Joint Program
Promoting Sustainable Food and Nutrition Security In Timor-Leste

MDG:F
MDG ACHIEVEMENT FUND

Joint Program
Promoting Sustainable Food and Nutrition Security
In Timor-Leste

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REVISED STANDARD JOINT PROGRAMME DOCUMENT

1. Cover Page

Country: Timor-Leste

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

UNDAF Outcomes:

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.** *(MDGs 1, 3 & 7)*

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.** *(MDGs 1, 2, 3, 4, 5 & 7)*

Joint Programme Outcomes:

Outcome 1: **Improved health and nutritional status of pregnant and lactating women and under-five 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.**

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

Programme Duration: 3 years

Anticipated start/end dates: Jan 2010 – Dec 2012

Fund Management Option(s): Pass-through

Managing or Administrative Agent: UNDP (Multi-Donor Trust Fund Office)

Total estimated budget*: **4,030,000**

Out of which:

1. Funded Budget: **4,030,000**
   - MDG Achievement Fund 3,500,000
   - Gov't of Timor-Leste 530,000
2. Unfunded budget: N/A

* Total estimated budget includes both programme costs and indirect support costs

Sources of funded budget:

- Government $ 530,000
- UNICEF $ 2,277,856
- WFP $ 720,645
- FAO $ 447,999
- WHO $ 53,500
- Donor … _____
- NGO… _____

Names and signatures of (sub) national counterparts and participating UN organizations

UN Organizations	National Coordinating Authorities
Finn Reske-Nielsen *Deputy SRSG for Governance Support, Development and Humanitarian Coordination, UNMIT* *UN Resident and Humanitarian Coordinator* *Signature* *Date & Seal*	*João Mendes Gonçalves* *Minister of Economy and Development* *Democratic Republic of Timor-Leste* *Signature* *Date & Seal*
Joan Fleuren *Representative and Country Director,* *World Food Programme (WFP)* *Signature* *Date & Seal*	
Baba Danbappa *Officer-in-Charge and Deputy Representative, United Nations Children's Fund (UNICEF)* *Signature* *Date & Seal*	
Chana Opaskornkul *Officer-in-Charge and Emergency Programme Officer,* *Food and Agriculture Organization (FAO)* *Signature* *Date & Seal*	
Paramita Sudharto *Representative* *World Health Organization (WHO)* *Signature* *Date & Seal*	

Joint Programme Document Outline

2. Executive Summary

Under nutrition and malnutrition remain serious impediments to the recovery and potential growth of Timor-Leste. This challenge is compounded by a national reliance on imported food commodities in a global environment stressed by financial crisis and unpredictable international market prices. This UNICEF-WFP-FAO-WHO Joint Programme will 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 aims to help realize the following three outcomes:

Outcome 1: **Improved health and nutritional status of pregnant and lactating women and under-five 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.**

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

This Joint Programme has been developed with the Government of Timor-Leste and is in line with government's strategies, plans and goals. Specifically, the Ministry of Health and Ministry of Agriculture and Fisheries are full partners in this Joint Programme and have contributed funds and resources towards its implementation. Additionally, recognizing the crucial need for development of the private sector in the long-term stability of the nation, the Joint Programme builds relationships with the private sector in the provision of basic services. The Programme will complement the Spanish Cooperation's existing support to UNICEF and to FAO.

The Joint Programme has a strong focus on the long-term and sustainable development of health systems and the uptake of improved basic health services complemented by activities directed at improving access to and utilization of nutritious foods leading to increased food security. Building upon existing programmes and pilots such as School Feeding and Community Managed Acute Malnutrition (CMAM), the Joint Programme adds to the already demonstrated success of these programmes by creating linkages which strengthen their collective impact and engrain a harmonized multi-sectoral approach amongst stakeholders. These linkages are strongly developed between agricultural production and food utilization at the school, in government programmes and in the home, between the ministries of health and agriculture, and between the district and national level. At the point of drafting the concept note for this Joint Programme, it was not foreseen that FAO and WHO would require additional funds; however the final budget reflects funds for FAO and WHO activities. The activities to be undertaken by FAO ensure that changes in food diversification in production at community level bolster nutritional behaviour change at the household level. WHO will contribute through developing technical standards and protocols as well as training of health staff and management of the treatment of severe acute malnutrition cases at hospital.

The Joint Programme will support the government counterparts, Ministry of Health, Ministry of Education and Ministry of Agriculture and Fisheries, to further develop and strengthen monitoring and evaluation systems. Joint monitoring will provide lessons learnt for improvement of programme implementation and advocacy. The Joint Programme will utilize communication channels and venues with appropriate themes to advocate and raise awareness on importance of food security and nutrition-related issues including the promotion of appropriate Infant and Young Child Feeding practices (IYCF), the utilization of locally available foods and the importance of early detection and management of acute malnutrition.

3. Situation Analysis

Timor-Leste is one of youngest nations of the world, more than half (52 per cent) of Timor-Leste's 1.1 million people is under the age of 18 years. This youthful population structure will remain in place for some time due to the high fertility rate estimated at 7 and a robust population growth at 3.2 per cent. Ensuring basic social services including health and nutrition remains a serious challenge in Timor-Leste. It is one of the few countries in the world that is experiencing one of the highest rates of maternal, newborn, infant and child mortality and under-nutrition. Based on 2004 census data, the estimated under-five mortality is 130 per 1,000 live births; infant mortality is 90 per l,000 live births; the neo-natal mortality is 55 per 1,000 live births; and maternal mortality ratio is 660 per 100,000 live births. There is also a high degree of disparity among the country's 13 districts in under-five mortality rates, with the highest at 166 and lowest at 80, and in utilization of health services. The reach of health-care services is 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.

3.1. Malnutrition and its consequences:

Under-nutrition is the largely preventable cause of over a third of 3·5 million of all child deaths. Stunting, severe wasting and intrauterine growth restriction are among the most important problems. Studies have estimated that 35% of under-five mortality is attributed to malnutrition[1]. Under-nutrition is an important determinant of maternal and child health it leads to death by increasing the susceptibility of malnourished individuals to infectious diseases and, once infected, increasing the severity and duration of these diseases[2]. Nearly half of under-five children in Timor-Leste suffer from malnutrition. The chronic malnutrition among the under-five children has increased: the underweight increased from 45.8% in 2003 to 48.6% in 2007, with similar increases in stunting at 53.9 % and acute malnutrition at 24.5%[3].

Anaemia and vitamin A deficiency have also been identified as serious public health problems for women and children in Timor-Leste. Sub-clinical deficiencies of even small amounts of such micronutrients in the daily diet are associated with learning disability, impaired working and reproductive capacity, and increased morbidity and mortality. Additionally, nutritional supplements are commonly shared with the rest of the household resulting in the women and children receiving only a proportion of the supplement.

Vitamin A is given twice a year to children between 6 and 59 months and to post partum women through the Maternal and Child Health (MCH) services. Supplementation coverage is relatively low with vitamin A at 50[4] % in 2008 where as data on anaemia does not exist. Only 60 per cent households consume iodised salt. There is no valid data for iron-folate supplementation for pregnant women and vitamin A for postpartum women. Iodine deficiency remains to be a public health problem and remains un-solved. Almost all districts in Timor-Leste has a total goitre rate above 5 per cent, a level considered by WHO as indicative of a public health problem. In addition, 7 out of 13 districts have total goitre rate of 20 per cent or above. However, about 40 per cent of the national demand for salt is locally produced, either by small scale salt producers in several districts or from a natural salt lake, known as Lake Laga in Baucau district. This salt is currently not iodised and produced by a relatively crude and unsophisticated methods.

[1] Black, R. et al (2008), Maternal and child under-nutrition series 1: global and regional exposures and health consequences, The Lancet
[2] Checchi F, Gayer M, Grais RF, Mills EJ2006:. The Meaning and Measurement of Acute Malnutrition in Emergencies: A Primer for Decision-Makers. Humanitarian Practice Network
[3] Timor-Leste Survey of Living Standards (TLSLS) 2007, Direcção Nacional Estatistica (DNE)
[4] Health and Management Information System (HMIS), MoH Timor-Leste, 2008

Table.1. Data on under-nutrition in Timor-Leste

	Children (<5 years)	Women (15-49years)	Men (18-60y)
Acute malnutrition (< -2 Weight-for-Height Z-Score,)	24.8%[5]		
Underweight (<-2 Weight-for-Age z-score)	48.9%		
Chronic malnutrition (<-2 Height-for Age z-score)	53.9%		
Height <=145cm		14%[6]	

More than a third of non-pregnant women aged 15-49 and a quarter men aged 15-49 are reported to be chronically underweight (BMI < 18.5). In addition to that 14% of women are shorter than 145 cm[7].While is limited reliable data on maternal under-nutrition information the high rates of chronic under-nutrition indicates high maternal under-nutrition as well as micronutrient deficiencies. The average age of first pregnancy in Timor-Leste is 13 years. Malnutrition is perpetuated across generations. Where under-nutrition levels are high, malnourished women or adolescent girls often give birth to babies who are born stunted and small. These children's growth seldom catches up fully in subsequent years[8]. Reduction in foetal growth restriction and micronutrient deficiencies is essential to achieving the MDGs and deserves high priority.

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 caring practices are the major contributing factors for the high rates of under-nutrition in Timor-Leste. The nutrition situation of the vulnerable groups, particularly the children under-five years, pregnant and lactating women, is expected to deteriorate further with the increase in the price of food and the global economic crisis.

3.2. Food security

Food insecurity is among the three major proximate determinant of children nutritional status, other include adequate care and health[9]. Chronic food insecurity[10] and malnutrition is widespread throughout Timor-Leste. According to the 2007 Second Participatory Assessment in Timor-Leste, shortage of food is considered the main indicator of poverty.[11] About 20 percent of the population (some 213,000 persons) is food-insecure, and a further 23 percent (some 244,000 persons) is highly vulnerable to becoming food-insecure[12]. The 2008 World Bank report on Poverty in a Young Nation noted that the percentage of 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 (TLSLS) 2007 identified 72.9% of all households with "at least one month of low food consumption" showing that the number of months with low food consumption averaged 3.2 months during a year[13]. Food shortages and household food insecurity are particularly severe during the country's 'lean' season, from October to March, particularly in upland areas. The typically food-insecure are subsistence farmers, female-headed households and households that are struck by sudden setbacks. WFP/FAO has identified

[5] Timor-Leste Survey of Living Standards (TLSLS) 2007, Direcção Nacional Estatistica (DNE)
[6] Health Sector Strategic Plan 2008-2012, Ministry of Health, Timor-Leste, pg 53
[7] Health Sector Strategic Plan 2008-2012, Ministry of Health, Timor-Leste, pg 53
[8] Repositioning Nutrition, A Strategy for Large-Scale Actions
[9] Black, R. et al (2008), Maternal and child under-nutrition series 1: global and regional exposures and health consequences, The Lancet
[10] Food security exists when people do have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. - The State of Food Insecurity in the World, FAO (2002)
[11] Second Participatory Poverty Assessment in Timor Leste, UNDP, Dili, 2007
[12]WFP/FAO joint Crop and Food Supply Assessment Mission - CFSAM March/April 2007
[13] See Directorate of National Statistics 2007, p. 157.

Covalima, Bobonaro, Ermera, *Manatuto*, *Baucau*, Lautem and *Oecusse* as the most food-insecure districts.
Apart from these seasonal and short-term causes of food insecurity, there are 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 food losses, recurrent natural disasters, low availability of quality seeds and other inputs. This is compounded by inadequate income to buy food grains and an unbalanced intra household food distribution and consumption pattern.

Other factors include an inability to produce surplus from agricultural produce, insufficient cash income to buy food from the market, and lack of knowledge and lack of actual medical services to support health and nutrition. A further causal factor is 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 (FSN) also intrinsically demands targeted interventions to better reach and benefit the poor and hungry. It is 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[14].

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

3.3. Infant and Young Child Feeding Practices in Timor-Leste

Despite the high prevalence of malnutrition (acute and chronic) in Timor-Leste, there is no data or information about the nutrition status of infant less than 6 months. Exclusive breastfeeding rates are reported low, despite the widespread adoption of breastfeeding in Timor-Leste. About 20% of children were exclusively breastfed at four months of age, about 13% were receiving breast milk plus some other liquids (water, non breast milk or other liquid) and nearly 60% of those being breastfed were already receiving some form of non-liquid complementary food[16]. A review of traditional beliefs in Timor-Leste by Health Alliance International (HAI) and how these affect pregnancy, childbirth, and post-partum, offers additional insights on current IYCF practices. Common traditional practices included discarding colostrums (the first yellow milk) because of its color; this first milk is considered dirty, hence thrown away. Other practices include delayed initiation of feeding and giving of pre-lacteal feeds (e.g. sugar-water). Families do not begin to feed the baby until the placenta comes out and the baby is washed. Giving of pre-lacteal feeds is believed to "wash the stomach" (to get rid of the "swallowed blood") and as a milk-substitute until the "white milk" (not colostrums) flows[17]. The National Breast Feeding Association (NBFA) has identified a number of reasons for low exclusive breastfeeding rates in Timor-Leste including: 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[18].

[14] World Bank, 2006 Repositioning Nutrition as Central for Development – A strategy for Large Scale Actions
[15] Health Sector Strategic Plan 2008-12, Ministry of Health, Timor-Leste, pg 54
[16] Multiple Indicator Cluster Survey 2002
[17] Health Alliance International (HAI) Timor-Leste 2007, Review of traditional beliefs and how it affects pregnancy, birth and postpartum,
[18] Dr. Carla Jesuina do Carmo Quintao, August 2006 Dissertation, Increasing the Low Rates of Exclusive Breastfeeding in Timor-Leste: Addressing Traditional Practices which interfere with Exclusive Breastfeeding – A literature review of Lessons Learned from Other countries

A formative research conducted in 2006 by Timor-Leste Asistencia Integradu Saúde (TAIS) on key Behaviors and Sub-behaviors for Improving Child Health indicated very poor complementary feeding practices. Caregivers introduced complementary food too early the foods introduced are inadequate both in terms of quality and quantity (number of feeds), consisting of watery plain white porridge which is often less energy dense. These practices are associated with beliefs that dark green leafy vegetables (DGLV) can cause diarrhoea, watery porridge is easier for the child to eat and notion that nutritious foods are expensive and difficult to prepare[19].

3.4. Health services:

Infectious diseases are important determinants of stunting. Diarrhoea in particularly is associated with malabsorption of nutrients as well as anorexia and catabolism[20]. In Timor-Leste, the prevalence of diarrhoea was 10% with peak (15%) among 6–11 months old when they are given complementary food. Despite 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 one national hospital, five district referral hospitals, 65 community health centres and 182 health posts across the country. Yet 33 per cent of the population still lives more than two hours walk away from the nearest health facility.

Access to health care, patient referral, health information system, and availability of supplies and essential drugs are still high priorities. The high child and maternal mortality rates are good indicators of the necessity of having a proper primary health care system that addresses the needs of women and children.

Improved family knowledge and action will never be enough. It must be supported by capable preventive and curative services in Health Centres and Health Posts with the full participation of community and families. The skills of nurses, midwives and doctors to better recognise childhood illnesses and manage them appropriately also needs attention.

Poor state of roads and public transport, poor outreach of mobile clinics, limited human resources and administrative capacities are definite constraints. Equally critical, however, is the poor health seeking behaviour. Possibly due to higher threshold of pain and discomfort and greater tolerance levels due to experiences of poverty and conflict, there is a tendency among people not to seek timely health-care advice and services.

3.5. Other causes of malnutrition and food security

3.5.1. Poverty and unemployment:

The economic growth is insufficient to address the current levels of poverty and unemployment. Unemployment among 15-24 year olds is estimated to be 43 per cent nationally and 58 per cent in Dili alone[21]. About 40 per cent of the population was estimated to be poor in 2001 and the recent decline in economic growth in 2006 and 2007 suggests a possible increase in poverty levels. There has been a decrease in Timor-Leste's non-oil GDP per capita from US$450 in 2001 to US$343 in 2006.[22] The modest economic growth rate of 2.3 per cent by the end of 2005 was reversed by the civil conflict in 2006 and by the year end was -1.6 per cent.

[19] Timor-Leste Asistencia Integradu Saúde (USAID-TAIS) 2006; Key Behaviors and Sub-behaviors for Improving Child Health.
[20] Mata L. Diarrheal disease as a cause of malnutrition Am J Trop Med Hyg 1992; 47 (1Pt 2): 16-27.
[21] The World Bank Group and the Asian Development Bank, 2007. Economic and Social Development Brief. Dili: World Bank Group and Asian Development Bank, August 2007
[22] International Monetary Fund, Democratic Republic of Timor-Leste, 2007, IMF Country Report No. 07/79 cited in UNMIT, "Socio-economic Development, Compact and Democratic Governance" in United Nations System in Timor-Leste: Briefing Kit, September 2007, pp 15 & 67

Rural poverty (46 per cent) is more pronounced than urban poverty (26 per cent) due to people's dependence on subsistence agriculture, poor access to adequate farmland (particularly irrigated), general low soil fertility, limited off-farm employment, limited endowments and the inability to withstand shocks such as natural catastrophes and domestic crisis. The full reintegration of some 100,000 remaining Internally Displaced Persons (IDPs) from 2006 crisis is far from achieved, while longer-term chronic vulnerabilities include susceptibility to natural disasters such as floods, landslides and locust infestations. The Government's revenues are expected to increase through increased petroleum and natural gas production, which in turn is crucial to securing a sustainable basis for basic social services, infrastructure and creation of employment opportunities.

3.5.2. Gender:

Gender awareness among different sectors of society, including local leaders, is low, as is the capacity of the Timor-Leste justice system. Certain traditional and cultural practices have had adverse effects on women and girls, for example, the lower social status attached to women compared to men results in poorer education of girls;[23] women and girls are more likely to receive less food than men and boys;[24] the payment of a "bride price" means women are often treated as the property of their husband.

3.5.3 Education:

There is demand for education but there are issues regarding access and quality. The net primary school enrolment rate is 76 percent for boys and 75 percent for girls[25]. Repetition and drop out rates are high at 20-30 percent and 10 percent, respectively. Literacy is low at 56 percent for men and 44 percent for women[26].

3.5.4 Population growth:

Timor-Leste is a young country with a young population that it is likely to remain young for quite some time in view of the current composition of the population and demographic projections. Approximately 52 per cent of the population is below 18 years. Youth (aged 15-29) constitute almost one-quarter of the population and their proportion is likely to increase to 37 per cent in 2010. Females make up 49.2 per cent of Timor-Leste's population and about 55 per cent are below 15 years. Thus, children and women constitute a significant proportion of the population that need to be factored in the policy formulation and planning processes.

With an annual rate of 3.2 per cent population growth,[27] considered to be among the fastest in the world, Timor-Leste's population is currently estimated at 1,015,000. Indeed, the population increased almost 40 per cent between 1980 and 2004 despite at least 100,000 famine related deaths and 18,600 killings during the conflict between April 1974 and October 1999.[28] The high rate of population growth is linked with the high level of fertility, which is reflected in the total fertility rate (TFR) of 6.95.[29]

[23] In 2004, the primary enrolment rates among girls have increased dramatically since independence but participation has dropped drastically to under 60% for senior secondary school (2004 Census).
[24] Timor-Leste Human Development Report 2006. Nationwide, some 28% of women are malnourished, suffering from chronic energy deficiency and have a Body Mass Index of less than 18.5 (UNICEF 2002. Multiple Indicators Cluster Survey).
[25] Government of the Democratic Republic of Timor-Leste - UNICEF. Multiple Indicator Cluster Survey, May 2003.
[26] Ministry of Health and National Statistics Office, Demographic and Health Survey, 2003.
[27] Census 2004, Figures 1 and 2. The population of Timor-Leste was 923,198 according to the 2004 Census. The number of males (469,919) slightly exceeded the number of females (453,279). The crude birth and death rates are estimated to be 45.5 and 13.5 per 1,000 people respectively.
[28] Commission for Reception, Truth and Reconciliation of Timor-Leste (Comissao de Acolhimento, Verdade e Reconciliacao de Timor-Leste – CAVR, 2002
[29] There are two estimates of fertility rates. The DHS 2003 estimated a TFR of 7.8 for 2001-2003, and found gradual increase in fertility during the four years prior to the Survey from 6.8 in 1999-2000 to 8.3 in 2002-2003. The estimates derived from the 2004 Census indicate a TFR of 6.95 for the period 2002-2004, and have been used in official population projections, policy formulation and program development.

4. Government and UN policies and strategies in relation to food security and nutrition

4.1. National Priorities:

The government of Timor-Leste does not have yet a National Development Plan. In 2008, the government launched National Priorities to assist setting priorities to be achieved by each sector per year. Since the government of Timor-Leste does not have any longer-term national development plan, each year, they identify the National Priorities (NP) jointly with the development partners and civil society. For there 2009, there are a total of 6 priority areas: i) Agriculture and Food Security; ii) Rural Development, iii) Human Resources Development, iv) Social Protection and Social Services, v) Security and Public Safety, vi) clean and Effective Government, and vii) Access to Justice.

Improving health systems support to strengthen the community-based service delivery focused to maternal and child health is the priority areas in Health Sector. Specific results to be achieved in this area are to increase the skilled attendant at birth, increase immunisation coverage, increase coverage of treatment of common childhood illnesses, and coverage of essential nutrition interventions. These are aimed at reducing the maternal and child mortality and morbidity contributing to accelerate the progress towards achieving MDG 4 and 5. Improving FSN is an important element of Timor-Leste's 2009 National Priorities with Improved Agriculture and Food Security, including district level monitoring and response, being priority number one. National Priority three focuses on education and is bolstered by the school feeding element of this programme.

UNICEF is serving as co-lead technical agency with WHO for the NP-4 Working Group to support the Ministry of Health in monitoring the progress in the implementation. WFP is serving as the co-lead technical agency with FAO for NP-1 on Agriculture and Food Security supporting the government in monitoring the accomplishment of NP-1 results.

4.2. Health Sector Strategic Plan

The government's current Health Sector Strategic Plan (HSSP) 2008–2012 emphasises on the delivery of a Basic Service Package (BSP) that include five packages of essential services: i) Maternal, Newborn and Child Health, ii) Control of Communicable Diseases, iii) Control of Non-communicable Diseases, iv) Nutrition, and v) Health Promotion. The Maternal and Child Health (MCH) care including immunisation and nutrition is central to BSP. A network of 181 Health Posts, and 67 Community Health Centres (CHC) across the country provide the essential primary health care services with technical back-up and referral care support by 5 referral hospitals and 1 national hospital in Dili.

The Ministry of Health (MoH) places a high priority on reducing the rate of malnutrition through improved maternal and child nutrition services as part of the Basic Services Package (BSP). The MoH and partners are implementing BSP through the government's key strategy of improving community-based service delivery called *Servisu Integradu Saude Communitaria* (SISCa).

The government have introduced a SISCa –to increase the access to and utilisation of essential primary health care services. In addition to health posts, there will be SISCa outreach posts to maximise the coverage of basic services packages. SISCa is an integrated approach of service delivery through decentralised planning and management involving all relevant actors in the community led by the village council with technical back-up from MoH staff.

4.3. Nutrition Strategy

The Ministry of Health 2004 Nutrition Strategy is organized into three levels of which action is necessary – national (central services), service delivery and community/family. The strategy emphases on two key components:

- Maternal and Child Nutrition
  - Ensure appropriate health and nutrition interventions for protection of foetal and infant growth
  - Support community processes and caring behaviours that can contribute to protection of foetal and infant growth
- Food Security
  - Multi-sectoral interventions
  - community engagement in problem identification and interventions
  - on going research

4.4. The Agriculture Development Framework and Food Security Policy

The 2004 Policy and Strategic Framework[30] set out the Ministry's policy directions for agriculture, livestock, forestry and fisheries, with a focus on five priority areas, namely to:

(1) improve food security and raise self-reliance
(2) increase value-added production and marketing
(3) achieve sustainable production and management of natural resources
(4) strengthen the balance of trade by promoting commodity exports, and
(5) increase income and employment in rural areas.

The 2004 policy framework also underlined the importance of sustainability and capacity development as well as the involvement of the private sector as important elements of development.
Notable emphasis and direction expressed in the IV Constitutional Government Programmes (2008-2012) relative to the 2004 Policy and Strategic Framework are:

- Establishment of a new national agricultural extension system
- Increased investment in irrigation infrastructure and rice production.
- Direct intervention by Government in internal markets.
- Direct supply of inputs[31] to farmers to stimulate production.
- Adoption of specialised production zones.
- Adoption of a coordinated rural development framework.
- Establishment of agricultural resource centres.

4.5. United Nations Development Assistance Framework (UNDAF)

The United Nations Integrated Mission in Timor-Leste (UNMIT) and 20-member United Nations Country Team (UNCT),[32] are mandated to move from "peacekeeping and recovery" to longer-term "peace- and nation-building" that will continue to be developed under the United Nations Development Assistance Framework (UNDAF) 2009–2013 in which "consolidating peace and stability" represents the cornerstone, within a wider human security and development context.

UNDAF has identified its priorities under three main theme areas: (1) Democratisation and Social Cohesion, including deepening State-building, security and justice; (2) Poverty Reduction and Sustainable Livelihoods, with particular attention to vulnerable groups, including youth, women, IDPs and disaster-prone communities; and (3) Basic Social Services, encompassing education, health, nutrition, water and sanitation, and social welfare and social protection.

The issues of maternal, neonatal and child survival have been prioritised under the theme of Basic Social Services that include key maternal, neonatal and child survival interventions, results and indicators

[30] MAFF, 2004. Policy and Strategic Framework.
[31] In 2008-09, MAF is supplying a range of inputs, free of charge, to farmers. The extent to which these inputs will continue to be supplied by Government is not yet determined.
[32] ADB, FAO, ILO, IMF, IOM, OCHA, UNCDF, UNICEF, UNDESA, UNDP (including UNV), UNESCO, UNFPA, UNHCR, UNIDO, UNIFEM, UNOPS**,** World Bank, WFP, WHO. OHCHR is represented through UNMIT.

contributing to achieve the MDG 4 and 5. UNICEF is serving as the Chair of this theme group to lead the UNDAF M&E and reporting the progress to UNCT and Government.

5. Current nutrition and food security interventions:

The government with support from various partners has shown remarkable progress in implementation and scale-up of nutrition and food security interventions. In 2008 the Ministry of Health separated nutrition from Maternal and Child Health department and made nutrition a priority by establishing a new Nutrition department under National Community Health Service. To strengthen the implementation of nutrition interventions, District Nutrition Officers were recruited with support from UN agencies. Since then the department of nutrition has been receiving continuous technical support from UN agencies to address causes of under-nutrition. Similarly, the Ministry of Agriculture introduced and appointed district agricultural extension workers.

5.1. Management of acute malnutrition

Nutrition Department under Directorate of Community Health Services in Ministry of health with support from UNICEF, WFP, WHO and other civil society organization, implements:

- **Treatment and management of Acute malnutrition**:
  - Development of protocols for treatment and management of acute malnutrition
  - Implementation of inpatient treatment of severe acute malnutrition with complication in referral, district and level 4 health facilities (with support from UNICEF and WHO) as part
  - Piloting Integration of Community-based Management of Acute Malnutrition (CMAM) into health system (from lowest level SISCa –where the identification takes place to highest level of health system referral hospital) in one (1) district in 2008. This also includes implementing management and treatment of severe acute malnutrition as a package with continuum care and support from supplementary feeding. In 2009 the of Roll-out into 5 districts in 2009 (with support from UNICEF, Concern, WHO, WFP,USAID-TAIS)
- **Micronutrients supplementation**
  - Supplementation of Vitamin A to children 6-59 months and iron folate to pregnant women (with support from UNICEF) and twice a year de-worming for 2-59 months linked to vitamin A distribution
  - Iron folate supplementation to pregnant women (60 tablets) and MoH recently introduced twice a week iron folate supplementation for adolescents (12-18 years)
  - De-worming for school children
- **Surveillance Systems:**
  - Growth Monitoring and Promotion activities linked to Integrated Community Health Services (SISCa- Servisu Integradu Saúde iha Communitari**a)**
  - Demographic Health Survey will be conducted in 2009; key nutrition indicators have been incorporated for data collection.

5.2. Food Security interventions:

The Ministry of Agriculture and Fisheries (MAF) have been implementing various interventions with support from various technical agencies such as FAO and WFP

- Food Security Information Management
  - Collection of food security information through Food security assessment and Vulnerability Assessment and Mapping (VAM)- (with WFP support)
  - Annual Crop and Food Supply Assessments (supported by WFP and FAO)
- Staple food production programme providing seeds for staple food crops(Supported by FAO)
- Household and community food storage improvement (supported by FAO)

- Bio-security strengthening programme for Livestock sector (supported by FAO)
- Capacity building in Plant pest and diseases control (supported by FAO)
- Fisheries Livelihoods programme (supported by FAO)
- Food production data collection and Agricultural statistics programme (supported by FAO)

5.3. Infant and Young Child Feeding

Ministry of health have implemented a range of IYCF activities including breastfeeding promotion and promotion of appropriate feeding with support from technical agencies such as UNICEF and WHO as well as civil societies.

Promotion of breastfeeding and appropriate complementary feeding

- Establishment of Mother Support Groups in 2001 (with support from UNICEF, ALOLA Foundation) at community level as a 10th step. There are currently 240 MSGs in eight of 13 districts
- Establishment of Baby Friendly Hospitals Initiatives (BFHI) – with support from UNICEF, WHO, ALOLA
- Draft breastfeeding policy and BMS Code
- Development of info and edutainment: radio spots, video, TV spots, radio dramas, re
- Campaign in breastfeeding through celebration of World Breastfeeding Week (with support from UNICEF, ALOLA, USAID-TAIS, and other civil societies)
- Promotion and protection of breastfeeding through training of MSG members,

5.4. School Feeding

Ministry of Education is implementing school feeding program with support from WFP. The support include establishment of school feeding program including storage, transport and training of Parent Teacher Association members on how to prepare meals for school children. The aim of the program is to increase retention and completion rates.

The Joint Programme has set its objectives in line with the IV Constitutional Government Plan for the 2007 – 2012 period, the Health Sector Strategic Plan 2008–2012, and the National Nutrition Strategy focusing on accelerating progress in achieving MDGs 1, 4 and 5. The JP will contribute to the achievement of the National Priorities on Food Security and Human Resource Development, for which health systems is the main focus, and to UNDAF outcomes 2 and 3. The first goal of the government's National Priority One is "Increasing Agriculture Production". This focus on increasing availability of food in the country supports the MOH Strategic Plan and Nutrition Strategy by increasing caloric consumption and preventing the deterioration of nutritional status. The Ministry of Finance is responsible for overseeing the achievement of the National Priorities.

6. Strategies, including lessons learned and the proposed joint programme

6.1 Background/Context:

The overall goal of the Joint Programme is to strengthen institutional capacity and service delivery mechanisms to improve and manage the nutritional status of women of reproductive age and under-five children. The three outcomes of the Joint Programme will contribute to the national efforts already in place to achieve the MDGs 1, 4 and 5, Timor-Leste's National Priorities, and the Health Sector Strategic Plan (HSSP) goals. The programme will specifically contribute to attain the UNDAF 2009–2013 outcomes 2 and 3, and the Thematic Window Terms of Reference outcome areas 1, 2 and 3 as address by MDG Funds for Children, Food Security and Nutrition. Key beneficiaries of the Joint Programme are pregnant and lactating women, adolescent girls and children under-five that are most

vulnerable to food insecurity and malnutrition. Secondary beneficiaries are institutional stakeholders, including policy-makers, public servants, NGOs and service providers.

The Joint Programme will continue building on its relationships with key stakeholders including, government institutions (Ministry of Health, Ministry of Education, Ministry of Agriculture and Fisheries, Ministry of Tourism, Trade and Industry), partner NGOs (ALOLA Foundation–protection and promotion of breastfeeding), community-based organizations and church–based organization (Pastoral da Crianca – PdC) and private-sector actors (Timor Global and district salt producers) to implement the programme and ensure sustainable results. Further civil society organizations will be involved in the JP through their participation in District Food Security Committees, Family Health Promoter committee's, and Nutrition Working groups at national level to which the program will report. The Food Security Unit is currently revamping the National Food Security Working Group which will also receive reports on the progress of the JP and provide a forum for dialogue concerning its achievements.

The Joint Programme will be closely linked with the MDG-F Gender Joint Programme to influence budget allocation and ensure government's financial commitment to programmes that will impact on food and nutrition security of women and children under-five. In Oecusse and Baucau the Joint Programme will also be linked closely with the Gender Joint Programme to ensure gender is mainstreamed into FSN JP as well as ensure integrated approach in monitoring, field visits, assessments and communication for advocacy purposes.
The Programme aims to improve access to sufficient, safe, and nutritious food, at all times, to meet dietary needs for an active and healthy life of women and children by 2011 through Programme implementation inter-linked with already existing UNICEF supported projects: i) Maternal and Child Health, ii) Nutrition. WFP supported projects which closely align with the JP are; i) Mother and Child Nutritional Supplements, ii) School Feeding, and iii) Household Food Security. The MDG-Fund will also link to Spanish Corporation's 12 months support to UNICEF to accelerate the reduction of child and maternal under-nutrition in Ermera, Oecusse and Manatuto (Natarbora) districts and 18 months support to FAO for Baucau district. FAO supported school/home gardens and food security technical assistance in Baucau will provide a basis for expansion and replication of the school and home gardens through the JP.

The Programme will target pregnant and lactating women and their under-five children and primary school children in Aileu, Baucau, Manatuto and Oecusse districts. In these four districts the Programme will link to UN convergence programmes including UNICEF's Education, Health, and Water, Sanitation and Hygiene programmes.

Table 2. Target Population

District	Total population	Women 12-45 years	Under-five children	Children 6-59 months		
				6-11 months	12-59 months	6-59 months
Aileu	45,334	10,427	9,067	2,676	10,266	12,942
Baucau	112,727	25,927	22,545	2,807	4,527	7,334
Manatuto	40,502	9,315	8,100	1,262	7,536	8,798
Oecusse	65,107	14,975	13,021	1,933	7,638	9,571
TOTAL	**263,670**	**60,644**	**52,734**	**8,678**	**29,967**	**38,645**

The MDG Funds will specifically contribute to the national efforts to accelerate the reduction of child and maternal under-nutrition with focused interventions in four districts: Aileu, Baucau, Manatuto and Oecusse. The Programme will contribute to the strengthened and sustainable local capacity to both monitor and improve food security and nutritional status, through mentorship towards the achievement of MDG 1. Details of the Joint Programme results at different levels, their monitoring indicators, means of verification and the assumption and risks of achieving them are included in the Joint Programme Monitoring Framework - JPMF (*Table 3 below).*

The JP will include a comprehensive Information, Education and Communication (IEC) component which will raise awareness about food security and nutrition issues amongst target communities, stakeholders and policy makers at both district and national levels. Activities will include the development of programme specific messages (making the link between food security and nutrition) to be delivered through various communication channels i.e. TV, radio, printed materials. The JP will ensure effective monitoring of the programmes communication strategy which will provide lessons learnt to inform the direction of programme's interventions and revision of the IEC strategy.

6.2 Lessons Learned:

The Joint Programme builds on lessons learned from past experience that strong government ownership, leadership and commitment are key factors in ensuring that interventions are appropriate to the needs of Timor-Leste and are sustained beyond the life of the Joint Programme. By closely aligning to the GoTL priorities and strategies, the Joint Programme allows for better overall support to the identification and provision of technical and institutional capacity building requirements. This harmonization of efforts and targets strengthens joint credibility and accountability through improved coordination and partnerships between government and UN agencies.

The UN and government implementers of this Joint Programme have learned valuable technical lessons which have fed into the development of this programme and will continue to shape its implementation and monitoring. Key amongst these lessons is:

- Continued agency support for government-led programmes is the optimal method for sustainability of programmes and impact.
- Continuum care is crucial in ensuring the sustained recovery process for moderately malnourished children and for the management of acute malnutrition. Other causes of malnutrition such as fertility, feeding practices, household food distribution, water and sanitation remain obstacles for the improvement of nutritional status and food security.
- International storage and transportation of imported Fortified Blended Food (FBF) contributes to food loss due to humidity changes and the increased need for handling. Locally adapted products are more acceptable in nutrition supplementation and improve uptake of services. A problem with using imported fortified blended foods in the current mother and child supplementary feeding program is one of quality and taste of the product. The long overseas transportation plus extended storage periods at warehouses en route to the country consume much of the shelf-life of the product before it can reach the beneficiaries. Additionally, procuring foods externally is expensive due to the ocean freight charges and transfer fees. Therefore, the Government of Timor-Leste has long wanted to produce its own supplementary food in order to avoid dependency on overseas food sources, to better meet the food preferences of the beneficiaries and to support generation of local farmers' income.
- Timor-Leste is particularly vulnerable to rapid increases in international commodity prices and must stimulate local production
- Government has promoted domestic staple food production in the previous years with relatively good success, however, the promotion of nutrient –rich food production and good nutrition practices is still lacking.
- Home gardening, livestock and aquaculture activities are effective at increasing food diversity and food security at the household and community level in sustainable manner.

- School gardening promotes nutrition education and good practices from early development and its lessons impact to parents as well.
- As a disaster-prone and El-Nino-frequented country, decentralized capacity at the district level to monitor, report and respond timely to food insecurity is a pressing need that must be strengthened.
- Community participation in identifying and prioritizing programme interventions is essential for programme success. Quality and diversity of diet is as important as quantity and must be equally addressed for improved food security and nutrition.
- **Gender, social, cultural and economic barriers**: Gender, social, cultural and economic barriers prevent women and the poor from accessing care for themselves and their children. Limited information about existing facilities and danger signs, coupled with very limited woman's decision-making ability and her access to resources, are some of the major barriers to her accessing services for herself and her children. Moreover, existing projects/programmes hardly involve men who are the major decision makers in the families. The quality of care at the facility also varies according to the economic status of the caregivers. Besides gender and income poverty, cultural differences are the other basis for discrimination, access and utilization of services.

6.3 The Proposed Joint Programme:

The joint programme has been developed to build on synergies between agencies and their support to the government in line with the UNDAF and agency-specific Country Programme Action Plan (CPAP) signed between Government and the specific UN agency. The JP support will be channelled to the government and non-government implementers by the specific agency through their joint Annual Work Plan that will also be part of the Government Annual Action Plan for both National and District level activities.

The programme approach has been developed considering the nature of malnutrition problems in Timor-Leste and recent developments in interventions to manage and treat acute malnutrition. There has not yet been a concerted effort by government and agencies to address both food security and nutrition in a coordinated fashion. The JP builds on the existing technical support being provided to government-led programs by the three agencies to establish more coordinated identification and response to food insecurity and under-nutrition. The JP provides opportunity for establishing inter-ministerial dialogue on food security and nutrition issues by building on existing relationships with the oversight of the National Steering Committee, which is the major added value of the JP.

The agencies will use joint Participatory Learning and Appraisal methodologies to ensure community participation. Designs and outputs of home and school gardens, aquaculture and livestock activities as well as nutrition education sessions will be decided per community based on results of PLA events. All activities will be undertaken alongside government partners and will compliment ongoing government interventions.

Four districts have been selected for the Joint Programme based on the potential for optimizing the support and complementarities of existing programs and relationships. These districts are Aileu, Baucau, Manatuto and Oecusse. Aileu, Manatuto and Oecusse have been identified as UN convergence districts. Baucau, Manatuto and Oecusse are recognized as areas susceptible to food insecurity and poor nutritional status. Additionally, Oecusse has been selected based on the possibility of additional support from the WFP sub-office presence which is an important link with the Spanish Cooperation-supported UNICEF programme for the management of acute malnutrition in Oecusse. Global Acute Malnutrition (GAM) levels were also a deciding factor in the selection of the districts. GAM for the selected districts is as follows: Oecusse 32.4%, Manatuto 17%, Baucau 18%, and Aileu 24.8 % as a percentage of the under-five population. See attached Annex 1, Table 3 for health centres to participate in the JP.

As outlined in the Programme logical framework, below are three outcomes and respective outputs expected to be achieved by the joint programme. These outcomes will contribute to achieving the

UNDAF outcome results 2 and 3 as mentioned in the Programme Results Framework (*Table 1 in Annex 1) and hence the national priorities as well as sector priorities of the ministry involved.* Details of Programme activities required to achieve the Programme outputs are described below under each output:

6.3.1. Strategies to achieve the JP:

The implementation strategy for this outcome aims to promote program integration and implementation of essential nutrition and food security interventions as a package. The JP aims to target the same communities in each of the four districts with interventions from each government partner and agency for combined effect. This will be done through a joint Participatory Learning and Appraisal (PLA) methodology ensuring community members lead the process of identifying and prioritizing nutrition and food security issues and there most appropriate interventions. This joint facilitation of the PLA process will set the course for continued joint implementation and monitoring. The programme will be guided by the following principle to ensure the programme is implemented in a joint and coordinated manner:

- **Targeting (for Outcome 1)**: the selection of targets will be done jointly by government partners as well as communities through PLA. Each agency will implement in the programme activities in the selected areas only.
- Agencies will provide relevant technical support to government counterparts and relevant stakeholders on need basis.
- **Capacity building:** stakeholders at all levels in form of training, continuous supportive supervision and joint monitoring of activities
- Ensuring **community participation** by implementing the programme with civil society organization, church based organizations and NGOs (international and national).
- Common **JP Support budget** for monitoring and evaluation, advocacy, education and communication campaign.
- **Joint trainings** will be integrated to ensure the same message is delivered across and reduce training fatigue.
- The implementation of the programme will use the same procedures already in place i.e. joint mid-year and annual reviews and annual work plans with the relevant government counterparts
- Integration of **school gardens** into schools of selected districts that implement **child-to-child education programme concept** by introduction of leaning and practical work into lesson "growing and eating vegetables". This will include visit to local farm gardens (preferably JP home garden), local markets and intensive nutrition education.

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 utilisation of quality essential nutrition services at SISCa posts, Health Posts and Community Health Centres (CHCs) in 4 districts.

A range of activities will be implemented to strengthen health system and communities' capacity to increase availability of and access to nutrition services. Activities under this output are as follows:

- Development of integrated training module (CMAM, IYCF and micronutrient powders)
- Training of health staff on how to integrate CMAM, IYCF and micronutrients powders programme and reporting

- Community socialization for identification of severely acute malnourished children at community level
- Screening of children and referral of severe acute malnutrition
- Treatment of severe acute malnutrition with complications at facility level and those without complications at outpatient/community level using Ready-to-Use-Therapeutic Foods (RUTF)
- Provision of continuum care to those who recover from severe acute malnutrition and moderate malnutrition using supplementary food

Capacity of the health system to increase availability of, access to and utilization of nutrition services require the various stakeholders to upgrade their knowledge and skills on nutrition services. These capacity building activities include technical support to train stakeholders to conceptually analyse the problems with communities through community consultations and to draft, implement and monitor action plans. The training will enhance the capacity of stakeholders to understand the causes and importance of addressing the malnutrition problem as a whole rather than through stand alone interventions. This will ensure early detection and treatment as well as continuum of care. The training on how to identify, treat and manage acute malnutrition will be provided to the Community Health Centre (CHC) and Health Post (HP) staff in four selected districts.

In addition to that, to ensure that correct and accurate information is collected, managed and utilized; the Joint Programme will integrate data management training as part of the community-based management of acute malnutrition training. This will also require the procurement of information communication technology (ICT) equipment for data management. The Joint Programme will require consultants to design and develop the training tools and to train the health staff. Intensive monitoring and supportive supervisions will be provided to health workers as part of training package.

Supervision and monitoring will be conducted to all CHC, HP and hospitals in the 4 selected districts. Through the Joint Programme, supervisory support and mentoring of health staff will be implemented to ensure improved and correct management of health information. The Joint Programme is also designed to ensure that there is follow-up supervision: every three months during the first year and every six months by the second year. The improved collection and quality of health information will also play a key role in the collection of multi-sectoral data related to food security by the Ministry of Agriculture's Food Security Unit to be supported for Outcome 3.

Intensive consultations and discussions will be held among the Joint Programme partners, government and other stakeholders to ensure the content and schedule complement the work of each other. This will also be coordinated with the MDG-Fund supported Gender Joint Programme to ensure gender issues are properly addressed.

Continuum of care and support for acute malnourished children are crucial in ensuring support to full recovery and prevention of deterioration of nutritional status. The Joint Programme will strengthen and ensure that UNICEF and WFP supported interventions for comprehensive and continuum care package for management of acute malnutrition are effectively integrated, monitored and evaluated. The packages include in-patients treatment for severe acute malnutrition (SAM) with complications; for management of severe acute malnutrition without complications-out-patients with Ready to Use Therapeutic Food (RUTF – a high energy protein fortified therapeutic food); and for those with moderate malnutrition and all under-two children with Supplementary Feeding ration from WFP. This will also involve procurement of therapeutic milk powders and RUTF for the management of acute

malnutrition and anthropometric tools. In ensuring appropriate continuum care for the management of acute malnutrition, the Joint Programme will incorporate lessons learned from Oecusse, Ermera, and Manatuto which are currently implementing the community-based management of acute malnutrition through the assistance of UNICEF using Spanish Cooperation funds. WHO will support the training of doctors to provide technical support on the management of inpatient care.

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

To ensure increased demands for essential nutrition services by families a range of activities will be implemented:

- Development, adaptation of education, information materials for promotion of services including counselling, breastfeeding support groups (MSG)
- Development of agreements with civil societies (Pastoral da Crianca- PdC) and NGOs (ALOLA) on implementation of various infant and young child feeding including promotion and protection of breastfeeding, establishment of Mother Support Group in remote areas
- Socialization of breast feeding promotion program to the Head of District Health Services, communities, PLA, selection of members of MSG, training, support for monitoring and evaluation.

Timor-Leste has the highest prevalence of chronic malnutrition: the Weight for Age (WFA) is 48.9% and the Height for Age (HFA) is 53.9%. Special attention will be given to interventions for under-two children that promote growth and prevent chronic malnutrition. Strengthening support and capacity of MoH and NGO, community-based organizations and church based organizations to protect, promote and support exclusive breastfeeding and timely appropriate complementary feeding is crucial. The Joint Programme will take advantage of different avenues such as World Breastfeeding Week celebration to advocate and support MoH raise awareness on the benefits of early initiation and exclusive breastfeeding.

UNICEF is already working with a national NGO (ALOLA Foundation) to support MoH implement comprehensive Infant and Young Child Feeding (IYCF) programme through the establishment of Mother Support Groups (MSG) in the community. Micronutrient powders (MNP/sprinkles) promotion and supplementation will also be used as a short-term strategy to improve child feeding practices.

A MSG is an initiative to provide support to mothers after delivery when they return to the communities to ensure that they practice exclusive breastfeeding. The MSG provides support to mothers with new born babies and promotes appropriate feeding with continued exclusive breastfeeding practices up to 6 months and to introduce timely appropriate complementary feeding after 6 months. The Joint Programme will support the roll-out and expansion of MSG into the 4 selected districts through recruitment, training and provision of supportive supervision for the MSG through ALOLA Foundation with technical support from UNICEF will support the MoH, promote and protect exclusive breastfeeding through the roll-out of MSG in the 4 selected districts. ALOLA foundation is already working to support the MoH to implement IYCF activities through support from UNICEF. The JP will work with ALOLA foundation to promote, protect and support mothers to exclusively breastfeeding through establishment of community-based support mechanism – Mother Support Groups (MSG). The MSGs function both at community and health centre levels providing a link between government health service and community support. Participants in MSGs are very often community leaders and members

of Parent Teachers Associations and Family Health Promoters engaged by the Ministry of Health. These women also participate in preparing school lunches for the School Feeding Program; oversee school gardening activities based on experience from home gardening.

The support will include community consultations, selection and establishment of MSG, training of MSG on IYCF and counselling, assessment of hospitals for Baby Friendly Hospital Initiatives (BFHI) and the smooth hand-over of the National Breastfeeding Association (NBFA) to the government. The support will also include consultancies to provide counselling training and 3 in 1 Infant and Young Child Feeding (IYCF).

Integrated package of health and nutrition interventions using the life-cycle approach will be applied as a long-term strategy. The Joint Programme will work with national and international organizations to improve the micronutrient status of pregnant, adolescents and children under-five. Specifically, international organizations such as Sprinkle Global Health Initiative (SGHI) will assist in building the capacity of Ministry of Health to scale-up the distribution of micronutrient supplementation for under-two children by utilizing results of the Operational Research on multiple micronutrients powder (Sprinkles). This will part of initiative to improve child feeding practices. In preventing chronic malnutrition (underweight and stunting) the Joint Programme will work closely with the MoH nutrition and adolescent and reproductive health programme to introduce micronutrient supplementation for adolescent girls. This Programme will take advantage of results and recommendations from a Spanish Cooperation-supported Operational Research in Oecusse and Ermera districts to design a distribution programme and detailed plan in Aileu, Manatuto and Baucau.

The Joint Programme will work with the government and related ministries to implement Universal Salt Iodization in Timor-Leste through the promotion of salt iodization, training of small salt producers on salt iodization, packaging and monitoring of iodine levels in salt.

A comprehensive communication approach will be implemented to mobilize and sensitize the communities to demand for nutrition services, promote appropriate behaviours on exclusive breastfeeding, timely introduction of complementary feeding, maternal nutrition, micro-nutrient supplementation, home and school gardening and consumption of iodised salt. The communication activities are aimed at creating an enabling environment for sustained social change by strengthening and establishing peer support mechanisms such as the Mother Support Group (MSG), Parents Teachers Association (PTA), community health and nutrition champions and networks of community health volunteers..

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

To achieve this output a range of activities will be implemented:

- Establishment of small-scale livestock and aquaculture systems and support access to veterinary services
- Home garden establishment and support
- Development of household food production systems integrating aquaculture, small-livestock and agriculture, when possible.
- Link household food production activities with nutrition education in schools
- Increase capacity of farmers in GAP in production of law materials for fortified food production

- Local production of fortified blended food

The production of a locally fortified blended food in Timor-Leste will address many of the challenges experienced by the Ministry of Health within the Supplementary Feeding Program (SFP). The fortified blended food to be produced locally will be developed based on preference and acceptability testing with women and children under-five in order to ensure that the product is catered directly to the taste of the target population. The packaging of the product will also be conducted locally, ensuring that the size of the ration can be controlled and modified based on the observations of programme implementers and convenience for carrying the product by mothers. Additionally, the ability of the production facility to rapidly respond to changes in demand will further decrease storage times and handling loss. The government of Timor-Leste, through the MoH, has provided USD 350,000 to WFP for the purchase of production equipment and multiple micronutrient mix worth USD 180,000 as its commitment. The micronutrient mix and the machinery are being procured. WFP will lead in the implementation through the provision of technical support on fortification and production to the private sector partner, Timor Global Ltd. The Joint Programme through FAO will also address the ability of local farmers and cooperatives to meet the demand specifications for raw materials. The increased efficiency and quality of local production will increase the effective uptake of the Maternal and Child Health Program.

FAO's work with communities to increase production, availability and utilization of micronutrient-rich foods through home gardening, aquaculture and small livestock will support Outcome 1. Building on experience in Oecusse, Bobonaro and Lautem districts, FAO will support fifteen communities in Aileu, Manatuto and Baucau districts to establish fish ponds to increase protein intake and as food reserve.

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

The Joint Programme will support the National School Feeding activities and ultimately contribute to the goal of providing free education for all Timorese children. Experience with school feeding has shown that school attendance of both boys and girls has improved and attention span has increased. This also contributes directly to the achievement of UNDAF outcome 3, of which the activities and implementation strategies have been approved and endorsed by the Ministry of Education.

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

To attain the results mentioned above the following activities will be implemented:

- School Feeding program utilization of locally produced nutritious foods
- Nutrition education with PTAs and students
- Integration of child to child learning initiatives into school gardening
- Training and provision of inputs in set-up and maintenance of school gardens

The opportunities for enhancing the impact of the Joint Programme on the nutritional status, nutritional awareness and food security are many at the school setting. The existing School Feeding Program of WFP already reaches over 300,000 students with nutritious food which improves educational uptake and performance. Through the FAO-supported school gardens, the Joint Programme will add an element of local technical capacity building in production as well as increased access to fresh local produce for utilization in the School Feeding. FAO has developed methodologies for supporting home and school gardens through the provision of start-up kits which include tools, seeds and seasonal calendars for monitoring production by school leaders and women's groups. Technical support and

nutrition education, cooking demonstrations and recipe books are also provided regularly. This Joint Programme will allow for replication and expansion of the Spanish Cooperation-supported FAO Post Crisis Rehabilitation of Food Security and Livelihoods Project underway in Baucau; significantly increasing the combined impact.

Local fortified food production will require the availability of high quality raw materials. FAO's existing relationships with farmers and cooperatives play a large role in the development of an adequate supply of these materials. Linkages between producers and the government purchasing program are currently being established with FAO's assistance to the Ministry of Agriculture. FAO's monitoring and technical support are key to the programme's success.

The WFP has considerable experience in other countries (Lao PDR, Bangladesh, India, Nepal and in several countries in Africa) in working with local companies and governments to produce fortified foods using local foods. The WFP has carried out several technical missions to Timor-Leste and has concluded that it is feasible to produce nutritious fortified blended foods for children 6-59 months, pregnant and lactating women. The product the WFP recommends producing in Timor-Leste is an improved formula, made from raw materials available in Timor-Leste and is in-line with new WFP global specifications. The government has provided a cash budget through WFP to procure the capital equipment for the local food fortification plant and provided a cash budget through UNICEF to purchase premix formula. The Joint Programme will bring about increased knowledge of nutrition and the benefits of food diversification in many forms. The Joint Programme activities will include nutrition education at schools, both during school garden establishment and management training, and as well at school feeding activities where nutritious recipes incorporating diverse local foods will take place.

Outcome 3: Food Security and Nutrition Information Systems established and functioning at all sub-districts in 4 districts;

Food security can not only be tackled at the community and household level which is reflected in the Government National Priority one which includes district and national level food security monitoring system development. Systems must be put in place to ensure that household and community level conditions of food insecurity and poor nutrition are understood at the national level and impact on decision making and policy formation. In support of National Priority number one, this outcome intends to strengthen the existing government and partners' capacity to maintain a credible and regular information system through counterpart training and conducting assessments, monitoring, evaluation and response to food insecurity.

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

To attain the results mentioned above the following activities will be implemented:

- Set up Food Security Information and Early Warning System at district and national levels
- Improve capacity of District Food Security Committees

WFP has been selected by Government as the Lead Agency for supporting National Priority one and will take the lead to ensure that this outcome is achieved. WFP has been providing regular support to the Ministry of Agriculture's Food Security Department to establish protocols for the routine

assessment of food security mainly for national level counterparts. This technical support and capacity building is now moving to a focus on district level data collection management systems as well as information flow, analysis and response. This Joint Programme will further develop the Food Security Information and Early Warning System (FSIEW), a FAO-developed model of monitoring, which is under development at the national level to the selected four districts by integrating nutrition information into the early warning system. The FSIEW requires that District Food Security Committees regularly collect, analyze and act on food security and nutrition information in a timely manner. Testing of recently developed tools and information systems must be carried out in the districts to ensure that they are user friendly and accompanied by adequate training. The introduction of this system will also require intense monitoring and follow up through hands-on support to district level partners in order for the information to be reliable and accurate and serve as a model for other districts. Particularly important is the support to the District Food Security Officers and Agricultural Extension Workers who were placed in the districts in November of 2008. The success of these newly established positions will rely largely on the provision of practical tools, quality training and sufficient support. The Joint Programme will help establish communication linkages between District Food Security Committees and District Disaster Management Committees. Additionally, evidence from district level monitoring will serve as basis for advocacy to influence policy changes.

WFP has also been working closely with District Administrations to respond to seasonal and geographically specific disasters. During the 2008- 2009 lean season, the breakdown in communication of disasters such as drought, pest, flood and strong winds affected government and UN ability to respond to affected areas and mitigate any further damage. The incorporation of the FSIEW system in the four districts, and reaching into all sub-districts with regular monitoring and feedback of district contingency plans, will provide the national level Food Security Department with lessons learned for further adoption and roll out of contingency planning and response protocols.

7. Results Framework

The Table 1 (Annex-1) provides a detailed listing of each joint outcome, the related outputs and specific agency activities as they relate to the outputs. In addition, Table 2 also lists national partners involved in each activity. The Table-2 below provides a more detailed First Year Work Plan for implementing each activity. The work plan also lists the recipient or national implementing partner that each UN agency is working on specific activities.

On the basis of the Results Framework (*Table 1, Annex-1*), for all participating UN organizations, the total estimated budget for this Joint Programme is US$ 4,053,000. The government's contribution is US$ 530,000 of which US$ 350,000 for machinery through WFP and US$ 180,000 for multiple micronutrient mix. This Joint Programme is seeking funding of an estimated US$3,500,000, including the 7% management support costs, as follows:

UNICEF	$ 2,277,856
WFP	$ 720,645
FAO	$ 447,999
WHO	$ 53,500

8. Management and Coordination Arrangements

Overall guidance of the Programme will be provided by the **National Steering Committee (NSC)** which will have a key oversight role throughout the three-year programme and will have the following members:

1. Minister of Economy and Development (Co-chairperson)
2. UNMIT Deputy Special Representative of the Secretary General/UN Resident and Humanitarian Coordinator and UNDP Resident Representative, Mr. Finn Reske-Nielsen (Co-chairperson)
3. General Coordinator, Technical Office for Cooperation of Spain in Timor-Leste, Mr. Francisco de Asis Lopez Sanz.

Other UN agencies, donors, Government representatives and members of civil society will be invited to participate in NSC meetings as observers or to provide information as needed. The criteria are (a) involvement of the organisation in programmes financed or to be financed from the JP; and (b) impact of programmes financed from the JP on the activities of the organisation. Decisions to invite observers will be made by the co-chairs. The NSC will meet semi-annually, and all decisions will be made through consensus. The main function is to exercise policy and strategic oversight and be responsible for making necessary arrangements for assurance of successful functioning of the JP.

A **Programme Management Committee (PMC)** will be established for the operational coordination of the Joint Programme. The PMC will be co-chaired by the Minister of Health or his/her designate with the UN Resident Coordinator (UNRC) as Co-chair.

The PMC's membership will consist of relevant implementing parties. However, the UNRC or his designate can authorise the formation of smaller working groups to deal with specific components of the Joint Programme as deemed appropriate to ensure more effective implementation and coordination. Thus, the PMC will comprise the following:

1. Participating UN organisations:
   UNICEF, WFP, FAO and WHO

2. Government representatives from the:
   - Ministry of Finance (MoF);
   - Ministry of Education (MoE);
   - Ministry of Agriculture and Fisheries (MAF)
   - Ministry of Social Solidarity (MSS)
   - Ministry of Tourism, Commerce and Industry (MTCI) (Domestic Trade)
   - Secretary of State for Rural Development and Cooperatives;

3. Representatives of UN agencies, civil society organisations, international NGOs, national NGOs and experts will be invited to participate in the PMC as appropriate.

The PMC functions are as follows:

- Manage programme resources to achieve the outcomes and outputs defined in the programme;
- Align MDG-F funded activities with UNDAF approved strategic priorities;
- Establish programme baselines to enable sound monitoring and evaluation;
- Establish adequate reporting mechanisms in the programme;
- Integrate work plans, budgets, reports and other programme related documents; and ensure that budget overlaps or gaps are addressed;
- Provide technical and substantive leadership regarding the activities envisaged in the Annual Work Plan and provides technical advice to the NSC;

- Agree on re-allocations and budget revisions and makes recommendations to the NSC;
- Address emerging management and implementation problems;
- Identify emerging lessons learned;
- Establish communication and public information plans
- Highlight issues of relevance to the Committee on Food Security and Nutrition for action.

Experts will be invited as observers to the PMC meetings as and when needed. The PMC will normally meet on a quarterly basis.

Each of the outputs of the Joint Programme will be managed by a UN Agency as shown in the results framework. UNICEF, WFP, FAO and WHO will be responsible for:

- The professional and timely implementation of the outputs and activities identified in the programme document;
- Delivery of technical and progress report as identified in the programme document;
- Contracting and supervising qualified local and international experts; and
- Financial administration, monitoring, reporting and procurement.

There will be a **Programme Management Unit (PMU)** to be located in the UNICEF country office and the functions will be managed and coordinated by an international nutritionist hired by UNICEF Timor-Leste Office, which will be the lead agency for implementation of this Joint Programme. The costs for the functioning of the PMU are included in the budget of UNICEF. The PMU will be working under the guidance of PMC and in close coordination with the Nutrition Department of MoH, MAF, and the participating UN agencies. For management purpose and communication facilities considering the PMU is placed at UNICEF. However, despite the limited space and facilities in the ministry we have negotiated for a space with ministry of health for the PMU to facilitate coordination of the JP and capacity development of counterparts. Coordination will also be done through the technical working group meetings.

The specific responsibilities of the PMU will be as follows:

- Provide support for the day-to day management of the JP;
- Provide effective implementation support for the JP, including integrating work plans, budgets and other reports;
- Provide the support for overall monitoring and evaluation of JP activities, and establish and put into practice effective reporting mechanisms;
- Support agencies in implementing their activities with partners as required;
- Prepare quarterly and annual progress reports on achievements and disbursements of funds; including consolidating narrative reports on the JP for the donor;
- Prepare the final project reports; and
- Manage the asset inventory.

9. Fund Management Arrangements

On receipt of the Joint Programme document and the first year annual work plan, the UNDP Multi-Donor Trust Fund Office will, as the Administrative Agent, transfer the first annual instalment to the JPs' participating UN Organizations including UNICEF, WFP, FAO and WHO. Each of these organizations will assume complete programmatic and financial responsibility for the funds disbursed to it and will follow their respective organization's regulations and decide on the execution processes with partners and counterparts following the organization's own regulations.

The fund flow, funding and audit arrangement modality will be as follows (as specified in the Operational Guidance Note for the participating UN organizations):

- The transfer of funds will be made to the Headquarters of each participating UN organization.
- Each participating UN organization establishes a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent. Each UN participating agency will prepare a separate budget, consistent with its procedures and covering the mutually agreed parts of the programme that it will be managing.
- Each UN participating organization will account for the funds distributed in respect to its component in the JP in accordance with its financial regulations and rules.
- Participating UN organisations will provide certified financial reporting according to the budget template as provided.
- Participating UN Organisations will deduct their indirect costs on contributions received according to their own regulations and rules subject to the indirect costs not exceeding 7% of programme expenditures.
- Each UN organisation will be responsible for auditing its own contribution to the programme as part of its existing regulation and rules.

Transfer of Cash to National Implementing Partners: At the country level, the UN agencies will transfer funds to their national counterparts reflecting agreed harmonised approaches to fund transfers, as applicable, as detailed in their Country Programme Action Plans (CPAP) or other agreements, which include direct cash transfer, direct payment, reimbursement of cash advance and direct agency implementation. The UNCT in Timor-Leste received approval from headquarters to defer implementation of HACT until later in the 2009 – 2013 Programme Cycle. Implementation of the Joint Programme will be in line with any changes to the harmonized approach approved at that time.

10. Monitoring, Evaluation and Reporting

The Programme will facilitate the establishment and strengthening of the existing monitoring and evaluation mechanisms and systems including establishing linkages with the existing National Working Groups on i) Nutrition, and ii) Maternal and Child Health under the MoH, and iii) Inter-Ministerial National Food Security Committee.

The progress of the Programme will be measured against the indicators listed in the Joint Programme Monitoring Framework (JPMF) as presented in *Table 3 below.* Each UN agency and its respective implementing partners will be accountable for reporting progress in its area of responsibility. The PMU will be responsible for collating information provided by the agencies/partners, using the JPMF, and reporting progress to the PMC at its quarterly meetings. A complete review of progress towards targets for all indicators will be undertaken bi-annually and presented to the NSC. These reviews will make it possible to monitor whether the Programme is on track and allow mid-course adjustments to the work plan for the following period. Evidence from the monitoring will inform programme direction and feed into a final impact evaluation in year three. The regular quarterly monitoring of the JP will be conducted by teams of agency representatives. Annual, mid-term and final evaluations will be carried out by an external consultant. These activities have been included in the JP budget results framework.

10.1 Joint Programme Monitoring Framework (JPMF)

Table 3: Joint Programme Monitoring Framework (JPMF)

Expected Results (Outcomes & outputs)	**Indicators (with baselines & indicative timeframe)**	**Means of verification**	**Collection methods (with indicative time frame & frequency)**	**Responsibilities** Specific responsibilities of participating UN organizations (including in case of shared results)	**Risks & assumptions** Summary of assumptions and risks for each result
Outcome 1. Improved health and nutritional status of pregnant and lactating women and under-five children in 4 selected districts	**Weight For Age (WFA)** **Baseline:** 48.6% (TLSLS 2007) Target: 45% (2011) Body Mass Index (BMI) Baseline: N/A Target: 50%	Demographic Health Survey (DHS) Nutrition Surveillance Demographic Health Survey (DHS) Health - MIS	Anthropometric measurements monthly Once (2009) Monthly	UNICEF and WFP	Lack of long-term commitment to capacity development especially in the rural areas, and for service delivery.
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 districts	1.1.1. # of CHC and HP providing outpatient services on CMAM **Baseline:** N/A **Target:** 74 (2011)		Progress reports FGD		Commitment of MoH to improve the reporting system Appropriate and timely reporting Civil unrest Natural disasters
	1.1.2. # staff from each of the 20 CHCs in selected districts trained on IYCF and CMAM **Baseline:** 0 (2008) **Target:** 40 (2011)	Nutrition surveillance	Training report and periodic monitoring	UNICEF	
	1.1.3. % of U5 children with acute malnourished received treatment with RUTF **Baseline:** 0% (2008) **Target:** 70% (2011)	Monthly progress report	Monthly Human interest stories/Most Significant Changes (MSG)	UNICEF	
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	1.2.1. # of mother support group (MSG) established (1 for each HP catchments) **Baseline:** 20 **Target:**10 (2010), 50 (2011)	Health-MIS	Quarterly reports from projects	UNICEF	
	1.2.2. % of mothers (caregivers) who attended CHC for their child's nutrition advice and treatment of their own (Self-referral) **Baseline:** N/A **Target:** 20% (2011)	Nutrition surveillance, Monthly progress report	Quarterly reports	UNICEF	

	1.2.3. # MSG members trained on counseling skills and techniques **Baseline:** N/A (2008) **Target:** 50 (2011)	Household survey	Monthly progress reports and FGD	UNICEF	
	1.2.4. % of mother (caregivers) of children under-five who mention at least two signs of under-nutrition **Baseline:** N/A (2008) **Target:** 30% (2011)		focus group discussions and quarterly monitoring reports	UNICEF	
Output 1.3. Increased production, availability and consumption of micronutrient-rich foods among women and children in 4 selected districts	1.3.1. National IDD/USI committee formulated and functioning **Baseline:** 0 **Target:** 1 (2011)	Meeting minutes	Meeting reports and minutes	UNICEF	
	1.3.2. # of children 6-23 months who received at least 2 months' multiple micronutrient supplements **Baseline:** 0 **Target:** 3,000 (2011)	Health-MIS, nutrition surveillance	FGD and house visit reports	UNICEF	
	1.3.3. % of HH consuming iodised salt **Baseline:** 63% **Target:** 80% (2011)	Monthly progress report, Household survey	Household surveys using prepared questionnaire	UNICEF	
	1.3.4. % of children 6 – 59 months received Vit-A supplementation **Baseline:** 24% **Target:** 80% (2011)		Mid year reports	UNICEF/WFP	
	1.3.5. Metric tonnes of food produced from pilot local blended food project **Baseline:** 0 **Target:** 1,500 (2011)	Project Manager monthly reports	Monthly WFP submitted reports	WFP	
	1.3.6. % of households with home gardens **Baseline:** N/A **Target:** 500 Households (2011)		Household survey yearly	FAO/WFP/UNICEF	Unfavourable climatic conditions, drought
	1.3.7. # of farmer groups trained on Good Agricultural Practice (GAP) for fortified food materials **Baseline:** 0 (2008) **Target:**100 (2012)		School reports and follow-up monitoring reports	FAO/WFP/UNICEF	

Outcome 2. 20 percent more children access, and 25 percent more children complete, free compulsory quality basic education	**1.3.8.** # small scale livestock undertaken by 30 farmer groups **Baseline:** 0 (2008) **Target:** 30 (2012) **1.3.9.** # aquaculture activities undertaken by 15 communities **Baseline:** 0 (2008) **Target:** 15 (2012)		Household survey yearly	FAO/WFP/UNICEF	Continued cooperation between the Ministry of Educating and the Ministry of Health in supporting school feeding, political and civil unrest
Output 2.1. Improved quality of ongoing school feeding in 4 districts	2.1.1. # of basic education schools providing locally produced food in 4 districts **Baseline:** 0 (2008) **Target:** 150 (2011)	Min. of Education and WFP monitoring	Monthly Reporting	WFP	Continued support by GoTL to school kitchen staff
Output 2.2. Increased nutrition education in schools and communities through introduction of school gardens and consumption of nutritious food	2.2.1 # schools having and utilizing school gardens **Baseline:** 0 (2008) **Target:** 150 (2011)	Min. of Education and WFP monitoring	Monthly Reporting	FAO	
Outcome 3. Food Security and Nutrition surveillance systems established and functioning at all sub-districts in 4 selected districts					Regular meetings and continued support from Inter-Ministerial Committee for Food Security and Vice Prime Minister
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	3.1.1. # of district produced monthly integrated FSIEW datasheets **Baseline:** 0 (2008) **Target:** 4 (2011) 3.1.2. 4 District Food Security Committees involved in food security and nutrition services trained on FSIEWS **Baseline:** 0 (2008) **Target:** 4 Committees (2011)	District Administrator Reports, Project Progress Report	Monthly collection by project managers	WFP/FAO	District Administrators appointments change ins support for District Food Security Committees

	3.1.3. 20 relevant staff (10 men and 10 female) equipped with formats and registers for operating FSIEW system **Baseline:** 0 (2008) **Target:** 20 (2011)	District Administrator Report, DFSC Reports, WFP Monitoring	Training reports submitted to Food Security Department MAF	WFP/FAO	
Output 3.2. Improved capacity of district food security committees to plan, support mitigation and response initiatives	3.2.1. # of District response teams formed **Baseline:** 0 (2008) **Target:** 4 (2011)	District Administrator Report, DFSC Reports, WFP Monitoring	Response team contingency plans approved by MAF	WFP/FAO	Limited capacity of district level staff
	3.2.2. 4 districts prepared to respond in mitigating food in-security and natural disaster **Baseline:** 0 (2008) **Target:** 4 (2011)	Project Progress Report	District Food Security Committee reports from the District Food Security Officers	WFP/FAO	

The JP will have a mechanism for monitoring and evaluation that includes bi-annual review by the National Steering Committee. The Programme Management Committee will meet quarterly to discuss progress in the implementation, assess progress made against indicators developed and make management decisions.

The PMU will be responsible for collating information provided by the agencies/partners, using the JPMF, and reporting progress to the PMC at its quarterly meetings. A complete review of progress towards targets for all indicators will be undertaken bi-annually and presented to the NSC. These reviews will make it possible to monitor whether the JP is on track and allow mid-course adjustments to the work plan for the following period.

Regular Reviews: The progress of the Programme's implementation will be reviewed regularly through quarterly, mid-year and annual review integrating with the Ministries of Health and Agriculture's joint sector review as well as joint GoTL-UN review, UNICEF, WFP, FAO and WHO supported programme review meetings both at central and district level.

Evaluation: The PMU will also undertake a final evaluation, which will assess the relevance and effectiveness of the Programme interventions, and measure the development impact of the results achieved, on the basis of the initial analysis and indicators described in the JP. In addition, a Mid-Term review for the Programme will also be held with technical support of the MDG Fund Secretariat.

Reporting: Quarterly updates would be provided at the outcome level to serve as a management tool for the JP and Fund. An annual narrative and financial report will be prepared by the PMU, based on the inputs from participating agencies and the relevant Govt. Ministries (MoH, and MAF). The report will be anchored in the Results Framework and structured around the outcomes and outputs. This integrated report will obviate the need for each participating organisation drafting a separate report. The joint monitoring and reporting mechanism put in place by the PMU will track the Participating UN organizations' individual contributions to the Programme outputs.

11. Legal Context or Basis of Relationship

Table 4: Basis of Relationship

Participating UN organization	Agreement
UNICEF	UNICEF's country programme of cooperation is based on the Basic Cooperation Agreement signed between GoTL and UNICEF on 20 May 2002. The current country programme of cooperation between the Government of Timor-Leste and UNICEF for next five years (2009 – 2013), the Country Programme Action Plan (CPAP), in line with UN Development Assistance Framework (UNDAF) 2009 to 2013 is signed by the Ministry of Finance on behalf of the GoTL. The detailed implementation of the UNICEF supported programmes and projects are based on an Annual Work Plan (AWP) signed between MoH and UNICEF.
WFP	WFP has a strong operational relationship with the government of Timor-Leste with MOUs signed in October of 2008 between the Ministry of Health and the Ministry of Trade Commerce and Tourism. WFP has a Letter of Understanding for working in cooperation with the GoTL under its second Protracted Relief and Recovery Operations project signed on March 30, 2009.
FAO	FAO and the Government of Timor-Leste signed an agreement making Timor-Leste a member country of FAO in November of 2004 which enabled the establishment of an FAO programme for rehabilitation and development of agriculture, livestock production and fisheries in the country.
WHO	Major work of WHO in Timor-Leste is agreed with the government of the RDTL in the Country Cooperation Strategy for 2009-2013 which covers four main areas, namely: 1) Support for health policy and legislation development; 2) Donor coordination, partnership for health development and aid effectiveness; 3) Health System Development; and 4) Interventions for priority health problem.

12. Work plans and budgets

The implementing partners and the participating UN organisations shall jointly conduct scheduled/annual planning and review meetings for all activities covered in the results framework, monitoring and evaluation plan and work plans covered by this joint programme. This will include an assessment of the risks and assumptions to determine whether they are still holding. A new Annual Work Plan and budget will be produced with the necessary adjustments made based on the lessons learned from a review of the risks and assumptions and implementation progress achieved. The new Annual Work Plan is approved in writing by the National Steering Committee. Any changes in the scope of the JP Document will be based on written submission of the revision required, and amendments will be signed by all parties. For detailed Joint Annual Work Plan please see *Table 5 below*.

Subsequent instalments will be released in accordance with annual work plans approved by the NSC. The release of funds will be subject to meeting a minimum expenditure threshold of 70% of the previous fund release to the Participating UN Organizations combined. If the 70% threshold is not met for the programme as a whole, funds will not be released to any organisation, regardless of the individual organization's performance.

On the other hand, the following year's advance can be requested at any point after the combined disbursement against the current advance has exceeded 70% and the work plan requirements have been

met. If the overall expenditure of the programme reaches 70% before the end of the twelve-month period, the participating UN organizations may upon endorsement by the NSC request the MDTF to release the next instalment ahead of schedule. The UN Resident Coordinator will make the request to the MDTF Office on behalf of the National Steering Committee. Any fund transfer is subject to submission of an approved Annual Work Plan and Budget to the MDTF Office.

Table 5: Common Work Plan and Budget for Year-1

Annual Targets	Key Activities	Timeframe 2010				UN Agency	Responsible Party	Planned Budget		
		Q1	Q2	Q3	Q4			Source of Funds	Budget Description	Total Amount
Outputs and Targets: 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 districts Target 1.1.1: (one) Operational guideline developed	1. Develop operational guidelines for CMAM programme	xx	xx	xx	xx	UNICEF	MOH	MDG-F	1.1.Supplies/commodities/equipment/transport	5,000
									1.2.Personnel	20,000
									1.3.Training of counterparts	5,000
									1.4.Contracts	0
									1.5.Other direct costs	0
									2.0.UN agency indirect costs	0
									Total	**30,000**
Target 1.1.2: 95% of CHC staff will have indicated substantial improvement in their knowledge and skills in CMAM and IYCF issues (based on the pre- and post evaluation of the participants)	2. Training of CHC and hospital staff on IYCF and CMAM	xx	xx	xx	xx	UNICEF	MOH	MDG-F	1.1.Supplies/commodities/equipment/transport	9,500
									1.2.Personnel	
									1.3.Training of counterparts	10,000
									1.4.Contracts	0
									1.5.Other direct costs	0
									2.0.UN agency indirect costs	0
									Total	**19,500**
		xx	xx	xx	xx	WHO	MoH	MDG-F	1.1.Supplies/commodities/equipment/transport	5,000
									1.2.Personnel	20,000
									1.3.Training of counterparts	20,000
									1.4.Contracts	0
									1.5.Other direct costs	5,000

								2.0.UN agency indirect costs	0
								Total	**,50,000**
Target 1.1.3: One hundred (100) children received treatment of acute malnutrition in 4 selected district by end 2009	3. Roll-out of management of acute malnutrition programme into 4 districts (including 1 international staff and 1national staff support)	xx	xx	xx	xx	UNICEF	MOH	MDG-F	1.1.Supplies/commodities/equipment/transport	60,000
									1.2.Personnel	150,000
									1.3.Training of counterparts	30,000
									1.4.Contracts	20,000
									1.5.Other direct costs	0
									2.0.UN agency indirect costs	0
									Total	**260,000**
Output 1.2: Increased demands for essential services by the families and communities, especially by the poor and vulnerable women and children in 4 districts	4. Establish partnership, coordination and linkages with NGOs, Church-based organization, community based organization, local village councils and other community groups (adolescent, youth, women, students etc.) to implement community-based activities on promotion of feeding, home-care and care-seeking behaviours.	xx	xx	xx	xx	UNICEF	MoH	MDG-F	1.1.Supplies/commodities/equipment/transport	0
									1.2.Personnel-consultancy	0
									1.3.Training of counterparts	0
									1.4.Contracts	82,000
									1.5.Other direct costs	0
									2.0.UN agency indirect costs	0
									Sub-total	**82,000**
Target 1.2.1: Ten (10) mother support groups established and functioning	5. Conduct community mobilization for early detection, referral and treatment of malnutrition	xx	xx	xx	xx	UNICEF	MOH	MDG-F	1.1.Supplies/commodities/equipment/transport	2,000
									1.2.Personnel 9consultancy)	28,000
									1.3.Training of counterparts	30,000
									1.4.Contracts	0
									1.5.Other direct costs	0
									2.0.UN agency indirect costs	0
									Total	**60,000**

1.2.2 Thirty percent (30%) of course participants will have indicated substantial improvement in their knowledge and skills in counselling (based on the pre- and post evaluation of the participants and supervision report from trainer)	6. Development of counselling cards, tools and training of MSG on counselling skills and techniques	xx	xx	xx	xx	UNICEF	MOH	MDG-F	1.1.Supplies/commodities/equipment/transport	10,000
									1.2.Personnel (consultancy)	26,500
									1.3.Training of counterparts	8,000
									1.4.Contracts	0
									1.5.Other direct costs	0
									2.0.UN agency indirect costs	0
									Total	**44,500**
	7. Development, production and printing of communication job aid and materials (IEC materials, TV and Radio spot etc.) for project communication, social mobilisation and advocacy activities	xx	xx	xx	xx	UNICEF	MOH	MDG-F	1.1.Supplies/commodities/equipment/transport	25,000
									1.2.Personnel	0
									1.3.Training of counterparts	5,000
									1.4.Contracts	35,000
									1.5.Other direct costs (monitoring)	30,000
									2.0.UN agency indirect costs	0
									Total	**95,000**
Output: 1.3 Increased production, availability and utilization of micronutrient-rich foods among women and children in 4 selected districts	8. Establish a national IDD/USI committee	xx	xx	xx	xx	UNICEF	MOH	MDG-F	1.1.Supplies/commodities/equipment/transport	2,000
									1.2.Personnel	0
									1.3.Training of counterparts	0
									1.4.Contracts	0
									1.5.Other direct costs	0
									2.0.UN agency indirect costs	0
									Total	**2,000**
Target 1.3.1: Multiple micronutrient powder (sprinkles) implemented in two (2) districts of the 4 selected districts	9. Develop scale-up plan and implement the Multiple Micronutrients (Sprinkles based on results from	xx	xx	xx	xx	UNICEF	MOH	MDG-F	1.1.Supplies/commodities/equipment/transport	45,000
									1.2.Personnel	175,000
									1.3.Training of counterparts	10,000

	Operation Research including procurement of supplies and technical assistance to MoH on integrating the OR lessons into main-steam interventions.								1.4.Contracts	0
									1.5.Other direct costs (monitoring)	10,000
									2.0.UN agency indirect costs	0
									Total	**240,000**
Target 1.3.2: One salt iodization plant established by the end of 2009	10. Iodization of locally produced salt in target districts including consultancy fee, procurement of equipments and supplies for the establishment of salt iodization plants	xx	xx	xx	xx	UNICEF	MOH	MDG-F	1.1.Supplies/commodities/equipment/transport	75,000
									1.2.Personnel	30,000
									1.3.Training of counterparts	10,000
									1.4.Contracts	0
									1.5.Other direct costs (monitoring)	20,000
									2.0.UN agency indirect costs	0
									Total	**135,000**
	11. Conduct community mobilization and campaign for vitamin A supplementation	xx	xx	xx	xx	UNICEF	MOH	MDG-F	1.1.Supplies/commodities/equipment/transport	10,000
									1.2.Personnel	5,000
									1.3.Training of counterparts	5,000
									1.4.Contracts	0
									1.5.Other direct costs	0
									2.0.UN agency indirect costs	0
									Total	**20,000**
	12. Establishment of fortified blended food facility	xx	xx	xx	xx	WFP	MOH	MDG-F	1.1.Supplies/commodities/equipment/transport	90,000
									1.2.Personnel	81,000
									1.3.Training of counterparts	45,000
									1.4.Contracts	
									1.5.Other direct costs	10,500

								2.0.UN agency indirect costs	0
								Total	**226,500**
	13. Training and promotion of production of local food products from small scale farmers for use in fortified blended foods	xx	xx	xx	xx	FAO	MAF	MDG-F	1.1.Supplies/commodities/equipment/transport	3,000
									1.2.Personnel	8,000
									1.3.Training of counterparts	1,000
									1.4.Contracts	0
									1.5.Other direct costs	1,500
									2.0.UN agency indirect costs	0
									Total	**13,500**
	14. Promotion of home gardening for improved production and utilization of fruits and vegetables	xx	xx	xx	xx	FAO	MAF	MDG-F	1.1.Supplies/commodities/equipment/transport	18,000
									1.2.Personnel	20,000
									1.3.Training of counterparts	5,000
									1.4.Contracts	3,450
									1.5.Other direct costs	3,000
									2.0.UN agency indirect costs	
									Total	**46,450**
	15. Training and promotion of small scale livestock production and aquaculture for increased household consumption and income opportunity	xx	xx	xx	xx	FAO	MAF	MDG-F	1.1.Supplies/commodities/equipment/transport	18,000
									1.2 Personnel	20,000
									1.3 Training of counterpart	5,000
									1.4 Contracts	0
									1.5 Other direct cost	2,000
									2.0 UN Agency Indirect Cost	0
									Total	**45,000**
Output 2.1: Improved quality of ongoing school feeding in 4 districts Target: 50 Schools utilizing locally available foods	16. Training on school feeding programme and MCH staff in use of locally produced foods	xx	xx	xx	xx	WFP	MOE	MDG-F	1.1.Supplies/commodities/equipment/transport	3,000
									1.2.Personnel	66,000
									1.3.Training of counterparts	20,500
									1.4.Contracts	0

								1.5.Other direct costs	0
Target 2.1.1: Fifty (50) schools utilizing locally available foods								2.0.UN agency indirect costs	0
								Total	**89,500**
Output 2.2: Increased nutrition education in schools and communities through introduction of school gardens and utilisation of nutritious foods	17. Training of school groups in school gardens and provisions of inputs	xx	xx	xx	xx	FAO	MAF	MDG-F	1.1.Supplies/commodities/equipment/transport	6,000
								1.2 Personnel	29,000
								1.3 Training of counterpart	5,000
Target 2.2.1: Fifty (50) School groups trained and 50 school gardens established								1.4 Contracts	0
								1.5 Other direct cost	9,050
								2.0 UN Agency Indirect Cost	
								Total	**49,050**
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	18. Establishment and training of Food Security Committee members on Food Security Information and Early Warning Systems (FSIEW)	xx	xx	xx	xx	WFP	MAF	MDG-F	1.1.Supplies/commodities/equipment/transport	3,000
								1.2 Personnel	0
								1.3 Training of counterparts	11,500
								1.4 Contracts	0
								1.5 Other direct costs	10,500
								2.0 UN Agency Indirect Cost	0
								Total	**25,000**
Target 3.1.1: Four districts produced monthly integrated FSIEW data sheet	19. Development of tool and operational guidelines for FSIEW system	xx	xx	xx	xx	WFP	MAF	MDG-F	1.1.Supplies/commodities/equipment/transport	20,000
								1.2 Personnel	25,000
								1.3 Training of counterparts	10,000
Target 3.1.2: Four district food security committees trained and involved in food security surveillance								1.4 Contracts	
								1.5 Other direct costs	15,000
								2.0 UN Agency Indirect Cost	0
								Total	**70,000**

Output 3.2: Improved capacity of district food security committees to plan, support mitigation and response initiatives Target 3.2.1: Four district response team formed Target 3.2.2: Four districts prepared to respond to food insecurity	20. District response team formation and contingency plan preparation	xx	xx	xx	xx	WFP	MAF	MDG-F	1.1.Supplies/commodities/equipment/transport	4,500
									1.2.Personnel	0
									1.3.Training of counterparts	10,000
									1.4.Contracts	0
									1.5.Other direct costs	10,500
									2.0.UN agency indirect costs	0
									Total	**25,000**
UNICEF Program										988,000
UNICEF Indirect Cost										69,160
UNICEF Total Yr-1										**1,057,160**
WFP Program Cost										436,000
WFP Indirect Cost										30,520
WFP Total Yr-1										**466,520**
FAO Program Cost										154,000
FAO Indirect Cost										10,780
FAO Total Yr-1										**164,780**
WHO Program Cost										50,000
WHO Indirect Cost										3,500
WHO Total Yr-1										**53,500**
YEAR - 1 TOTAL										**1,741,960**

Annexes

Annex 1: Summary of Results Framework

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.** *(MDG 1,3&7)* 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.** *(MDG 1,2,3,4,5&7)*								
Joint Programme Outcome 1: Improved health and nutritional status of pregnant and lactating women and under-five children in 4 selected districts.								
Indicators: 1.1 % of children under-five with low weight for age (% U-5 children underweight) (MDG1); Baseline 2003/4: 48.6 % ; Target 2012 45%								
1.2 .BMI of Women 15-49 year; Baseline (2003/4): 0, Target 2010: 30%.								
JP Outputs (Give corresponding indicators and baselines)	SMART Outputs and Responsible UN Organization	Reference to Agency priority or Country Programme	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
					Y1	**Y2**	**Y3**	**TOTAL**
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 districts **Indicators:** WFA (district) Baseline (district) (2009): 48.6% (WFA Target (district) 2012: 45% (WFA) **Indicators:** BMI	74 CHC and HP providing outpatient services on CMAM by 2012	***UNICEF***	***MOH***	1. Develop operational guidelines and procure supplies (RUTF) for CMAM programme	30,000	20,000	10,000	60,000
	2 staff from each of 20 CHCs in selected districts is trained on IYCF and CMAM by the end of 2011	***UNICEF***	***MOH***	2. Training of CHC staff on IYCF, CMAM and micronutrient supplementation	19,500	11,000	5,000	35,500
	600 (50% of total acutely malnourished) Under-five children with acute malnutrition received treatment with RUTF by the end of 2011	***UNICEF***	***MOH***	3. Roll-out , monitoring and documentation of management of acute malnutrition programme into 4 districts including procurement of supplies (RUTF, F-75,/100) for the treatment and recruitment of PMU (to support the JP for three years) and purchase of vehicle in the first year	260,000	150,000	150,000	560,000

Indicators: BMI Baseline (district) (2009): Not available (BMI) Target (district) 2012: 30% (BMI) **Indicators:** # of CHC staff trained on CMAM and IYCF Baseline (district) (2009): NA Target (district) 2012: 20 staff trained **Indicators:** # of under-five children with acute malnutrition received treatment with RUTF Baseline (district) (2009): NA Target (district) 2012: 600 children	Training of facility workers in inpatient management of severe acute malnutrition	***WHO***	***MOH***	4. Development of training modules, training, of medical facility workers on inpatient care and monitoring	50,000	0	0	50,000
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 **Indicators:** % of new mother who exclusive breastfeed Baseline (district) (2009): N/A Target (district) 2012: 30% **Indicators:** # of new mother support groups (MSG) established	30 new mother support group (MSG) established (1 for each HP catchments a total of 54 Health Posts in the selected districts) by 2011	***UNICEF***	***MOH***	5. Establish partnership, coordination and linkages with NGOs, Church-based organization, community based organization, local village councils and other community groups (adolescent, youth, women, students etc.) to implement community-based activities on promotion of feeding, home-care and care-seeking behaviours.	82,000	100,000	100,000	282,000
	600 of mothers (caregivers) who attended CHC for their child's nutrition advice and treatment of their own (Self-referral)	***UNICEF***	***MOH***	6. Conduct communication for community mobilization to raise awareness on early detection, referral and treatment of malnutrition including monitoring and evaluation	60,000	41,437	40,000	4,437
	200 MSG members trained on counselling skills and techniques by 2011	***UNICEF***	***MOH***	7.. Development of counselling cards, tools and training of MSG on counselling skills and techniques	44,500	40,000	20,000	104,500

Baseline (district) (2009): 20 MSG Target (district) 2012: 54 MSG **Indicators:** # of mothers who can mention at least two signs of under-nutrition Baseline (district) (2009): NA Target (district) 2012: 600 of mothers who can mention at least two signs of under-nutrition **Indicators:** # of mothers who can mention at least two signs of under-nutrition Baseline (district) (2009): NA Target (district) 2012: 600 of mothers who can mention at least two signs of under-nutrition	600 mother (caregivers) of children under-five who can mention at least two signs of under-nutrition	***UNICEF***	***MOH***	8.. Development, production and printing of communication job aid and materials (IEC materials, TV and Radio spot etc.), monitoring and evaluation for project communication, social mobilisation and advocacy activities	95,000	80,000	15,000	195,000
1.3 Increased production, availability and utilization of micronutrient-rich foods among women and children in 4 selected districts **Indicators:** salt iodization facility Baseline (national) (2009): N/A salt iodization facility Target (national) 2012: 3 Salt iodization sites operating Indicators: children 6-59 months receive vitamin A supplementation **Indicators:** local production of FBF Baseline (national)(2009): No national production of Target (national) 2011: 1,500 mts FBF production per year **Indicators:** training in home	National IDD/USI committee formulated and functioning	***UNICEF***	***MOH***	9. Establish a national IDD/USI committee	2,000	2,000	1,400	5,400
	3,000 children 6-23 months who received at least 2 months' multiple micronutrient supplements	***UNICEF***	***MOH***	10. Develop scale-up plan and implement the Multiple Micronutrients (Sprinkles based on results from Operation Research including procurement of supplies and technical assistance (recruitment of technical staff for the first year) to MoH on integrating the OR lessons into main-steam interventions.	240,000	130,000	45,000	415,000
	300 HH consume iodised salt by 2011	***UNICEF***	***MOH***	11. Iodization of locally produced salt in target districts including consultancy fee, procurement of equipments and supplies for the establishment of salt iodization plants	135,000	100,000	40,000	275,000
	38,000 of children 6 – 59 months received Vit-A supplementation	***UNICEF***	***MOH***	12. Conduct community mobilization and campaign for vitamin A supplementation	20,000	20,000	20,000	90,000
	1,500 metric tones produced by pilot blended-food production facility per year	***WFP***	***MOH***	13. Establishment of fortified blended food facility	226,500	141,500	15,000	383,000
	100 of farmers trained in GAP in production of raw materials and linked to fortified food production facility	***FAO***	***MAF***	14. Training and promotion of production of local food products from small scale farmers for use in fortified blended foods	13,500	14,691	12,000	40,191
	1000 households trained on home gardens	***FAO***	***MAF***	15. Promotion of home gardening for improved production and utilization of fruits and vegetables	46,450	39,000	29,000	114,450

gardening Baseline (district) (2009): NA number of households Target (district) 2012: 1,000 households trained in home gardening **Indicators:** small scale livestock undertaken by 30 farmer groups Baseline (district) (2009): NA number of households Target (district) 2012: 30 farmer groups **Indicators:** aquaculture activities undertaken by 15 communities	30 farmer groups have small scale pig farms set up and 15 communities have aquaculture systems established	***FAO***	***MAF***	16. Training and promotion of small scale livestock production and aquaculture for increased household consumption and income opportunity	45,000	45,000	30,000	120,000

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.** *(MDG 1,3&7)*
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.** *(MDG 1,2,3,4,5&7)*

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

Indicators: 2.1 Net enrolment ratio in primary education of 4 districts by gender (MDG1); Baseline 2003/4: 48.6 % ; Target 2012 45%

JP Outputs (Give corresponding indicators and baselines)	SMART Outputs and Responsible UN Organization	Reference to Agency priority or Country Programme	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
					Y1	**Y2**	**Y3**	**TOTAL**
2.1 Improved quality of ongoing school feeding in 4 districts Baseline (district) (2008): 0 Schools utilizing locally available foods, Target (district) 2011: 150 Schools utilizing locally available foods.	150 schools in 4 selected district increased use of locally produced foods in school feeding programs	***WFP***	***MOE***	1. Training on school feeding programme staff and MCH staff in use of locally produced foods	89,500	25,000	1000	115,500

2.2 Increased nutrition education in schools and communities through introduction of school	150 schools having and utilizing school gardens	***FAO***	***MAF***	2. Training of School groups in school gardens and provision of inputs	49,050	54,000	41,000	144,050

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.** *(MDG 1,3&7)*

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.** *(MDG 1,2,3,4,5&7)*

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

Indicators: # of district produced monthly integrated FSN surveillance report (MDG1); Baseline 2003/4: 0 ; Target 2012 4%

1.2 .District Food Security Committees functioning; Baseline (2008): 0, Target 2010: 30%.

JP Outputs (Give corresponding indicators and baselines)	SMART Outputs and Responsible UN Organization	Reference to Agency priority or Country Programme	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
					Y1	**Y2**	**Y3**	**TOTAL**
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 Indicators: Baseline (2008): 0 Target 2011: 4 districts	4 district Food Security Committees involved in food security and nutrition services trained on FSIEWS	***WFP***	***MAF***	1. Establishment and training of Food Security Committee members on Food Security Information and Early Warning Systems	25,000	20,000	0	45,000
	20 relevant staff (10 men and 10 female) equipped with formats and registers for operating FSIEW system	***WFP***	***MAF***	2. Development of tool and operational guidelines for FSIEW systems	70,000	20,000	0	90,000
3.2. Improved capacity of district food security committees to plan, support mitigation and response initiatives Baseline (2008): 0 committees functioning Target: 2011: 4 District Food Security Committees prepared for response	4 districts prepared to respond in mitigating food in-security and natural disaster.	***WFP***	***MSS***	3. District response team formation and contingency plan prepared	25,000	15,000	0	40,000
UNICEF	Programme Cost				988,000	694,437	446,400	2,128,837
	Indirect Support Cost				69,160	48,611	31,248	149,019
WFP	Programme Cost				436,000	221,500	16,000	673,500
	Indirect Support Cost				30,520	15,505	1,120	47,145
FAO	Programme Cost				154,000	152,691	112,000	418,691
	Indirect Support Cost				10,780	10,688	7,840	29,308
WHO	Programme Cost				50,000	0	0	50,000
	Indirect Support Cost				3,500	0	0	3,500
Total	**Programme Cost**				1,628,000	1,068,628	574,400	3,271,028
	UN Agency Indirect Support Cost				113,960	74,804	40,208	228,972
GRAND TOTAL					**1,741,960**	**1,143,432**	**614,608**	**3,500,000**

Table 2: Summary of First Year Budget

	UNICEF	WFP	FAO	WHO
1.1.Supplies/commodities/equipment/transport	253,500	120,500	45,000	5,000
1.2.Personnel	434,500	172,000	77,000	20,000
1.3.Training of counterparts	113,000	97,000	16,000	20,000
1.4.Contracts	137,000	0	3,450	0
1.5.Other direct costs	50,000	46,500	15,550	5,000
2.0.UN agency indirect costs (7%)	69,160	30,520	10,780	3,500
Total	**1,057,160**	**466,520**	**167,780**	**53,500**

Table 3. Number of health facilities

District	Community Health Centre (CHC)	Health Post (HP)	Servisu Integradu Saúde Communitaria (SISCa)
Aileu	4	10	33
Baucau	6	21	59
Manatuto	6	15	29
Oecusse	4	8	18
TOTAL	**20**	**54**	**139**

Annex 2 : Agenda

Signing Ceremony on the Joint Program Promoting Sustainable Food and Nutrition Security in Timor-Leste

Ministry of Economy and Development
14 August 2009, 10:00 – 11:30 a.m.

Program

Opening Remarks	**João Mendes Gonçalves**, *Minister of Economy & Development*
Brief Remarks	**Finn Reske-Nielsen** *Deputy SRSG for Governance Support, Development and Humanitarian Coordination, UNMIT* *UN Resident and Humanitarian Coordinator*
	Francisco de Asis Lopez Sanz *General Coordinator* *Spanish Agency for International Cooperation*
Signing of Document:	**João Mendes Gonçalves** *Minister of Economy & Development*
	Finn Reske-Nielsen *Deputy SRSG for Governance Support, Development and Humanitarian Coordination, UNMIT* *UN Resident and Humanitarian Coordinator*
	Fabrizio Cesaretti *Emergency and Rehabilitation Coordinator, Food and Agriculture Organization (FAO)*
	Joan Fleuren *Representative and Country Director,* *World Food Programme (WFP)*
	Parmita Sudhartho *World Health Organization (WHO) Representative*
	Baba Danbappa *Officer-in-Charge and Deputy Representative, United Nations Children's Fund (UNICEF)*

…….
Master of Ceremonies
Snacks for Guests and Participants

Annex 3: Sp
Annex 3: List of Participants

Signing Ceremony on the Joint Program
Promoting Sustainable Food and Nutrition Security in Timor-Leste

Ministry of Economy and Development
14 August 2009, 10:00 – 11:30 a.m.

No.	Name & Title	Organization	Signature
17	Geoffrey Ezelue National Director	Child Fund Timor-Leste	
18	Francisco C. Vieira	HAFR	
19	[illegible]	UNMIT	
20	Stephen [illegible]	[illegible]	
21	Katharine Bryant	LOM	
22	Eusebio Dias Guterres	CCT/NCBTS	
23	Justino Manuel	STL	
24	Alzira Da Silva	The Dili Weekly	
25	Maria Sarmento	Timor Post	
26	Imelda [illegible]	Timor Post	
27	Yiti Yiti Gong	UNICEF	
28	Hayta Elamin	UNICEF	
29	Dilma Soares	Tempo Semanal	
30	Domingos Amaral	Forumtl	
31	Anibal	PRADET	
32	Jorgina Santos	Timor Post	

Signing Ceremony on the Joint Program
Promoting Sustainable Food and Nutrition Security in Timor-Leste

Ministry of Economy and Development
14 August 2009, 10:00 – 11:30 a.m.

No.	Name & Title	Organization	Signature
33	Maria Imaculada Gutteres	ARDIA Foundation	
34	Mary Ann Magliano	UNICEF	
35	Dominique Nierenberg	UNICEF	
36	Antonio Gomes	UNICEF	
37	Adelito G. Jr Carmo	UNICEF	
38	Promise Maria Rui Soares	UNICEF	
39	Felisberta da Silva	UNICEF	