rich foods among women and children</b>                                     |                                     |                              |                       |   |  |                  |
| 1.3.1. # children 6-23 months who received at least 2 months of multiple micronutrient supplements (MNP)   | Household survey, Progress report   | Monthly                      | 0                     | 3,000<br><i>(Note: children 6-23 mo should receive 1-9 pack of 30 sachets for period of 2-18mo)</i> | 1,513 (at least received 1 pack of 30sachets)  | UNICEF           |
| 1.3.2. % HH consuming iodized salt   | Household survey                    |                              | 59.9%<br>(TLSLS 2007) | 70%   | N/A  | UNICEF           |

| Indicators  | Means of verification (data source)  | Frequency of data collection          | Baseline (2009)             | Target (by 2012) | Latest data as of 31 March 2013 | Reporting Agency |
|---|--|---------------------------------------|-----------------------------|------------------|---------------------------------|------------------|
| 1.3.3. # salt production facilities (sites) implementing salt iodization in 4 districts                             | Progress report  | Bi-annually                           | 0                           | 5                | 6                               | UNICEF           |
| 1.3.4. % children 6-59 months who received vitamin A supplementation in the last 6 months                           | Household survey<br>MoH-HMIS   | DHS: once in 3-4 yrs<br>HMIS: monthly | 50.7% (DHS)<br>46.1% (HMIS) | 65%              | 57.2%<br>(Jan-Dec 2012-HMIS)    | UNICEF           |
| 1.3.5. % Post-partum women who received vitamin A and iron supplementation  | Household survey, MoH-HMIS   | Monthly, quarterly, yearly            | 38.1% (HMIS)                | 50%              | 48.8%<br>(Jan-Dec 2012, HMIS)   | UNICEF           |
| 1.3.6. Metric tons of food produced from pilot local blended food project   | Production report (Timor Global)   | Monthly                               | 0                           | 1,500            | 1,848                           | WFP              |
| 1.3.7. # children 6-23 months receiving Timor Vita.   | MoH data   | Monthly                               | 0                           | 43,000           | 24,266                          | WFP              |
| 1.3.8. # children 24-59 months with MAM receiving Timor Vita  | MoH data   | Monthly                               | 0                           | 15,000           | 12,191                          | WFP              |
| 1.3.9. # pregnant women and lactating mothers receiving Timor Vita.   | MoH data   | Monthly                               | 0                           | 29,000           | 19,403                          | WFP              |
| 1.3.10. # HH consuming vegetables from their home gardens   | Monitoring report  | Monthly, yearly                       | N/A                         | 1,000            | 1,600                           | FAO              |
| 1.3.11. # farmer groups applying Good Agricultural Practice (GAP)   | Monitoring report  | Monthly, yearly                       | 0                           | 100              | 94                              | FAO              |
| 1.3.12. # farmer groups raising and consuming small scale livestock   | Monitoring report  | Monthly, yearly                       | N/A                         | 30               | 32                              | FAO              |
| 1.3.13. # aquaculture activities undertaken   | Monitoring report  | Monthly, yearly                       | N/A                         | 15               | 13                              | FAO              |
| <b>Outcome 2. 20% more children access, and 25% more children complete, free compulsory quality basic education</b> |  |                                       |                             |                  |                                 |                  |
| <b>Output 2.1: Improve quality of ongoing school feeding in 4 districts</b>   |  |                                       |                             |                  |                                 |                  |
| 2.1.1. Training on school feeding programme and MCH staff in use of locally produced foods                          | This activity has been excluded after full handover of the school feeding programme to the Government. Budget for this activity has been reallocated to Activity 2.2.2 |                                       |                             |                  |                                 |                  |

| Indicators   | Means of verification (data source) | Frequency of data collection | Baseline (2009) | Target (by 2012) | Latest data as of 31 March 2013 | Reporting Agency |
|--|-------------------------------------|------------------------------|-----------------|------------------|---------------------------------|------------------|
| <b>Output 2.2: Increased nutrition education in schools and communities through introduction of school gardens and consumption of nutritious food, contributing to improved quality of meals provided by schools</b> |                                     |                              |                 |                  |                                 |                  |
| 2.2.1. # school gardens established and providing vegetables   | Monitoring report                   | Monthly                      | 0               | 100              | 98                              | FAO              |
| 2.2.2. # schools trained in nutrition, utilizing school gardens  | Monitoring report                   | Monthly                      | 0               | 100              | 78                              | WFP              |
| 2.2.3. # schools adding vegetables obtained from school gardens in school meals  | Monitoring report                   | Monthly                      | 0               | 100              | 98                              | FAO              |
| <b>Outcome 3. Food Security and Nutrition Surveillance Systems established and functioning at all sub-districts of the 4 districts</b>   |                                     |                              |                 |                  |                                 |                  |
| 3.0.1. % food-insecure communities visited among those recommended by district verification meetings   | MAF reports                         | Quarterly                    | 0               | 100%             | 100%                            | WFP              |
| <b>Output 3.1. Strengthened capacity of central and district teams to utilize Food Security Information and Early Warning System (FSIEWS) at the national, district and community levels</b>                         |                                     |                              |                 |                  |                                 |                  |
| 3.1.1. # districts producing monthly integrated FSIEW datasheets in the last 3 months  | MAF reports                         | Monthly                      | 0               | 4                | 4                               | WFP              |
| 3.1.2. Percentage of sub-districts reporting monthly to the district level in the last 3 months  | MAF reports                         | Monthly                      | 0               | 100%             | 95%                             | WFP              |
| 3.1.3. Number of monthly district reports produced on time by central team in the last 6 months  | MAF reports                         | Monthly                      | 0               | 24               | 24                              | WFP              |
| <b>Output 3.2. Improved capacity of district food security committees to plan, support mitigation and response initiatives</b>   |                                     |                              |                 |                  |                                 |                  |
| 3.2.1. # districts where verification team meetings are conducted on a quarterly basis in the last 6 months  | MAF reports                         | Quarterly                    | 0               | 4                | 4                               | WFP              |

## **Annex 6. Sustainability and Exit Strategy of the MDG-F Joint Programme: Promoting Sustainable Food and Nutrition Security in Timor-Leste**

The MDG Funded Joint Programme: Promoting Sustainable Food and Nutrition Security in Timor-Leste started on 12 November 2009. Initially, it was a three years programme and has been extended with no-cost extension for another 4.5 months (until 31 March 2013). UNICEF, WFP, FAO and WHO are implementing the joint programme along with the Ministry of Health (MoH), Ministry of Agriculture and Fisheries (MAF), Ministry of Commerce, Industry and Environment (MCIE), Ministry of Education (MoE) and Alola Foundation (a local NGO). The main purpose of the joint programme is to address the conditions which create chronic and acute malnutrition and overcome many of the shocks faced by Timorese citizens through a harmonized approach utilizing both technical support and long term capacity building. The joint programme consists of three outcomes and six specific outputs. Another output related to school feeding programme has been excluded from the joint programme in 2011 after Government took over full responsibility of the school feeding programme with its own funds, management and administration. The joint programme interventions are implemented in four districts (Aileu, Baucau, Manatuto and Oecusse) out of the total thirteen districts in Timor-Leste.

The joint programme has strong focus on the long-term and sustainable development of the health systems and the uptake of improved basic health services complemented by activities directed at improved access to and utilization of nutritious foods leading to increased food security. The expected programme results are in line with the long-term development plans and priorities of the Government, participating UN agencies and NGOs. The joint programme interventions are linked with previous similar or related interventions and building linkages with the possible future interventions. The detail strategy for sustaining the programme interventions and results and exit strategy of the joint programme are as follows:

### **JP Outcome 1: Improved health and nutritional status of pregnant and lactating women and under-five children in 4 districts.**

The joint programme contributed in improving the health and nutrition status of under-five children and pregnant and lactating mothers through strengthening the institutional capacity of MoH in implementation of the Community Management of Acute Malnutrition (CMAM) programme, distribution of therapeutic and Ready-to-Use Therapeutic Food malnourished children and pregnant and lactating mothers, and promotion of food production and behavioral changes related to infant and young child feeding.

The Demographic Health Survey (DHS) conducted in 2009-10 indicated that 44.7% of the under-five children were under weight and 27.2% women of 15-49 years were with below the normal body mass index. The DHS 2009-10 concurrently matched with the joint programme timing and above data and indicators used as baseline for this outcome. The next DHS survey is due in 2014. Measuring the end of programme nutrition status of the children and mothers in the targeted districts with reliable data is a challenge. However, based on the available data at the Health Management Information System (HMIS) of MoH indicated that the prevalence of underweight under-five children was 45.7% in 2009 which has been reduced to 28.9% in 2012. Nevertheless this data need to be taken with cautious since the HMIS is not based on the population survey such as DHS. Rather it is based on the health facility information where data derived from those who come to health centres and integrated health facilities



(SISCas) during respective years. HMIS does not have data on mothers' nutrition status and could not be assessed the progress at this point of time.

Government of Timor-Leste is committed to continue all interventions of this outcome of improved health and nutrition status of pregnant and lactating mothers and under-five children in collaboration with UNICEF and Alola Foundation. The European Union has approved the proposal to support nutrition interventions which is anticipated to take place in 2013.

***Output 1.1: Strengthened health system's and local communities' capacity to increase availability of, and access to quality essential nutrition services at SISCa, Health Posts and CHCs in 4 district.***

The Ministry of Health up-dated the operational guidelines and supplied necessary equipment and micronutrient rich food for the CMAM programme with technical and financial supports from the joint programme. Capacity of the staff members and volunteers of 64 Community Health Centers (CHCs) and 167 Health Posts (HPs) strengthened through orientation training on CMAM operational guidelines which includes outpatient and inpatient services and integration of Infant and Young Child Feeding (IYCF), distribution of Ready to Use Therapeutic Food (RUTF) and Micro Nutrient Powder (MNP) and Integrated Community Health Services (SISCa). The capacity building efforts contributed in strengthening institutional capacity of MoH and improved implementation, monitoring, recording and reporting of the CMAM in the programme districts.

The trained staff members and volunteers conducted community mobilization for identification of the malnourished children, screening of the identified malnourished children and provided outpatient treatment and/or referral services of 3,229 Severe Acute Malnutrition (SAM) children of age 6-59 months and distributed RUTF and MNP and provided counselling to 1,639 Moderate Acute Malnutrition (MAM) children of age 6-23 months in the programme districts.

The joint programme provided training and supported in strengthening the knowledge and skills of medical facility workers on inpatient care and monitoring of SAM patients in the referral hospitals using the revised protocol for inpatient management of children with malnutrition. The Government is committed to continue outpatient services for the MAM children under CMAM programme and inpatient services for the SAM children in the entire country.

The support provided under this joint programme in terms of training and capacity building of the staff members of MoH and community volunteers enhanced the national capacity in delivering essential nutrition services. MoH established IYCF corners for counselling by the trained staff members in 5 CHCs in the programme districts and 2 hospitals accredited as "Baby Friendly Hospital".

WHO has confirmed continuation of technical support for training to additional medical facility workers on inpatient treatment of the SAM children and will continue monitoring of the inpatient services for the SAM cases. Partnership between MoH and UNICEF has further strengthened through this joint programme and UNICEF confirmed continuous support to MoH in delivering community based health and nutrition services through its country

programme and under the European Union funded Integrated Nutrition Project that will start in 2013.

***Output 1.2: Increased demand for essential nutrition services by the families and communities, especially by the poor and vulnerable women and children in 4 districts***

The joint programme supported MoH in community mobilization for early detection, referral and treatment of malnourished children in partnership with NGOs, church-based organizations, community based organizations, suco councils and other community groups. MoH developed, produced, printed and distributed IEC materials and conducted media campaign and encouraged people to visit SISCa for nutrition counselling and services. Community mobilization through NGOs/CBOs and media campaign through radio and TV talk shows contributed in increased community awareness on prevention and early detection of malnutrition and essential nutrition services.

Alola Foundation supported in formation and establishment of 21 new Mother Support Groups (MSGs) in the programme districts and provided training (ToT) to 481 members of the MSGs on counseling techniques for nutrition including IYCF, and pregnant and lactating mother's care. MoH and Alola Foundation jointly developed and provided counseling cards to the MSG members. The trained MSG members provided nutrition counseling to 13,455 pregnant women and 19,107 lactating mothers and contributed in behavioral changes on infant and child feeding practices and children and mother's care at the household level.

Government is committed to continue nutrition education through mass media and MSGs in collaboration with Alola Foundation and other civil society organizations. This joint programme contributed in strengthening the partnership between MoH and Alola Foundation and both are keen to replicate the nutrition counseling through MSGs in the entire country. European Union funded Nutrition Project will continue support to MoH and Alola Foundation through UNICEF for providing nutrition counseling through MSGs at the village level.

***Output 1.3: Increased production, availability and consumption of micronutrient-rich foods among women and children in 4 districts***

The joint programme supported in institutional capacity building of the MCIE, establishment of the Committee for Universal Salt Iodization and drafting the National Salt Iodization Law. The draft Law is waiting for approval by the Council of the Ministers. Provided training to the local salt farmers in two districts and supplied equipment and iodine potassium for salt iodization. Also, conducted a joint assessment and identified the areas of improvement in iodization of the locally produced salts.

The joint programme provided technical and financial supports to MoH in rolling out Micro Nutrient Powder (MNP) distribution through the CHCs and HPs. By 31 March 2013, 1,513 children aged 6-23 months have received MNP in Aileu district. A private company (Timor Global) has been supported in establishing a factory to produce local blended food by the name of Timor Vita. During this joint programme period, Timor Global produced 1,848 metric tons of Timor Vita which has been supplied to 36,457 children of 6-59 months and 19,403 pregnant women and lactating mothers in the programme districts through the CHCs, HPs and SISCa in all 13 districts. WFP will continue support to MoH and Timor Global till

the end of 2013, and will do a responsible handover to the government in the planning and management of the supplementary feeding programme during 2013 and beyond.

This joint programme supported MoH in community mobilization and improving the distribution of Vitamin A capsules to the target children and to increase the coverage. MoH will continue this intervention with UNICEF support.

Joint programme supported 65 vegetables farmer groups, 30 small scale livestock farmer groups and 13 fish farmer groups in the programme districts with training and supply of farming tools, seeds and technical support services. These farmer groups established 1,600 home gardens, 30 small scale livestock farms and 13 fish farms and 2,013 households are consuming the products from their gardens/farms and selling the surplus products. These farmer groups have been linked with the Field Extension Workers of MAF and MSGs for necessary follow-up and sustenance. FAO is committed to continue promotion of home gardening and small scale livestock and fish farming through MSGs in collaboration with MAF and Alola Foundation through the on-going programmes.

**JP Outcome 2: 20 percent more children accesses, and 25 percent more children complete, free compulsory quality basic education in 4 districts**

The target of increasing 20% enrolments and decrease of 25% dropouts in the primary schools were determined during the programme design stage considering that this joint programme will support the school feeding programme. However, Government of Timor-Leste has taken over full responsibility for implementation of the school feeding programme with its own funds, management and administration. No specific intervention implemented under this joint programme to achieve the targets of this outcome. As a result, targets of this outcome become unrealistic and unachievable and excluded from the joint programme. Under this outcome, only training provided to the students, teachers and parents on nutrition, food safety and school garden. Necessary farming tools and vegetable seeds supplied for establishment of school gardens and promoted using product of the school gardens to the school meals. These programme interventions may not have significant or no contribution in increasing school enrolment and reducing the dropout rates. Therefore, assessment on achievement of this outcome has not been done. However, training to schools contributed in increasing nutrition awareness of the students and teachers, increased vegetable production and promoted adding vegetables to the school meals.

The Ministry of Education is implementing school feeding programme with its own resources, management and administration and highly committed to continue this intervention throughout the country. It is expected that Government will further increase national budget for its school feeding programme and will ensure hundred per cent enrolment and completion rates of compulsory primary education in this country combining with other relevant interventions of the MoE.

***Output 2.1: Increased quality of on-going school feeding in 4 districts***

The Government through the Ministry of Health has taken over full responsibility of implementation of the school feeding programme with its own resources and management. The scope of improving the quality of on-going school feeding programme has been reduced and this output has been excluded from the joint programme work plan in 2011. Budget for this output/intervention has been reallocated to output 2.2. Therefore, no specific results

achieved under this output. Government has very strong commitment of continuing the school feeding programme throughout the country with its own resources and management. It is expected that government will ensure and maintain standard quality of the school feeding programme.

***Output 2.2: Increased nutrition education in schools and communities through introduction of school gardens and consumption of nutritious food, contributing to improved quality of meals provided by schools***

The joint programme supported establishment of demonstrative vegetable gardens in 98 schools in the programme districts with training to school teachers and students, and supplied necessary farming tools and vegetable seeds. Field Extension Workers of MAF and FAO provided technical support and follow-up through regular visits to the schools which ensured 98 schools adding vegetables from their gardens to the school meals. In addition, nutrition education and food safety training provided to 215 students and 581 teachers/parents of 78 schools in the programme districts. Knowledge and skills on school gardens contributed in increasing the number of household level vegetable gardens in the school catchment areas as a spill over effect which ultimately contributed in increasing production and availability of vegetable at the local level. Also, contributed in increasing nutrition awareness at the household level and behavioural changes specially, adding vegetables in their regular meals. At this stage, none of the implementing UN agencies and/or Government partners confirmed continuing support for promotion of the school garden and nutrition training in school after closing of the joint programme.

**JP Outcome 3: Food Security and Nutrition surveillance systems established and functioning at all sub-districts in 4 districts**

The joint programme contributed in strengthening the Food Security and Nutrition surveillance system through capacity building of the District Food Security Officers and Agriculture Extension Workers on data collection, compilation and analysis and establishment of the database for the Food Security Information and Early Warning System (FSIEWS) in all 13 districts of Timor-Leste. The Inter Ministerial Food and Nutrition Security Task Force established at the national level has produced the fifth “Quarterly Situation Analysis Report” in September 2012 based on the data and information provided by the Agriculture Extension Workers through the District Food Security Officers. The Inter Ministerial Task Force submits the Situation Analysis Reports to the Council of Ministers in a quarterly basis, based on which Government decide necessary actions required to ensure food security in Timor-Leste.

Government has strong commitment to continue monitoring the food security and nutrition situation and decided to merge the district food security and nutrition surveillance system with the district disaster committee and replicated it throughout the country. Also, FAO has started a project funded by the European Union to scale up the achievements gained under this activity. FAO will continue supporting MAF until February 2015 in strengthening food and nutrition security surveillance system throughout the country.

***Output 3.1: Food Security and Nutrition Surveillance Systems established and functioning at all sub-districts of the 4 districts***

The Ministry of Agriculture and Fisheries established Food and Nutrition Security committees at the district level and Inter Ministerial Food and Nutrition Security Task Force at the national level and strengthen the capacity of the District Food Security Officers and Agriculture Extension Workers to monitor, data collection and analysis of food and nutrition security information. Training and equipment support provided to MAF in establishing the food security information and early warning system. The Inter Ministerial Task Force for Food and Nutrition Security analyse the reports receiving from the District Food Security Officers and prepare a quarterly situation analysis report for the Council of Ministers. The Council of Ministers reviews the report and advice ways of overcoming the challenges of inadequate food production and availability as well preparing contingency plan and for diversified food production. Initially, it was implemented in four programme districts and now scaled up in all districts of Timor-Leste. FAO will continue support to MAF in strengthening food and nutrition security surveillance system throughout the country under a European Union funded project until February 2015.

***Output 3.2: Improved capacity of district food security committees to plan, support mitigation and response initiatives***

District Food Security Officers have been instructed to work with the District Disaster Management Committee to strengthen capacity and streamline response mechanisms at the district level. This integration process is still at the early stage and getting a sustainable shape to response to the natural disasters and early warning on food security. FAO will continue support to MAF for this initiative through a European Union funded project.

## Sustainability Strategy Outlines of the Key Programme Interventions

| No | Activity/Component                               | Current JP |                              | Post-JP Plan |                              |                 |   |
|----|--|------------|------------------------------|--------------|------------------------------|-----------------|---|
|    |  | UN Agency  | Local partners/ implementers | UN Agency    | Local partners/ implementers | Funding sources | Remarks   |
| 1  | CMAM: Outpatient services                        | UNICEF     | MoH                          | UNICEF       | MOH                          | UNICEF, EU      | MoH will continue on-the-job training for the health staff to strengthen the outpatient services, monitoring, recording and reporting with technical and financial support from UNICEF and the coming European Union Nutrition Project in 2013. |
| 2  | CMAM: Supplementary feeding (CSB and Timor-Vita) | WFP        | MoH                          | WFP          | MoH                          | WFP, RDTL       | WFP will continue distribution of CSB and oil or Timor Vita until 2013. WFP will do a responsible hand over to the government in the planning and management of the supplementary feeding programme during 2013 and beyond.                     |
| 3  | CMAM: Inpatient services                         | WHO        | MoH                          | WHO          | MoH                          | WHO             | WHO supported the the training of inpatient management of SAM children in the National Hospital   |
| 4  | Promotion of IYCF                                | UNICEF     | MoH, Alola Foundation        | UNICEF       | MoH, Alola Foundation        | UNICEF, EU      | MoH and Alola Foundation will continue implementation and strengthen the capacity of health staff and community volunteers with technical and financial support from UNICEF and the coming EU Nutrition Project in 2013.                        |
| 5  | Mother Support Group                             | UNICEF     | Alola Foundation             | UNICEF       | Alola Foundation             | UNICEF, EU      | UNICEF and Alola Foundation will continue establishment of MSGs under the EU Nutrition Project.   |
| 6  | Micronutrient powder supplementation             | UNICEF     | MoH                          | UNICEF       | MoH                          | UNICEF, EU      | Government will scale-up and expand distribution of MNP to additional districts under the EU Nutrition Project in 2013.   |
| 7  | Salt iodization                                  | UNICEF     | MCIE, MoH                    | UNICEF       | MCIE, MoH                    | AusAID          | Salt iodization programme will be strengthened in current districts and scaled up to other salt producing districts with funding support from AusAID and EU Nutrition Project.  |
| 8  | Vitamin A supplementation                        | UNICEF     | MoH                          | UNICEF       | MoH                          | UNICEF, EU      | MoH will strengthen monitoring and improve the coverage through sweeping activities with the EU Nutrition Project in 2013.  |

| No | Activity/Component  | Current JP |                              | Post-JP Plan |                              |                 |  |
|----|---|------------|------------------------------|--------------|------------------------------|-----------------|--|
|    |   | UN Agency  | Local partners/ implementers | UN Agency    | Local partners/ implementers | Funding sources | Remarks  |
| 9  | Timor Vita production and distribution                      | WFP        | Timor Global                 | -            | Timor-Global                 | WFP, RDTL       | WFP will do a hand over to the government in the planning and management of the supplementary feeding programme during 2013 and beyond.  |
| 10 | Home gardening  | FAO        | MAF                          | FAO          | MAF                          | MAF, FAO        | MAF will monitor and advise farmers on home gardening through its extension workers based at the suco level. FAO will continue support to MAF under a European Union funded project.                                     |
| 11 | Small-scale livestock                                       | FAO        | MAF                          | FAO          | MAF                          | MAF, FAO        | MAF will monitor and advise on the livestock management through its extension workers. FAO will continue support to MAF under a European Union funded project.   |
| 12 | Aquaculture   | FAO        | MAF                          | FAO          | MAF                          | MAF, FAO        | MAF will monitor and advise farmers on aquaculture through its extension workers. FAO will continue support to MAF under a European Union funded project.  |
| 13 | School gardening  | FAO        | MoE, MAF, local NGOs         | -            | -                            | -               | At this stage, none of the implementing UN agencies and/or Government partners confirmed continue support for promotion of the school garden and nutrition training in school after closing of the this joint programme. |
| 14 | Nutrition training in schools                               | WFP        | MoE, MoH                     | -            | -                            | -               | At this stage, none of the implementing UN agencies and/or Government partners confirmed continue support for promotion of the school garden and nutrition training in school after closing of the this joint programme. |
| 15 | Food Security Information and Early Warning System (FSIEWS) | WFP        | MAF                          | FAO          | MAF                          | FAO, EU         | FAO will continue support to MAF for the FSIEWS until February 2015 under a European Union funded project.   |

### Key Recommendation from Final Evaluation

| No | Recommendation   | Key Actions  | Lead Agency and Partners  | Platform to follow up actions                             |
|----|--|--|---|---|
| 1  | While continuing to address malnutrition from the point of view of humanitarian assistance, which is justified by the current country context, place greater emphasis on long-term technical cooperation and capacity development in the areas of: a) health; b) education; c) rural development and d) agriculture. | <ul style="list-style-type: none"> <li>Strengthening the linkages between the individual and organizational levels of capacity development and among related sectors</li> </ul>  | UNICEF, WHO, FAO, WFP with their line ministries  | Nutrition Working Group; Inter-sectoral Task Force of MAF |
| 2  | Continue to strengthen national leadership of development intervention and inter-institutional coordination on the Government and the UN side  | <ul style="list-style-type: none"> <li>On-going discussion and for a better coordination among multi-sectors to enhance food and nutrition security achievement at all levels</li> </ul>   | UNICEF, WHO, FAO, WFP with their line ministries  | Nutrition Working Group; Inter-sectoral Task Force of MAF |
| 3  | To start immediately exploring additional sources of funding to ensure the continuity and consolidation of the processes set in motion or supported by the JP  | <ul style="list-style-type: none"> <li>Continue efforts in advocacy to improve state budget for food security and nutrition related interventions by its related ministries</li> <li>Continue engaging potential donors on food security and nutrition on the dialogue around food security and nutrition</li> </ul> | All UN agencies. UNICEF and WFP will continue supporting the continuity of nutrition interventions in a more synergic approach through EU Nutrition Project which is anticipated in 2013. | Nutrition Working Group; Intersectoral Task Force of MAF  |
| 4  | Support the implementation of the local purchasing strategy of the School Feeding Programme by strengthening the productive capacity of farmers groups so that they can become local suppliers to the Government.  | <ul style="list-style-type: none"> <li>Continue discussing with the Ministry of Education for FAO providing the technical support for the implementation of the school gardens</li> </ul>  | FAO   | Nutrition Working Group; Inter-sectoral Task Force of MAF |



|   |  |  |   |   |
|---|--|--|---|---|
|   |  | <ul style="list-style-type: none"> <li>• Continue advocating to the Ministry Agriculture and Fisheries (MAF) to increase the MAF coverage and target for the horticulture activities.</li> <li>• Continue efforts to enhance the capacity of MAF's extension workers to support the farmers around the schools to increase their production</li> </ul> |   |   |
| 5 | In connection with the above, and in light of the need to prioritize the allocation of limited resources, it is recommended to reallocate to farmers groups any funds currently allocated to the School Gardens that have not been committed.  | <ul style="list-style-type: none"> <li>• All funds from FAO for the JP have already been implemented.</li> </ul>   | FAO   | Nutrition Working Group; Inter-sectoral Task Force of MAF |
| 6 | To further support the production of iodized salt so as to consolidate the entire production chain and ensure that sufficient quality standards are met for local producers to become providers for the iodized salt currently imported and distributed by WFP as part of its food basket items. | <ul style="list-style-type: none"> <li>• Advocacy for approval and enactment of Salt Law Decree</li> <li>• Improve capacity of salt farmers and coordination among farmers through establishment farmers cooperation</li> <li>• Improve monitoring on the quality (adequacy of iodine, hygiene and safety)</li> </ul>                                  | UNICEF and WHO and line ministries (MoH and MCIE) | Nutrition Working Group; Inter-sectoral Task Force of MAF |

**Annex 7. Minutes of the Final Review Meeting of the Programme Management Committee**

[Please attached the final programme evaluation report as separate PDF file]

## **Annex 8. Final Programme Evaluation Report**

[Please attached the final programme evaluation report as separate PDF file]