

برنامج
الأغذية
العالمي



Programme
Alimentaire
Mondial

World
Food
Programme

Programa
Mundial
de Alimentos

**Executive Board
First Regular Session**

Rome, 14–16 February 2011

DRAFT COUNTRY PROGRAMMES

Agenda item 7

For consideration

E

Distribution: GENERAL
WFP/EB.1/2011/7/2
10 January 2011
ORIGINAL: ENGLISH

DRAFT COUNTRY PROGRAMME TIMOR-LESTE 200185 (2011–2013)



This document is printed in a limited number of copies. Executive Board documents are available on WFP's Website (<http://www.wfp.org/eb>).

NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for consideration

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

Regional Director, ODB*: Mr K. Oshidari tel.: 066513-3063

Liaison Officer, ODB: Ms S. Izzi tel.: 066513-2207

Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact Ms I. Carpitella, Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).

* Regional Bureau Bangkok (Asia)

EXECUTIVE SUMMARY

Timor-Leste regained its independence in 2002. The process was marked by widespread destruction of physical infrastructure and dismantling of much of the country's managerial and professional capacity, significantly limiting the public sector's ability to oversee and manage the recovery and development process.

Poverty, food insecurity and undernutrition remain widespread. Half of the population live below the national official poverty line of US\$0.88 per capita per day; one-fifth are food-insecure; and nearly half of children under 5 suffer from chronic undernutrition. Prevalence of acute malnutrition is very high at 17 percent. National capacity to design and manage the development process, including the delivery of social services, remains inadequate.

The country programme will focus on mother-and-child health and nutrition, technical assistance and government capacity development, food security through community asset-building, and a strategy for hand-over of food-based programmes to the Government.

The programme is consistent with WFP's 2009 mid-term evaluation, which recommended continuing the strong emphasis on government capacity development and food-based assistance. It also meets the Government's request to support mother-and-child health and nutrition and provide partner ministries with technical assistance to build their capacity in planning and managing commodity supply chains.

The country programme is aligned with Millennium Development Goals 1, 2, 3, 4, 5 and 7,¹ contributes to the United Nations Development Assistance Framework priorities 2 and 3,² and is in line with WFP Strategic Objectives 3, 4 and 5.³

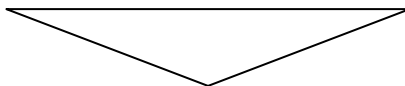
The programme will run through December 2013 and fits into the United Nations Development Assistance Framework's 2009–2013 cycle. Each component considers hand-over to government partners, and a possible extension of assistance beyond the programme end date will depend on the Government's achievements, results from monitoring and evaluation, and the availability of resources.

¹ Millennium Development Goals 1 – Eradicate extreme poverty and hunger; 2 – Achieve universal primary education; 3 – Promote gender equality and empower women; 4 – Reduce child mortality; 5 – Improve maternal health; and 7 – Ensure environmental sustainability.

² United Nations Development Assistance Framework priorities 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; and 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.

³ WFP Strategic Objectives 3 – Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations; 4 – Reduce chronic hunger and undernutrition; and 5 – Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase.

DRAFT DECISION*



The Board takes note of draft country programme Timor-Leste 200185 (2011–2013) (WFP/EB.1/2011/7/2), for which the food requirement is 15,622 mt, at a total cost to WFP of US\$21.4 million, and authorizes the Secretariat to formulate a country programme, taking into account the observations of the Board.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

SITUATION ANALYSIS

1. Timor-Leste is resource-rich but poorly developed. It ranks 120th out of 169 countries in the United Nations Development Programme (UNDP) 2010 human development index, one of the lowest rankings in Asia.⁴ The World Bank's 2008 Timor-Leste poverty survey showed that the population living below the national official poverty line of US\$0.88 per capita per day grew from 36 percent in 2001 to 50 percent in 2007, with increases in both rural and urban areas.⁵
2. Chronic food insecurity is widespread. According to WFP's comprehensive food security and vulnerability analysis (CFSVA) for 2005–2006, food-insecure households are spread throughout the country, with 20 percent of the population food-insecure and 23 percent highly vulnerable to food insecurity.⁶ The World Bank⁵ estimated that the population with per capita food consumption below the national food poverty line of 2,100 kcal per day increased from 31 percent in 2001 to 42 percent in 2007. The 2007 Timor-Leste survey of living standards identified 73 percent of households with “at least one month of low food consumption”, corresponding to an average of 3.2 months of low food consumption during the year. The average farmer cultivates less than 0.4 ha of land and has six children. All districts experience food insecurity, and farmers in high-elevation areas are often exposed to natural disasters and have less access to government services and subsidized rice. The main risk of food shortages occurs during the October to March lean season, when food stocks run short and the harvest is not yet available.
3. Timor-Leste's main economic sector is subsistence rainfed agriculture, on which 80 percent of the country's poor and 90 percent of the rural poor depend for their livelihood.⁵ Traditional staple foods are maize and cassava, but rice is replacing these as the preferred food. Food prices have not returned to pre-2008 levels, and the food portion of the consumer price index⁷ was 8.5 percent higher in June 2010 than in June 2009. Major imported food items include rice, oil and noodles. Limited public transport restricts access to markets. Owing to inadequate road infrastructure, underdeveloped marketing systems, lack of agricultural inputs and irrigation facilities, and considerable post-harvest losses, staple food production is insufficient to meet national requirements. The 2007 Food and Agriculture Organization of the United Nations (FAO)/WFP crop and food security assessment mission estimated that Timor-Leste needed to import roughly half of its cereal-equivalent consumption requirements. Floods, strong winds, drought and pest infestations occur yearly, resulting in loss of food production, which aggravates food insecurity and vulnerability.
4. Despite the slight increase in rice and maize production in recent years, it is generally accepted that Timor-Leste will not be self-sufficient in food in the near future. Programmes for government purchase of local production and the development of mini-markets in rural areas have had limited success owing to poor planning and limited government capacity. Record flooding in 2010 is believed to have had a serious negative impact on rice and maize production. The rainy season, which normally ends in April, extended into October. A 2010 food production survey by FAO and the Ministry of Agriculture, Forestry and Fisheries estimated that maize production had decreased by 10–15 percent and rice

⁴ UNDP. 2010. *Human Development Report 2010*. New York.

⁵ World Bank. 2008. *Timor-Leste: Poverty in a Young Nation*. Washington, DC.

⁶ WFP. 2007. *CFSVA Report 2007*. Rome.

⁷ Ministry of Finance, National Statistics Directorate – CPI Report June 2010.

production by about 20 percent compared with 2009. It is predicted that Timor-Leste will continue to experience erratic rainfall and climatic shocks in the future.

5. Undernutrition remains a major public health problem. More than half of children under 5 suffer from chronic undernutrition, with 58 percent stunted; 45 percent are underweight; and 19 percent are acutely malnourished/wasted. The prevalence of stunting is more than 30 percent – considered serious according to World Health Organization (WHO) standards – in all 13 districts, and reaches 70 percent in some locations. Wasting rates greater than 15 percent indicate a situation of public health concern and an ongoing nutritional emergency.⁸ The latest global hunger index ranks Timor-Leste 71st out of 84 countries and the third highest in Asia regarding underweight children.⁹
6. An estimated 27 percent of non-pregnant women have a body mass index (BMI) below 18.5.¹⁰ Low maternal BMI contributes to low-birthweight babies and subsequent growth failure in children, thus perpetuating the intergenerational cycle of undernutrition. Anaemia affects 72 percent of women aged 15–49 years, 28 percent of pregnant women and 38 percent of children under 5.
7. Timor-Leste has one of the highest maternal mortality rates, at 660 per 100,000 live births; under-5 mortality of 130 per 1,000 live births¹¹ represents more than 40,000 child deaths per year. Poor maternal and child health and nutrition result from many factors, including food taboos and dietary practices that lead to low consumption of nutritious food; unavailability of fortified nutritious foods; inadequate knowledge of good child feeding practices such as timely initiation of breastfeeding and appropriate complementary foods; high incidence of acute respiratory infection and diarrhoea; poor access to and uptake of health services; inadequate sanitation and hygiene practices; general isolation; and lack of adequate infrastructure. Gender-specific data should be collected to examine whether unequal access to health services and other resources also contributes to poor maternal and child nutrition.
8. The Government has introduced several nationwide programmes explicitly tackling food insecurity and undernutrition in vulnerable groups. The Ministry of Health's 2004 Nutrition Strategy emphasized maternal and child nutrition and food security as its two main elements. The Government's 2008–2012 Health Sector Strategic Plan includes an ongoing mother-and-child health and nutrition (MCHN) programme. Other targeted programmes comprise food and cash transfers to veterans and disabled people, emergency food assistance in times of natural disasters and other shocks, subsidized rice sales to increase rice availability, school feeding, and a new agricultural extension programme to bolster production at the community and household levels.
9. Timor-Leste faces challenges in delivering social and economic services and safety nets to its population, which hampers the timely implementation of routine programmes and effective responses to recurring disasters. The main challenges are a lack of qualified

⁸ World Health Organization (WHO). 2000. *Management of Nutrition in Major Emergencies*. Geneva

⁹ International Food Policy Research Institute (IFPRI). 2010. *Global Hunger Index Report 2010*. Washington, DC.

¹⁰ BMI reflects the nutrition status of adults. It is calculated by dividing an individual's weight in kilograms by the height-in-metres squared: $\text{weight}/\text{height}^2$. Men and non-pregnant women with BMI lower than 18.5 are considered to suffer from chronic energy deficiency.

¹¹ National Statistics Directorate. 2010. *Timor-Leste Demographic and Health Survey, 2009*. Dili.

human resources, low capacity in supply chain planning and management across sectors, limited investment in the deteriorating infrastructure, and a widely dispersed population.

10. Despite these challenges, the Government continues its ambitious efforts to tackle poverty, and is tracking its progress towards achieving the Millennium Development Goals (MDGs), including MDGs 1, 4 and 5. The Government's main strategies for tackling nutrition and food insecurity are increasing outreach in addressing undernutrition, through more than 1,000 integrated community health service posts; establishing a network of 404 agricultural extension workers to cover all communities; delivering agricultural inputs in high-potential areas, to increase production; and developing and setting up a food security information system.

PAST COOPERATION AND LESSONS LEARNED

11. WFP began an emergency operation in Timor-Leste in 1999, which gradually shifted to relief and rehabilitation in 2005. Activities under the most recent protracted relief and recovery operation (PRRO 103881) for September 2008 to 31 August 2011, focus on MCHN, school feeding, food for assets (FFA), return packages for internally displaced returnees, relief assistance for disaster-affected communities, and government capacity development.
12. The PRRO's 2009 mid-term evaluation (MTE) found that "government capacity must be quickly strengthened and related management systems developed".¹² An important lesson learned is that successful capacity development requires continuous on-the-job guidance by experienced international staff.
13. Mother-and-child health and nutrition is an essential component of the Government's 2004 National Nutrition Strategy. It focuses on preventing and addressing undernutrition among young children, and pregnant and lactating women (PLW). The MTE concluded that the activity is coherent with government priorities and United Nations Development Assistance Framework (UNDAF) objectives. It noted that the objective of enabling women to attend health centres had been achieved.
14. The MCHN component has been targeting the most vulnerable individuals at crucial times of their lives. It has provided blanket supplementary feeding to all children aged 6–23 months, and targeted supplementary feeding to moderately malnourished children aged 24–59 months and to malnourished PLW.¹³ The activity has been implemented in 12 districts, apart from the Government's pilot district of Viqueque, and has reached more than 50,000 beneficiaries. Each beneficiary has received a monthly take-home ration of 6 kg of corn-soya blend (CSB), 600 g of sugar, 600 g of oil, and 500 g of iodized salt.
15. To develop the Ministry of Health's technical and management capacity, WFP has seconded a nutritionist/food technologist to the Ministry's Nutrition Department. The Ministry, WFP and the private company Timor Global have established a facility for producing a fortified blended food – Timor Vita – locally.
16. In the past, the MCHN activity was hindered by inappropriate packaging of the food ration and ineffective distribution. The ration was delivered as three separate commodities,

¹² WFP. 2009. Office of Evaluation Final Report Timor-Leste PRRO 103881, November 2009. Rome.

¹³ The National Protocol on Management of Acute Malnutrition reports the following admission criteria: all children aged 6–23 months; children aged 24–59 months with mid-upper arm circumference (MUAC) 11.5 to 12.5 cm; and pregnant and lactating women with MUAC below 23 cm.

often in unhygienic containers provided by beneficiaries, which introduced a high risk of contamination. The distribution of separate commodities led to food sharing among household members, reducing the impact on intended beneficiaries. In contrast, Timor Vita meets local taste preferences and is produced in sealed 3-kg pre-mixed packages. Although it costs more than CSB, it improves the activity's efficiency and effectiveness through increased consumption by targeted individuals and reduced losses and staff time for distribution.

17. The school feeding activity covers grades 1 to 6, reaching more than 230,000 children in more than 1,000 primary schools nationwide. The school meal provides 426 kcal per child, from rice, beans, oil and salt prepared and served at the school. WFP's monitoring and 2009 MTE showed a strong correlation between attendance and food availability. School feeding supports the Government's Basic Education Act espousing free education for all children, including a free school meal. The planned extension of coverage to grade 9 from January 2010 was not possible owing to WFP resource constraints. To secure more funding, the Government assumed a greater resourcing and implementation role in mid-2010, and has decided to assume full responsibility from 2011.
18. Food-for-assets (FFA) activities have contributed to increased agricultural potential and food security by employing food-insecure people from poor communities during the agricultural lean season. Under PRRO 103881, FFA reached more than 7,000 participants in the seven most food-insecure districts. Activities focused on enhancing agricultural production in rural areas, through land clearance and reclamation, rehabilitation of small-scale irrigation canals, construction or rehabilitation of feeder roads, improvement of community water collection, and construction of schools using locally available materials.
19. WFP's activities in government capacity development were part of the food-based programmes, but also assisted the Government in other ways. WFP is the lead assistant to the Government's national priority programme for food security, with targets for improving several ministries' food security monitoring and food tracking systems. WFP also leads or co-leads the food security, logistics and telecommunication clusters.
20. Timor-Leste is one of five countries where a WFP-assisted conditional cash-transfer pilot project is being introduced and tested, in partnership with the International Food Policy Research Institute (IFPRI). The project targets high-elevation areas and will reach 25,000 vulnerable households exposed to natural disasters and food insecurity. It will contribute to community asset-building and disaster mitigation. All households in selected communities may participate; beneficiaries will receive US\$3 per day worked, in line with government regulations.
21. WFP Special Operation 107970, which commenced in 2009, aims at building ministries' capacities in overall supply chain and delivery management, to improve service delivery and increase coverage. As well as food security-related logistics systems, it will also improve the capacity to deliver social and economic services in general, with increased inter-ministerial coordination.

STRATEGIC FOCUS OF THE COUNTRY PROGRAMME

22. WFP's long-term goal is for all people in Timor-Leste to have sufficient, adequate and high-quality food to meet their nutritional needs. This is to be achieved through the establishment of robust food security solutions that are nationally owned by the Government, civil society, the private sector or communities themselves. The country

programme (CP) will support UNDAF 2009–2013 Outcomes 2 and 3, and WFP’s Strategic Objectives 3, 4 and 5.

23. Specific objectives are to:

- improve the food and nutrition security of the most vulnerable groups in ways that build longer-term human and physical assets;
- strengthen the Government’s capacity to design, implement and manage tools, policies and systems for reducing food insecurity, and
- hand over food-based programmes to the Government in a responsible manner.

24. The CP builds on WFP’s strengths and experience while progressively repositioning WFP so that it is no longer solely a food aid agency but also provides enhanced technical support contributing to longer-term nationally owned food security solutions. It is consistent with the Government’s statement that Timor-Leste is entering the development stage, and is aligned with the Government’s national priorities in food security and nutrition.

Component 1: Mother-and-Child Health and Nutrition

25. The CP will support the national MCHN programme led by the Ministry of Health’s Nutrition Department by focusing on preventing chronic undernutrition during the window of opportunity from pregnancy to 23 months and on treating moderate acute malnutrition among children 24–59 months and PLW. Interventions will increase access to micronutrient-rich, energy-dense foods for children under 5 and PLW, promote positive behaviour change regarding infant and young child feeding and care practices, and encourage demand for primary health care services, including ante- and postnatal care. WFP will support MCHN interventions in all 13 districts while strengthening government staff’s technical capacity and identifying more sustainable and affordable local solutions to address chronic undernutrition. Partnerships will be established with international and local non-governmental organizations (NGOs) for disseminating to communities information on nutrition and appropriate utilization of supplementary food.

26. WFP will implement blanket supplementary feeding to all children aged 6–23 months and targeted supplementary feeding to moderately acute malnourished children aged 24–59 months and to PLW, through health centres. This will be complemented by United Nations Children’s Fund (UNICEF) support for the treatment of children with severe acute malnutrition under national management of acute malnutrition in the 13 districts. To address factors underlying poor maternal and child health and nutrition, the Ministry of Health is cooperating with UNICEF, WHO, the United Nations Population Fund (UNFPA) and NGOs to implement water, hygiene and sanitation projects, health promotion campaigns and integrated community health service posts, among others.

27. To the extent possible, each beneficiary will receive a monthly take-home ration¹⁴ of Timor Vita, the locally produced blended food. WFP will also import CSB+ and oil to address shortfalls due to the local factory’s limited capacity. The supplementary feeding ration will provide about 820 kcal per day to children aged 6–23 months and about 1,230 kcal per day to moderately acute malnourished children aged 24–59 months and to PLW.

¹⁴ Following national protocol admission and exit criteria (footnote 15): children turning 24 months with MUAC <12.5 cm; children aged 24–59 months with MUAC <12.5 cm for three consecutive months; and PLW with MUAC <23 cm for three consecutive months.

28. Timor Vita – a premix of corn, soybeans, oil, sugar, vitamins and minerals – presents intermediate nutritional specifications compared with CSB+ and CSB++. Owing to the lack of established food quality control systems in Timor-Leste, it does not contain milk powder; WFP will continue to provide managerial and technical support to the private company, to establish an optimum quality control system in line with WFP policy and guidance on CSB++, and eventually to allow the addition of milk powder.
29. The MCHN component will be implemented in the health centres included in the Ministry of Health’s initial health sites list, which have staff knowledgeable in dealing with Timor Vita or CSB+, have capacity to store and handle the food, and are accessible to beneficiaries and the supplier. The target is gradually to reach 80 percent of health centres by 2013, from the current level of 40 percent. Resources, accessibility, capacity and logistics challenges make 100 percent coverage unfeasible. Further programme expansion will require intensive government support to strengthen and mobilize health structures and personnel.
30. WFP will continue working with the Ministry of Health to develop the Ministry’s human resources management capacity and enable it to take full responsibility of the MCHN programme. The Ministry is expected to be able to allocate its own budget to Timor Vita production by the end of 2012. From 2013, it will manage the entire supply chain, including planning, budgeting, purchasing, delivery and final distribution. WFP will provide technical assistance and on-the-job training to Ministry staff, and will fill gaps in local production by supplying imported CSB+ and oil. WFP will also assist the private company to achieve higher output and greater availability of Timor Vita.

Component 2: Technical Assistance and Capacity Development

31. In partnership with other United Nations agencies and international and local NGOs, technical assistance will be provided to relevant ministries to set up modernized and reliable commodity management systems and logistics capacity for delivering goods and services using practical and proven tools. Assistance includes project design and planning, beneficiary targeting, implementation, monitoring and evaluation (M&E), commodity call-forward, dispatch, delivery, storage, distribution, recording and reporting. It will play an important role in knowledge transfer and facilitate WFP’s phasing out of assistance.
32. Technical assistance will support:
 - the Ministry of Tourism, Trade and Industry’s national subsidized rice programme;
 - the Ministry of Social Solidarity’s social safety net – food and non-food items for vulnerable groups and poor households – and emergency responses to natural and human-incurred disasters;
 - the Ministry of Education’s delivery of food, books and other learning materials to schools;
 - the improvement of school kitchens and the construction and installation of ecological stoves in certain schools supported by the government school feeding programme; and
 - the Ministry of Health’s delivery of CSB+, drugs and medical equipment.
33. The assistance should enable these government programmes to reach minimum standards in management, targeting and implementation, and support the realization of the Government’s food security goals. It should achieve the following outcomes:

- i) Ministry of Education autonomous handling of the entire school feeding programme, including targeting, planning and logistics, and M&E; at present an estimated 50 percent of all schools do not receive food in time or at all;
 - ii) Ministry of Social Solidarity implementation of food-related response mechanisms for natural disasters, including rapid response, pre-positioning and adequate distribution systems, establishment of vulnerability assessment systems, and implementation and M&E of food-based assistance to vulnerable groups and poor households;
 - iii) Ministry of Tourism, Trade and Industry autonomous planning and logistics provision for the nationwide subsidized rice programme; only five distribution points have been established – the aim is to have one in each of the 13 districts, providing access to subsidized food for 100 percent of the eligible population; and
 - iv) Ministry of Health autonomous planning and distribution of the entire MCHN programme, including targeting, budgeting, storage, transport, handling and M&E.
34. WFP will eventually fulfil only an advisory role as the ministries undertake strategy development, planning, budgeting, targeting, implementation and M&E. At the end of the CP, the ministries are expected to deliver various supply chain-related services independently and with increased efficiency, owing to strengthened human capacities, processes and procedures, physical infrastructure, information, telecommunications and administration.
35. During the CP, WFP will phase out its FFA activities under the Community Mobilization for Poverty Alleviation and Social Inclusion in Service Delivery (COMPASIS) project, which will end in 2012. COMPASIS is a joint project initiated in 2010 in response to the 2006–2007 crisis by FAO, the International Labour Organization (ILO), UNDP, UNFPA, UNICEF and WFP. It contributes to UNDAF 2009-2013 Outcome 2 and is financed by the United Nations Trust Fund for Human Security. WFP's contribution will use FFA activities to improve the food security situation of 3,000 households – 15,000 beneficiaries – in the two districts of Ermera and Oecusse,¹⁵ which have high food insecurity, limited market access and high numbers of returnees.¹⁵ Activities will include agricultural land terracing or reclamation, land clearance, feeder road rehabilitation, and small irrigation construction. The project's MTE and final evaluation will contribute to the exit strategy by providing lessons learned for informing the Government's design or scale-up of similar interventions in the future.

TABLE 1: BENEFICIARIES BY COMPONENT			
Component	Men/boys	Women/girls	Total
1a – MCHN: children 6–23 months	25 000	24 000	49 000
1b – MCHN: children 24–59 months	9 200	8 800	18 000
1c – MCHN: PLW	-	33 000	33 000
2 – FFA: COMPASIS	7 600	7 400	15 000
TOTAL	41 800	73 200	115 000

¹⁵ Ermera District is extremely mountainous with high prevalence of food insecurity owing to heavy reliance on coffee production for income. Oecusse District suffers from isolation and limited access to Government services.

TABLE 2: DAILY FOOD RATION BY COMPONENT (g/person/day)			
Component 1 – MCHN			
	1a: children 6–23 months	1b: children 24–59 months	1c: PLW
CSB: locally produced and imported	200	300	300
Vegetable oil *	20	20	20
<i>*Oil will be distributed only with imported CSB; locally produced CSB is pre-mixed with oil.</i>			
Total kcal/day	820	1 230	1 230
% kcal from protein	13.7	13.7	13.7
% kcal from fat	15	15	15
Component 2 – FFA/COMPASIS			
Rice			2 000
Beans			500
Oil			125

TABLE 3: TOTAL FOOD REQUIREMENTS BY COMPONENT (mt)								
Component	Year	Feeding days	Rice	Beans	Oil	CSB local	CSB+ imported	Total
1a – MCHN: children 6–23 months	I	120			44	444	444	932
	II	360			155	1 548	1 548	3 251
	III	360			176		1 764	1 940
1b – MCHN: children 24–59 months	I	120			16	234	234	484
	II	360			54	810	810	1 674
	III	360			65		972	1 037
1c – MCHN: PLW	I	120			30	450	450	930
	II	360			104	1 566	1 566	3 236
	III	360			120		1 782	1 902
2 – FFA/ COMPASIS	II ¹⁶	30	180	45	11			236
TOTAL			180	45	775	5 052	9 570	15 622

¹⁶ The CP will have no food requirements in 2011 as FFA activities will be carried out in the first part of year under the PRRO, before the CP commences.

Programme Duration and Hand-Over Strategy

36. The Ministry of Education has committed resources for taking over the food supply element of the school feeding programme from January 2011; WFP will continue to enhance government staff capacity in planning, implementation, logistics support, M&E and reporting.
37. The Ministry of Health should gradually take over the MCHN programme by the end of the CP. WFP and the ministry are developing an achievable implementation plan with a clear time-line. WFP will support MCHN until 2012; from 2013 the Government will purchase and distribute 50 percent – 4,500 mt – of the local fortified blended food requirement using its own budget and capacity. WFP will fill the gap by importing CSB+ and oil. WFP is also collaborating with UNICEF to advocate for increased government budget allocation to the programme.
38. Capacity development and hand-over to government partners are a major focus of the CP, and government achievements will be reviewed throughout the CP. The need for additional WFP support beyond the CP will be based on a review of government capacity and the availability of resources. WFP will seek multilateral and bilateral donor contributions, contributions from joint programmes (JPs) with other United Nations agencies – such as COMPASIS and the MDG Fund – public and private partnerships at the country and regional levels, and longer-term and non-traditional donor funding.

MANAGEMENT, MONITORING AND EVALUATION

39. The CP will rely on both new and existing systems for assessing programme performance and the level of government uptake, and for compiling lessons learned to improve programme management and performance.
40. WFP field monitors regularly gather district-, sub-district- and community-level data, and a field coordinator will ensure that these data are analysed for directing field operations.
41. The MCHN programme and the Ministry of Health's Health Management Information System supported by a WFP nutritionist will continue to provide key data for nutrition status indicators. The Ministry also plans to undertake a nutrition survey in 2011, with WFP support, to provide baseline data for the CP.
42. A technical assistance task force in each of the partner ministries will coordinate capacity development activities at the central and district levels. WFP and relevant ministries will hold regular meetings to review the programme's progress and address policy issues.
43. WFP together with UNICEF, FAO and WHO are implementing a JP for Sustainable Food and Nutrition Security using the MDG Fund. This JP is overseen by a national steering committee, which routinely monitors and reviews food security and nutrition indicators; the JP food security information and early warning system will inform progress on CP implementation.
44. WFP will work with UNDAF thematic groups and the Government to evaluate progress and achievement of CP objectives in relation to national strategies/programmes.
45. An evaluation in late 2012 will assess the CP's achievements with respect to its targets, overall performance and impact.

ANNEX I-A

BUDGET SUMMARY (US\$)			
	Component 1	Component 2	Total
Food (<i>mt</i>) ¹	15 386	236	15 622
Food (US\$)	11 094 032	125 775	11 219 807
Total food by component	11 094 032	125 775	11 219 807
External transport			1 265 544
Landside transport storage and handling			1 767 640
Landside transport storage and handling (<i>per mt</i>)			113.15
Other direct operational costs			1 892 736
Total direct operational costs			16 145 727
Direct support costs ²			3 831 129
Indirect support costs ³ (7.0 percent)			1 398 380
TOTAL WFP COSTS			21 375 236

¹ This is a notional food basket for budgeting and approval. The contents may vary.

² Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

³ The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff and staff-related costs	
International professional staff	764 940
National officers	258 669
General service	134 146
Temporary assistance	437 438
Overtime	5 600
Hazard pay and hardship allowance	58 282
International consultants	682 083
United Nations volunteers	350 000
Staff duty travel	450 513
Subtotal	3 141 671
Recurring expenses	
Rental of facility	4
Utilities	61 760
Office supplies and other consumables	25 600
Communications services	74 000
Equipment repair and maintenance	7 600
Vehicle running cost and maintenance	154 200
Office set-up and repairs	44 720
United Nations organization services	57 254
Subtotal	425 138
Equipment and capital costs	
Vehicle leasing	122 400
Communications equipment	74 720
Local security costs	67 200
Subtotal	264 320
TOTAL DIRECT SUPPORT COSTS	3 831 129

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Risks and assumptions
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	<ul style="list-style-type: none"> ➤ Pregnant and lactating women, and children under 5, have increased access to supplementary feeding ➤ Mothers' knowledge and skills improved, to practise exclusive breastfeeding and appropriate complementary feeding ➤ Nutrition surveillance system is established 	<ul style="list-style-type: none"> Road access Food pipeline break Storage availability and practice Limited numbers of health volunteers
Component 1: Mother-and-child health and nutrition		
Strategic Objective 4: Reduce chronic hunger and undernutrition		
Outcome 4.1: Increased production capacity for fortified foods, including complementary foods and special nutritional products, in districts supported by WFP	<ul style="list-style-type: none"> ➤ 60% increase in production of fortified foods 	<ul style="list-style-type: none"> Break in supply of raw materials Inadequate quality of raw materials Continuous flow of raw materials available locally Price competitiveness Good quality control mechanism Government support Resource availability
Outcome 4.2: Improved nutrition status of targeted women, girls and boys	<ul style="list-style-type: none"> ➤ Prevalence of stunting among targeted children 6–24 months (% height for age below -2 Z-scores) Target: 10% reduction per year ➤ Prevalence of underweight among targeted children under 5 (% weight for age below -2 Z-scores) ➤ Project-specific indicators for treatment of moderate acute malnutrition ➤ Prevalence of low MUAC among children 6–24 months Target: low MUAC prevalence stabilized for 80% of targeted population ➤ Supplementary feeding recovery rate Target: >= 60 ➤ Supplementary feeding defaulter rate among moderately malnourished children Target: < 15% 	<ul style="list-style-type: none"> Cooperating partners and technical expertise available to support implementation Availability of complementary assistance – non-food inputs Pipeline stability Linkages to health care and social services



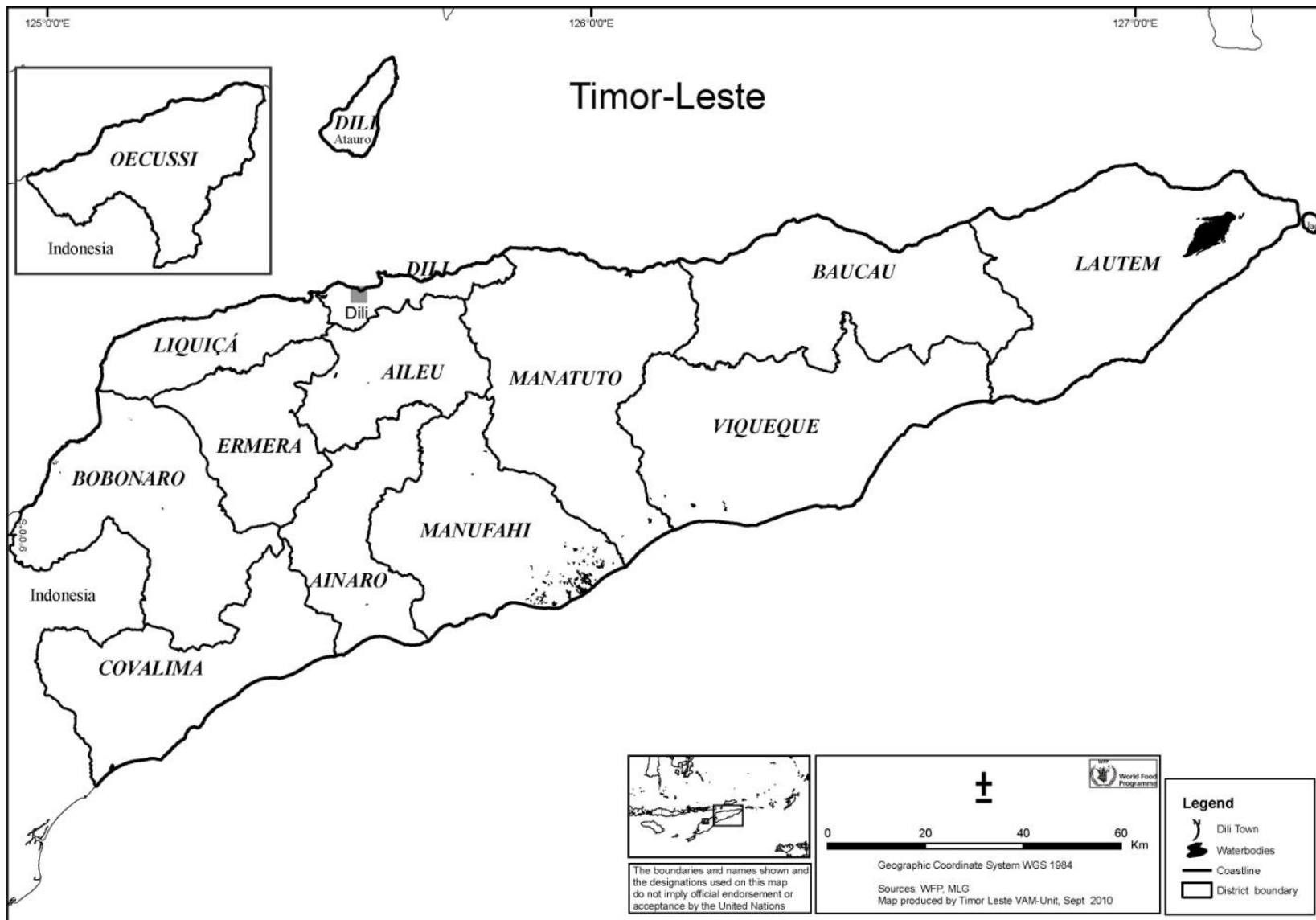
ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Risks and assumptions
Outputs 4.1 and 4.2: Food and non-food items distributed in sufficient quantities and quality to targeted women, men, girls and boys under secure conditions	<ul style="list-style-type: none"> ➤ Numbers of women, men, girls and boys receiving food and non-food items, by category, as % of planned ➤ Tonnages of food distributed, by type, as % of planned distribution ➤ Quantities of fortified foods, complementary foods and special nutritional products distributed, by type, as % of planned distribution ➤ Quantities of fortified foods, complementary foods and special nutritional products distributed, by type, as % of actual distribution ➤ Quantities of non-food items distributed, by type, as % of planned distribution ➤ Number of health centres covered increases from 130 to 150 over programme period 	Break in food pipeline Price competitiveness Resource availability Unexpected break of the food plant for locally-produced CSB Timely distribution of food supplements Road access
Component 2a: Technical assistance and capacity development		
Strategic Objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase		
Outcome 5.1: Increased national-level marketing opportunities with cost-effective WFP local purchases	<ul style="list-style-type: none"> ➤ 20% of raw materials – maize and soybeans – purchased locally for food fortification 	Low local agricultural production Irregular rain pattern Lack of adequate farming skills Lack of quantity and quality of agricultural seeds
Output 5.1: Food purchased locally	<ul style="list-style-type: none"> ➤ 5,000 mt of Timor Vita purchased for distribution under MCHN component ➤ 30% of programme's total food requirement procured locally 	Low production capacity of local factory Unexpected break of the food plant Availability of resources
Outcome 5.2: Progress towards nationally owned hunger solutions	<ul style="list-style-type: none"> ➤ Two hand-over strategies developed and agreed by WFP and the Government: i) School feeding programme to Ministry of Education; and ii) Complete MCHN programme to Ministry of Health ➤ Two ministries have increased efficiency in operational mechanisms ➤ Outreach and assistance to vulnerable groups and poor households increased by Ministry of Social Solidarity ➤ Access and availability of subsidized rice increased by Ministry of Tourism, Trade and Industry ➤ Logistics and supply chain management established and fully managed by assisted government ministries 	Lack of human resources and capacity to implement programmes Government staff's capacity and willingness to implement the systems developed





ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Risks and assumptions
Outcome 5.3 Capacity and awareness developed through WFP-organized actions/training	<ul style="list-style-type: none"> ➤ 300 health staff/volunteers trained in MCHN implementation modalities ➤ 3,000 school principals – pre-primary, primary and pre-secondary – and parent-teacher association members trained in school feeding programme implementation ➤ 300 government technical staff trained in safety net programme design and implementation, and in a monitoring, evaluation and reporting system ➤ 200 schools use the newly introduced ecological stoves (biogas and fuel-efficient) 	Time conflict Budget limitation Staff's capacity and willingness to use the knowledge learned from training
Outcome 5.4 Percentage increase in Government's funding for hunger solution tools in national plans of action	<ul style="list-style-type: none"> ➤ School feeding programme 100% resourced and managed by the Government ➤ MCHN 100% resourced and managed by the Government ➤ Subsidized rice programme fully managed by the Government 	Lack of institutional capacity and willingness
Component 2b: Community Mobilization for Poverty Alleviation and Social Inclusion in Service Delivery (COMPASIS)		
Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations		
Outcome 3.1: Adequate food consumption over assistance period for targeted FFA households	<ul style="list-style-type: none"> ➤ Household food consumption score Target: Exceeds 35 for 80% of targeted households	Local authorities' support to FFA activities Adherence to established work norms
Outcome 3.2: Targeted communities have increased access to assets in fragile, transition situations	<ul style="list-style-type: none"> ➤ Community asset score Target: Functioning, useful productive assets increased for 80% of targeted communities	Natural disasters destroy the assets created Community's commitment to maintain the assets
Outputs 3.1 and 3.2: Food and non-food items distributed in sufficient quantities and quality to targeted FFA households	<ul style="list-style-type: none"> ➤ 15,000 women, men, girls and boys of targeted FFA households receive food and non-food items ➤ 236 mt of food distributed to targeted FFA beneficiaries ➤ 3,000 men and women participate in food-supported assets creation 	Security situation limits accessibility Availability of partners with adequate capacity to design and implement the FFA programme Targeting, selection criteria and work norms established and adhered to Market instability



ANNEX III

The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ACRONYMS USED IN THE DOCUMENT

BMI	body mass index
CFSVA	comprehensive food security and vulnerability analysis
COMPASIS	Community Mobilization for Poverty Alleviation and Social Inclusion in Service Delivery
CP	country programme
CSB	corn-soya blend
FAO	Food and Agriculture Organization of the United Nations
FFA	food for assets
IFPRI	International Food Policy Research Institute
ILO	International Labour Organization
JP	joint programme
M&E	monitoring and evaluation
MCHN	mother-and-child health and nutrition
MDG	Millennium Development Goal
MTE	mid-term evaluation
MUAC	mid-upper arm circumference
NGO	non-governmental organization
PLW	pregnant and lactating women
PRRO	protracted relief and recovery operation
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization