United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS
TIMOR-LESTE
RAPID RESPONSE
EL NIŇO 2016

RESIDENT/HUMANITARIAN COORDINATOR	**Knut Ostby**

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The Ministry of Agricuture supported by NGOs (Care, Caritas, CRS, Oxfam, Plan, WVI), Red Cross and UN Agencies (WFP, UNDP) conducted a post El Nino "rapid agriculture assessment on the delayed impact of El Nino" report in May 2017 published June 2017.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The report was shared with the UN Agencies involved in the response and they, in turn, sought feedback from the implementing partners.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: $4,500,000		
Breakdown of total response funding received by source	**Sourc**	**Amount**
	CERF	846,703
	COUNTRY-BASED POOL FUND (*if applicable*)	
	OTHER (bilateral/multilateral)	
	TOTAL	**846,703**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 04/08/2016			
Agency	**Project code**	**Cluster/Sector**	**Amount**
WFP	16-RR-WFP-046	Nutrition	846,703
TOTAL			846,703

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	706,627
Funds forwarded to NGOs (CARE International and Hiam Health) for implementation	140,076
Funds forwarded to government partners	
TOTAL	846,703

HUMANITARIAN NEEDS

Since September 2015, Timor-Leste has been severely impacted by El Niño induced drought. The 2015/16 wet season has had a delayed start, greatly reduced volume and patchy coverage across Timor-Leste. In May and June 2016, especially northern and eastern coastal areas and Oe-cusse continued to suffer from 70 percent reduction in rainfall according to FAO.

The 2015 Global Food Hunger Index (GFHI) of the International Food Policy Institute for Timor-Leste is at an alarming level. The GFHI score of 40.7 ranks the country number four of the 52 most World Hungry Countries (much higher than the 2010 GFHI score of 25.6). Nearly two-thirds of the population suffer annually from food shortages for at least 2.5 months, with the majority suffering shortages for three to five months concentrated in the lean season of November to March.

Timor-Leste's cropping pattern is dominated by one major crop in a year. Hence, the cropping intensity is low and production is mainly subsistence-based. Any disruption to household food production has an immediate, severe and lasting impact on food security. Over the

five months most affected by El Niño, erratic rains have resulted in critical yield reduction of the maize and rice crops. Rice field preparation was delayed, and in February 2016, the general planting progress status on rice was between 40 to 50 per cent (FAO). The concerns about the impact of continuing dry weather on planting of the secondary season crops in areas with bi-modal rainfall were justified as the dry weather impacted on production of maize in July and of rice in August.

The average annual cereal production between 2011 to 2015 was 162,000 tonnes, and it dropped to 129,000 tonnes in 2015. It was forecasted to be as low as 70,082 tonnes in 2016. Considering the annual cereal needs in Timor-Leste of 258,093 tonnes, the projected cereal deficit in 2016 will be 188,016 tonnes – 23 per cent higher than the already increased deficit in 2015 (129,000 tonnes). In addition, more than 70,000 animals died between November 2015 and March 2016 due to El Niño, according to an estimation in July by the Ministry of Agriculture and Fisheries (MAF).

The El Niño-induced climate shock has clearly exacerbated the food insecurity and malnutrition of vulnerable groups, particularly those who were already undernourished, including the 50 per cent of stunted children under five years of age and the 27 per cent of underweight women. In addition, 11% of children under five suffer from moderate acute malnutrition, according to the 2013 UNICEF Timor-Leste Food & Nutrition Survey, this level of moderate-acute malnutrition is characterised as serious by the World Health Organisation.

Considering these high cereal deficits in two consecutive years of reduced production, the ongoing drought places critical pressure on the already inadequate resources of rural households in Timor-Leste. Cereal imports have increased from 118,000 tonnes in previous years (2011/12 – 2014/15) to 129,000 tonnes in 2015/2016. While they are forecasted to further increase to 150,000 tonnes in the 2016/17 marketing year (April/March), this will not be enough to cover the needs in the country.

The worst affected municipalities are Covalima, Lautem, Viqueque, Baucau and Administrative Region of Oe-cusse. The total population of 400,000 people in these areas is affected, with 120,000 people severely at risk. The number of affected people is likely to increase without timely assistance. Those most vulnerable to malnutrition as a result of the El Nino, will be children under five, and pregnant and lactating women, as nutritional deficiencies for this segment of the population can have lifelong impacts on a child's physical and cognitive development.

The population most at risk for malnutrition in these five municipalities was identified in the following table, which used 2010 Census data:

Municipality	Children under age 5	Pregnant and lactating women	Total Beneficiary
Covalima	7,965	2,008	9,973
Lautem	8,425	2,014	10,439
Viqueque	10,785	2,627	13,412
Baucau	16,458	4,280,	20,738
Oe-cusse	11,734	3,059	14,793
Total	55,367	13,988	69,355

Source: Ministry of Finance population and housing census augmented by the Ministry of Health, Food and Nutrition Survey 2013.

II. FOCUS AREAS AND PRIORITIZATION

During late 2015, and in 2016, several assessments carried out by humanitarian partners, which included consulting with communities, concluded that food, water and sanitation, health, nutrition, livelihoods, and education were priority areas for reducing the impact of El Nino. These assessments identified significant numbers of livestock deaths, communities resorting to coping mechanisms earlier and

longer than usual and a marked reduction in the number of and quantity, as well as diversity of daily meals, which reduces daily nutritional intake. The rapid deterioration of the food security and malnutrition created an imperative for an immediate emergency response. These assessments included: a Humanitarian Country Team assessment (November 2015), WFP & Government Vulnerability and Livelihoods Assessment (January 2016), Humanitarian Partnership Agreement (February 2016) and Ministry of Agriculture (April 2016).Initial assessments identified a total population of 400,00 being affected by El Nino in the municipalities of Covalima, Lautem, Viqueque, Baucau and Administrative Region of Oe-cusse, with 120,000 people at severe risk.

A nutrition intervention project was prioritised because the Humanitarian Country Team (HCT) saw this as the most time-critical gap, given the high levels of malnutrition in country (with 50% stunting and 11% wasting nationally). In addition, many of the geographical areas most affected by El Nino currently have no treatment programme for children with moderate-acute malnutrition, or for pregnant and lactating women with acute malnutrition. In addition, this gap was not being filled by any other humanitarian partners. The impact of El Niño on nutritional intake in the affected areas exacerbates an already severely undernourished community.

Originally the proposal had envisaged the project would be implemented in the worst affected municipalities of Covalima, Lautem, Viqueque, Baucau and Administrative Region of Oe-cusse, with a total of 69,355 people being targeted, including targeting all children aged 6 months – 5 years.

However as funding received was less than the initial project requirements identified, the three municipalities of Lautem, Viqueque, Baucau were prioritised, and instead of targeting children under five, it was decided to target children under two. Children under two, along with pregnant and lactating women were prioritised in the revised proposal, because the first thousand days of a child's life are critical for a child's mental and physical development, and if a child doesn't receive sufficient nutrition during this period, then it can have lifelong impacts on physical and cognitive development.

Municipality	Children under age 2	Pregnant and lactating women	Total Beneficiary
Baucau	5,555	4,280	9,835
Lautem	2,706	2,014	4,720
Viqueque	3,499	2,627	6,126
Total	11,760	8,921	20,681

Long-term Government programmes addressing underlying causes of malnutrition are in place, however, these do not react to onset shocks such as the one caused by El Niño. It is therefore critical for the nutrition sector to augment existing nutrition interventions and rapidly scale up the response to save lives by supporting the most vulnerable in the most affected areas. In addition, currently the government's monitoring system doesn't capture cases of acute malnutrition in women, and moderate-acute malnutrition in children, and only captures cases of severe-acute malnutrition in children. Evidence from one referral hospital in Baucau, which found as many cases of SAM between Jan- February 2016, as for the whole of 2015, suggested that the number of SAM cases could be increasing as a result of El Nino.

Due to the current drought situation, it is expected that the nutritional needs of children aged five and under has increased rapidly. Based on the consultations among the Government, WFP and relevant nutrition sector partners, including UNICEF, the following interventions have been identified as the key priorities for the sector response:

Nutrition

- Provide supplementary food to moderate acute malnutrition (MAM) and timely identify severe acute malnutrition (SAM) including timely referral to nearest health facilities
- Enhance malnutrition screening and referral program
- Training and Capacity building of health service providers for preventative nutrition services
- Provide nutrition supplies (RUTF, F75, F100, MNPs, VA, deworming, zinc, iron folic acid)
- Provide nutrition anthropometric equipments (height boards, weighing scales, MUAC tapes)
- Strengthen information management through development of nutrition surveillance module

These interventions are critical in reducing the incidence of acute malnutrition and micronutrient deficiency disorders among children aged under five years, as well as pregnant and lactating women. It was anticipated that this project would complement that already taking place by humanitarian partners, such as the International Federation for the Red Cross, which is providing access to water and providing unconditional cash to communities most affected. The government is managing market prices through provision of subsidised rice and oil in areas where prices are seen to be rising.

III. CERF PROCESS

In early April 2016, after the completion of its assessment, the HCT met to discuss findings, and agree on priorities. The HCT consisted of the Ministry of Agriculture and Fisheries, Ministry of Social Solidarity, Ministry of Interior, UN Resident Co-ordinator's office, WFP, FAO, UNDP, PLAN, CARE, Red Cross Timor-Leste,

The Ministry of Interior/WFP, Ministry of Agriculture and Fisheries/FAO, and the Humanitarian Partnership (HPA) presented the results from recently completed assessments, which highlighted the problems, including: water shortage, food insecurity, health-related, livelihoods-related etc.
They identified that

- 120,000 people are severely affected in the 5 worst affected municipalities, where the total population is 400,000. The number of affected people is likely to increase without timely assistance.
- The Ministry of Commerce, Industry and Environment has procured 9,000 tons of rice to respond to food shortage.
- The Government identified 6-7 warehouses in the most affected areas, which they planned to stock with food supplies through a coordinated approach by 10 Government Ministries, led by Ministry of Interior.
- Overall funding requirements for the response is estimated at USD 25 million.

In this meeting several clusters were activated as per the following table with the HCT identifying how it could assist the response. Agreements were reached on the roles and responsibilities of government ministries and humanitarian partners, as per the second table.

Thematic	Problem	Scope of Intervention
WATER	• Reduced quantity of water for drinking and household use • Lack of clean protected water sources • Lack of clean water for hygiene • Lack of clean water for HH level • Occurrence of disputes over water due to water shortage	• Assessment of water supply situation, alternative sources, and solutions including design of sustainable water systems for communities, schools and health facilities • Provide water access to communities, schools and health facilities through emergency water trucking, water borehole drilling, piping extensions, piping system construction as indicated by assessment and design • Provide water purification treatment, hygiene kits, buckets • Undertake repairs in existing water systems, including fixing leaks in community water systems, and repairing taps, fittings and pipelines • Immediate protection of unprotected water sources

FOOD	• Lack of food • Restricted diets and disruption of normal food sources • Reduction of number of meals • Lack of sufficient food stock at HH level • Less than normal yield from crops	• Distribution of nutritious food • Implementation of Voucher System for food purchase, or cash transfer for food purchase • Distribution of food storage containers • Intensive monitoring of HH food security situation
NUTRITION	• El Niño likely to elevate malnutrition	• Sensitization towards risks of malnutrition and its impacts • Provide supplementary food to moderate acute malnutrition (MAM) and timely identify severe acute malnutrition (SAM) including timely referral to nearest health facilities • Enhance malnutrition screening and referral program • Training and Capacity building of health service providers for preventative nutrition services • Nutrition supplies (RUTF, F75, F100, MNPs, VA, deworming, zinc, iron folic acid) • Nutrition anthropometric equipment (height boards, weighing scales, MUAC tapes) • Strengthened information management through development of nutrition surveillance module
HEALTH	• Increased cases of skin rashes due to lack of water • Increased diarrhea cases due to use of unprotected water sources	• Staffing of health service providers, including relevant medication and water supply • Improve access to health services, and continue to provide safe water and sanitation services at health facilities, health and hygiene promotion, vaccination services • Establish surveillance system for timely detection of SAM cases and enroll in the therapeutic feeding program (TFP) • Preposition emergency health kits, diarrhea diseases kits, reproductive health kits, insecticide treated bed nets etc. • Promote ODF communities and hygiene messaging • Strengthen the MoH disease surveillance system • IMCI training of health care providers to enable them to manage childhood illnesses • Provision of supplies for treatment of childhood illnesses (ORS, Zinc, ARI timer, Amoxicillin)
LIVELIHOODS	• Delay in planting due lack of rain • Stressed or failed crops due to lack of rain and/or inconsistent rain • Low seed stocks due to crop failures and/or multiple planting • Loss of livestock due to sickness or death	• Establish rain water harvesting or dig wells in drought affected areas for livestock • Distribution of seeds (if possible climate resistant seeds) • Fingerlings distributions to farmers with functional fish ponds • Maintenance and management of the irrigation systems • Promotion of climate smart /conservation agriculture • Increase coverage of Agro-meteorology information • Increase coverage of micro finance and promotion of savings and loans groups • Increase Promotion of access to social transfers
EDUCATION	• Lack of water at schools • Lack of school feeding programs	• Assessment of water supply situation, alternative sources, and solutions for schools • Repair and improve school WASH facilities • Ensure school feeding program is operational

***Source of information**: HCT meeting minutes; Rapid HCT Assessment 2015; HPA Assessment 2016; MOI-led CLEAR Assessment 2016; MAF-led Rapid Agricultural a*
Census 2015 preliminary results

WFP consulted with government and other humanitarian partners, and this planned response was also discussed in the Humanitarian Co-ordination meetings. The CERF funds had been prioritised for prevention of malnutrition in vulnerable groups (pregnant and lactating women & children under 5) in the three worst –affected municipalities and where ongoing nutrition interventions were not present.
The nutritional requirements of the vulnerable was recognised as a result of the reduced food consumption.

Gender was taken into consideration both during the assessment phase and in the response phase. The HPA assessment had a strong gender focus. Women respondents identified greater impacts, and were aware far earlier than male counterparts about the lower than normal crop production, drying up of local water sources, andthe poor quality of the local water sources, as a result of El Nino. Women identified the multiple ways that it was impacting on their families, for instance identifying that families had begun eating less meals, or less diversity of food. They also identified other impacts as a result of crop failure, for instance pulling children out of school, due to lack of funds.

Thus, when WFP discussed the response with humanitarian partners, it was decided to focus on pregnant and lactating women as a particular focus of the intervention, due to existing high rates of undernutrition in women (27% nationally). Whilst women were also a target for interventions around water supplies and WASH, as the assessments had highlighted the impact on access to clean water.

The International Federation of Red Cross and Red Crescent Societies (IFRC) launched an 800,000 Swiss Franc (USD 814,000) Emergency Appeal to support 20,000 vulnerable people in Timor Leste who are suffering from the effects of drought conditions triggered by El Niño, which they planned to use to provide access to water and cash transfers in the Covalima municipality.

Government estimates indicate that 120,000 people have been severely affected across five municipalities (Baucau, Covalima, Lautern, Oecusse and Viqueque).

. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis: 120,000 severely impacted according to HCT assessment.									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Health	3,405	9,660	**13,065**	3,404	0	**3,404**	6,809	9,660	**16,469**

1. Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

The beneficiaries reached through CERF funding was provided by collecting data from the Ministry of Health, and other NGO counterparts, using their records of food distribution. However, there were differences in the amount of SNF distributed, and the number of beneficiaries recorded. So, in order to minimise double counting, WFP decided to estimate beneficiary numbers on the amount of food distributed. Based on partner reports and the SNF available for children,100% of 6,809 child beneficiaries received 3 months rations. However, for the 9,660 pregnant and breastfeeding women, the SNF was not sufficient to reach all the targeted beneficiaries. Therefore, health facilities rationed the amount they distribute. Thus, the number of female beneficiaries over 18 represents the number of women who received either 1 month or two months ration. This number represents only the people provided with specialised nutritious food, and not those who were provided with nutrition messaging, thereby reducing double counting in those two activities.

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	3,405	9,660	13,065
Male	3,404		3,404
Total individuals (Female and male)	**6,809**	**9,660**	**16,469**

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.*

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CERF RESULTS

As per Table 5, the project was able to reach a total of 34,488 beneficiaries being provided with one month's supply of specialised nutritious food. In addition to providing food, and as per recommendations from the HCT meeting, WFP contracted partners and also trained health staff to provide health promotion sessions on breastfeeding, infant and young child feeding practices, what constitutes good nutrition, the signs of malnutrition, and hygiene messages.

There were conducted through a number of different forums. HIAMHealth provided information and messages, particularly targeting men, as they are in charge of household resources, and a portion of food production, through night events.

Health promotion events, focusing on infant and young child feeding, and hygiene messages, as well as nutrition for pregnant and breastfeeding mothers, were held at mobile health clinics, called SISCas, through both CARE and HIAMHealth.

CERF's ADDED VALUE

CERF funding enabled the HCT to respond in three municipalities which experienced the greatest impact from El Nino.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☐ PARTIALLY ☒ NO ☐

The specialised nutritious food ordered for children 6-23 months did not arrive in Timor-Leste until 4 months after the order was placed due to high global demand for this food and the need for transhipment of cargo due to Timor-Leste having a shallow draft port.The production of the locally-produced specialised nutritious food for women was also delayed due to difficulties in sourcing the raw materials locally or internationally, leading to delays in distributing this food via health centres.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

The timing of the response coincided with the most severe period of the lean season.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☐ PARTIALLY ☐ NO ☒

The CERF funds did not improve resource mobilisation but did improve the impact due to coordinated and complementary actions by other actors.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

The CERF funding allowed for coordination of UN activities with those of NGOs and Government to give a comprehensive response across all areas of need.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

The CERF project has highlighted the need for nutrition interventions in the Eastern part of Timor-Leste, which are currently not receiving any malnutrition treatment programmes, and how even relatively small shocks can potentially increase the rates of malnutrition. It has alerted the Health Ministry to the challenges in delivering emergency relief, and also how the fragile food security situation, along with poor health status, and lack of access to clean water, can combine to quickly create an emergency situation. It also highlighted short-comings in the ability to deliver emergency relief to remote parts of Timor-Leste within a short-time frame.

[1] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
CERF as a tool for advocacy	CERF helped to position the UN and the Humanitarian Country Team as being proactive and helped leverage additional funds for the response.	CERF secretariat
CERF funding was critical in the initial response	Confirmation of CERF funds triggers within WFP availability allowed for procurement process to start before the contribution was deposited in WFP's bank.	CERF Secretariat
CERF funding flexibility was important in effectively responding to the emergency.	CERF funding should remain flexible. Flexibility allowed programmes to respond to the changing situation on the ground as new data was received.	CERF Secretariat
Improved CERF process	Development of proposal and disbursements was smooth and faster than prior applications	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Coordination and strengthened collaboration between different partners are crucial. Allow sufficent lead-time to prepare for an emergency if possible (i.e. droughts, El Nino, flooding etc.)	Coordination between WFP, partner NGOs and the government was well-managed and inclusive, and priortization was jointly done. However, with a fragile government system, adequate amount of time should be allowed for this collaboration and co-ordination. Talking to government through several different ministries and forum (such as HCT) before the El Nino emergency had impacted Timor-Leste was important for them to understand the potential impact on different sectors.	WFP, NGOs, Government
Poor quality roads, which are made worse during the rainy season, combined with minimal warehousing capacity, meant distribution to health facitlies took more time than anticipated and distribution to the sub-village level health facilities was difficult.	Strengthening of logistical capabilities and better coordination among WFP, partner and the government is needed for any future emergency operations. Allowing extra time for logistical planning was also important. Therefore, there is a need for regional warehousing and pre-positioning of national disaster response stocks to avoid this.	WFP, NGOs, Government
Communication between the country office and field is challenging because of limited internet access.	Having a permanent field presence in emergency areas, and having reliable communication in each of the municipalities.	WFP, NGOs, Government
Obtaining up-to date accurate data set about beneficiaires was difficult.	Flexibility for revised assessments on beneficiairy numbers and target areas should be built into the response process.	WFP, NGOs, Government
High number of women and	○ The need for improved health services, and health	WFP, Government

children found to be malnourished was largely due to the impact of climate change and El Nino, which is reducing food security, especially in coastal areas. Health staff also said confounding factors such as diseases, especially TB, respiratory infections and intestinal worms, diarrhea as well as low birth spacing within families, contributed to these high numbers. Children commonly start becoming undernourished when they stop breastfeeding, and especially in cases where a new baby is born and the breastmilk is given only to the younger sibling, with no adequate weaning period/transition to complementary foods.	promotion on diahhoea, infections would reduce the incidence of these other diseases, which exacerbates the impact of emergencies such as El Nino. o In addition, more integration with family planning counselling, as low birth spacing impacts on the older child's nutrition if a mother falls pregnant, as well as on ability to provide adequate food for the whole household. o Consider providing the specialised nutritious food to children up to 5 years of age or even whole families, as health staff & community members said these children were also malnourished, and due to food shortages there was considerable sharing of the food within households.	
Poor infant and young child feeding practices contributed to high rates of malnutrition, even where food is available.	Health staff recommended to: o Continue provision of Specialised Nutritious Foods (SNF) beyond the El Nino project. o SNF in other health programmes, especially maternal and infant health programmes. o More counselling for beneficiaries. o Training for health staff on counselling and health promotion. o More supportive supervision and feedback from nutrition dept. to improve their implementation.	WFP, Government
Importing specialised food to Timor-Leste is time-consuming, whilst for the production of the locally produced foods, can also be delayed due to difficulties in sourcing sufficent raw materials in country, or importing the raw materials.	Position pre-ordered specialised nutritious food in country (though with use-by dates is expensive if not used) Allow more lead time to order food.	Government
Ensuring adequate and high quality packaging as well as warehousing storage is important when distributing food.	Complain to SNF producer Timor Global regarding the poor quality packaging, and ask that they ensure all packaging has been tested with a drop test, and can withstand being carried over several kilometres of rough terrain.	WFP

PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WFP	**5. CERF grant period:**	01/09/2016- 30/03/2017
2. CERF project code:	16-RR-WFP-046	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Nutrition		☒ Concluded
4. Project title:	Moderate acute malnutrition in drought affected areas		

7.Funding			
a. Total funding requirements[2]:	US$ 4,500,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[3]:	US$ 846,703	▪ *NGO partners:*	US$ 140,076
c. Amount received from CERF:	US$ 846,703	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	5,880	5,880	**11,760**	3,405	3,404	6,809
Adults (≥ 18)	8,921		**8,921**	9,660		9,660
Total	14,801	5,880	**20,681**	**13,065**	**3,404**	16,469

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	20,861	16,469
Total (same as in 8a)	**20,861**	**16,469**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	WFP distributed food over a four month period, rather than a three month period. Therefore, fewer beneficiaries were reached in total, but more substantial support was provided to each beneficiary.	

[2] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[3] This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	To treat moderate acute malnourished children under 2 and pregnant and lactating women, preventing malnutrition related morbidity and mortality.		
10. Outcome statement	The deterioration of the nutritional status of vulnerable groups (e.g. children under age 2 and PLW) is prevented and the risk of severe acute malnutrition is reduced.		
11. Outputs			
Output 1	11,760 vulnerable children under 2 years of age and 8,921 pregnant and lactating women receive supplementary nutritious food.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of children age 2 receiving ready to use supplementary food	11,760	6,809
Indicator 1.2	Quantity of supplementary food distributed (mt)	209.27 mt	130.92 mt
Indicator 1.3	Number of pregnant and lactating women receiving fortified blended food.	8,921	9,660
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of supplementary food	WFP	WFP
Activity 1.2	Transportation of supplementary food to Community Health Centres in Municipalities	WFP	WFP
Activity 1.3	Distribution of supplementary feeding to children <2 years and PLW	WFP	WFP, NGOs (Care, Hiam Health, and CRS) and Government
Activity 1.4	Provide guidance to local partners on use and advocacy on nutrition	WFP	WFP, NGOs (Care, Hiam Health, and CRS) and Government,
Activity 1.5	Project close up activities and final report writing and submission	WFP	WFP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

WFP extended the period of food distribution and therefore slightly reduced the number of beneficiaries. WFP and partners were able to distribute SNFs for 4 months, rather than the planned 3 months, and not all beneficiaries received 3 months rations. However, the amount of food distributed to pregnant and lactating women was only 130 mt versus the planned 209 mt, this was because the local supplier Timor Global experienced significant delays in producing the SNF, due to poor planning and difficulties in sourcing raw materials locally, and then delays in importing the raw materials not available in country. The lack of the locally produced SNF also led to delays in implementing the distribution, and reduced participation at the community level. This is because the SNF for women, called Timor Vita, is well known and liked by the community, and health staff report that women will come and bring their children to distribution points, or to health facilities when this food is available.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

WFP contracted CARE International Timor Leste to conduct a qualitative evaluation. Please see a summary below, or for more details, refer to the attached report.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

Key Findings:

Acceptability of the supplementary food product

Overall, the review highlighted very positive feedback from the focus group discussion (FGD) participants and key informants regarding the acceptability of the SNFs – both Plumpy'Doz and Timor Vita. This was evident across all three project sites – Baucau, Viqueque and Lautem. The majority of respondents reported that they liked to consume Timor Vita (TV) and Plumpy'Doz (PD). There were two common reasons provided; beneficiaries knew the products were rich in vitamins, and because after consuming the food, they felt stronger and no longer felt hungry.

Poor Quality Packaging of Food

Although the Timor Vita was very well received by the beneficiaries, the poor quality packaging meant that bags broke while being carried back to beneficiaries' homes, or during distribution and storing at health facilities..

Distribution Points were Located Far from some Villages.

Many of the female FGD participants reported that they are living far away from the health facilities and there is no transport in their aldeia because of the bad road conditions, and would like to be able to receive the food in their aldeias, as accessing health facilities involves considerable time costs, which is also difficult, when they have many small children. However, there were no protection issues involved, meaning no beneficiaries reported that they had safety issues in coming to the health facility.

Health providers also recommended direct distribution to the community through outreach clinics, called SISCA. However they said they didn't have vehicles to transport the food, and would require additional transport support.

Although some health staff saw the value of direct distribution, it was also evident there were additional benefits in distributing the food through health centres. For example, the participants revealed that besides receiving the supplementary food at the health centres they also received services such as immunizations, health checks and MUAC screening for themselves and their children. Health service providers reported more people came to visit health post, SISCA and CHC because of the food distribution.

Acceptability of Nutrition Messages to the beneficiaries & Involvement of Men

The review found that nutrition messaging via poster and community health session (refer to Annex B) was important for communities to understand what the function of different foods are, related to the human body development. The respondents mentioned that it is very important for the project to explain the nutrition messages more frequently at the community level because there are many people that do not understand the functiosn of food and it will remind them to consume the right food for their own health.

"We have learned that children need to eat fruits to improve their skin and vegetable for their eye health and other food such as fish to make their bone strong and develop their brain to become clever. For us, as pregnant and lactating mother, we consume food in the poster to have power and replace blood quickly during delivery. It also can helps the children to get good health from the breast milk" (Female FGD, Siralari, Viqueque)

Most male participants who were consulted through FGD acknowledged that it is important for pregnant women to consume nutritious food to avoid complicated situations during childbirth. They also mentioned that when pregnant and lactating women consume nutritious food, the baby would also be gaining good health through the mother. Male respondents also saw the importance of their involvement in nutrition messages and nutrition education so that they could understand more about the function of nutritious food. This reflected some of the gender dynamics of decision-making about food and nutrition at the household level. Male respondents saw value in increasing their own knowledge about food because they recognized their role in the family as owners of the family economy and agricultural activities.

However, not all health facilities had received the nutrition posters, and community members, such as suco leaders requested additional posters, as being important to inform their communities. They also asked that health staff provide increasing information on good nutrition, through these tools.

Lack of supplementary food supply & Logistical Challenges

The majority of health staff at health posts reported that they ran out of food supply because it was being stored in the community health centre and there were difficulties to transport from CHC to health posts. Reasons cited for lack of supply includes lack of transport, bad road conditions and far distances between CHC and the health posts. There was consistent feedback from the health service providers that they have limited access to vehicles to transport the food from CHC to the health post or SISCA at the community level.

Lack of supply also presented risks to health services and their responsiveness to community needs creating perverse incentives for health providers not to distribute the limited supply of food. For example, one health provider in Aldeia Uatu Carbau, Viqueque reported that they did not distribute the food to the health post and beneficiaries because it would create a huge demand, and they were concerned that their limited supply would thereby create negative reactions amongst community members.

Key Recommendations:

- Consider providing the specialised nutritious food to children up to 5 years of age or even whole families, as health staff & community members said these children were malnourished, and due to food shortages, there was considerable sharing of the food within households.
- Improve distribution Models– Consider providing the food at the more local sub-village or aldeia level, asit is difficult for many community members to attend the village level (suco) health posts.
- Increasing information provided about the SNFs to the community, including men. Increased messaging on the preparation of Timor Vita, how to consume and the importance of not sharing the food, especially in relation to good nutrition for

pregnant and breastfeeding mothers. ○ Improve the quality of the Timor Vita package**-**Improvements to Timor Vita packaging will decrease risks of rodent attacks in storage, as well as improving durability during transport. ○ It is important to have regular follow-up monitoring in order to get reliable information on how the project has benefited target population. Through follow-up monitoring, the project could better understand how the food is consumed at the household level and ensure that beneficiaries are using the product based on the intervention criteria. Furthermore, it could actively monitor the impact of nutrition, education and messages on behavioural change. ○ Increased exposure to nutrition messages and practical demonstrations of cooking with nutritious foods. The review confirmed that the current messaging about the function of different foods for human development was lucid. However,many community membersneeded repeated exposure to these messages and health promotion tools on nutrition. Particularly, they asked for demonstrations of how to cook nutritious foods for children and women, using locally available foods, and where there are food taboos, for instance in some areas, villagers will not eat locally available protein sources such as beans, then demonstrations with alternative protein sources are important. All the cooking demonstrations were done by HIAMHealth in Lautem.	

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
16-RR-WFP-046	Food Assistance	WFP	NNGO	$39,504
16-RR-WFP-046	Food Assistance	WFP	INGO	$100,572

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
CRS	Catholic Relief Services
CARE	Cooperative for Assistance and Relief Everywhere
CVTL	Timor-Leste Red Cross and Red Crescent Society
FAO	Food and Agriculture Organisation
FGD	Focus Group Discussion
GFHI	Global Food Hunger Index
HCT	Humanitarian Country Team
HIAM	Hamutuk Ita Ajuda Malu Health
HPA	Humanitarian Partnership Agreement (Care, Plan International, Oxfam, WVI and CRS)
IFA	Iron Folic Acid
IFRC	International Federation of the Red Cross
MAF	Ministry of Agriculture and Fisheries
MAM	Moderate Acute Malnutrition
MUAC	Mid-Upper Arm Circumference
RC/HC	Resident Coordinator and/or Humanitarian Coordinator
RUTF	Ready-To-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SISCA	Integrated Community Health Services
SNF	Specialized Nutritious Foods
WFP	World Food Programme