

TIMOR-LESTE SDG2 CONSOLIDATED NATIONAL ACTION PLAN FOR NUTRITION AND FOOD SECURITY (SDG2 CNAP-NFS)



PRIORITIES



HEALTH

Improve:

- Breastfeeding (early initiation, exclusive 6 months and continued up to 2 years or beyond)
- Complementary feeding and promotion of healthy diets
- Micronutrient supplementation
- Integrated management of acute malnutrition
- Access to improved sanitation and hygiene
- Access to contraception



AGRICULTURE & FISHERIES

- Increase diversification and sustainable intensification of homestead food production (including small livestock)
- Increase fish production and consumption



SOCIAL SOLIDARITY & INCLUSION

- Strengthen the Bolsa da Mãe program
- Provide nutrition sensitive support to poor households with pregnant and lactating women and children (age 0 - 59 months)



EDUCATION, YOUTH & SPORTS

- Keep girls and boys in school
- Improve the school feeding program (SFP) as a social safety net and a nutrition education program
- Provide food-based nutrition education for students, teachers, administrators, and school feeding programs



TOURISM, TRADE & INDUSTRY

- Legislate food fortification (e.g. rice and salt)
- Support a nutrition sensitive food marketing environment (e.g. International Code of Marketing of Breast-milk Substitutes)



PUBLIC WORKS

- Improve access to safe drinking water



EQUALITY & INCLUSION

- Reduce gender-based violence
- Ensure gender sensitive nutrition promoting activities across all sectors

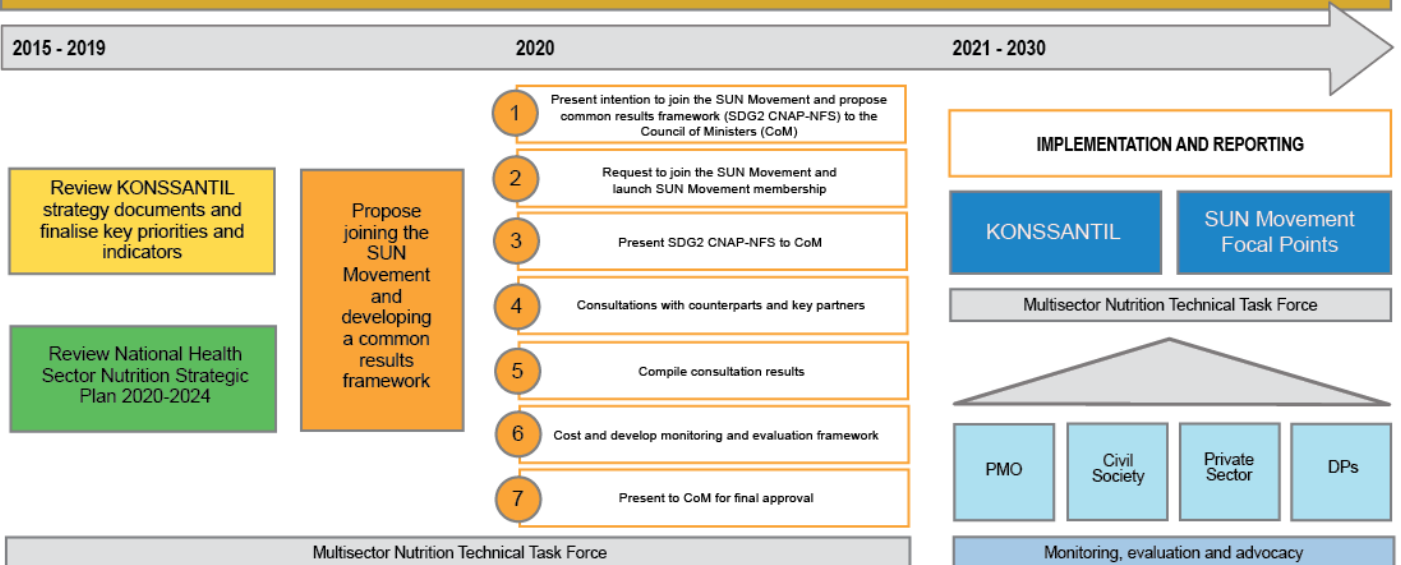
STATE ADMINISTRATION

- Support effective multisector coordination at subnational levels
- Ensure SDG2 CNAP-NFS priorities are reflected in the budget and activities at subnational levels

FINANCE

- Prioritise appropriate budget allocation towards activities to achieve the SDG2 CNAP-NFS priorities
- Collect, analyse, and share data on progress against each priority on a regular basis

SDG2 CNAP-NFS development process



Despite recent progress, Timor-Leste has some of the highest rates of malnutrition in the world.¹ The 2020 Timor-Leste Food and Nutrition Survey (TLFNS 2020)² indicated that 47% of children (age 0-59 months) suffer from chronic malnutrition (stunting HAZ<-2SD), 8.6 % suffer from acute malnutrition (wasting WHZ<-2 SD). The 2016 Demographic and Health Survey (DHS) found that 40% are anaemic.³ The prevalence of stunting (WHZ<-2SD) is considered “very high” according to World Health Organization (WHO) public health classifications,⁴ while the prevalence of anaemia is consistent with a “severe” public health problem.⁵ The prevalence of undernutrition is widespread in women and children and well above acceptable WHO public health cut-offs in both urban and rural areas, across all municipalities and socioeconomic groups and among both boys and girls.⁶ It is a critical development issue, costing lives, reducing educational attainment, and eroding the nation of essential socioeconomic capital.⁷ Equally concerning is the rise in adult overweight and obesity (BMI>25): since 2010 there has been an almost 4-fold increase in the prevalence of overweight and obesity in women of reproductive age (WRA; aged 15-49 years) from 5% in 2010 to 19% in 2020. The prevalence of overweight and obesity in WRA is now higher than the prevalence of underweight (BMI<18.5). The coexistence of high rates of stunting and other forms of undernutrition, along with an increasing double burden of malnutrition (by which undernutrition and overnutrition coexist), demands a broad, targeted and multisectoral response.

The first integrated food security phase classification (IPC) analysis in Timor-Leste found that only a quarter (25%) of the population is considered food secure. 36% suffer chronic food insecurity, including 21% who experience moderate chronic food insecurity (IPC level 3) and 15% who experience severe chronic food insecurity (IPC level 4).⁸ Globally the COVID 19 is undermining nutrition and predicted to further exacerbate the food and nutrition insecurity situation in vulnerable populations.⁹ There are signs of this are taking place in Timor-Leste with a range of 53- 76% of households reporting to have cut meal size or skipped a meal

because there wasn't enough money¹⁰ households reporting having to engage in coping strategies to reduce food intake at least once a week¹¹ and coupled with job and income losses, 38% of households have been affected by moderate or severe food insecurity as a result of COVID 19 and the State of Emergency.¹² In addition, the devastation and the crop damage caused by the April 2021 floods is expected to make the situation far worse.

Led by the former President of the Democratic Republic of Timor-Leste (RDTL) and in partnership with the National Council for Food Security, Sovereignty and Nutrition (KONSSANTIL), since 2015, a series of dialogues and consultations have taken place with Government and development partners to present evidence and prioritise nutrition promoting interventions across sectors. This included two national round table dialogues hosted by the President of RDTL in 2015 and 2017. The dialogues concluded that engaging youth, empowering women and girls and improving household nutrition practices were essential to improving nutrition. Following the dialogues and led by KONSSANTIL, a series of national

¹ <https://data.unicef.org/resources/dataset/malnutrition-data/>

² Ministry of Health Timor-Leste Food and Nutrition Survey Final Report 2020

³ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste Demographic and Health Survey 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF (Note: *Due to poor data quality caution should be used with the stunting and wasting data*)

⁴ Global Database on Child Growth and Malnutrition. Available at: <https://www.who.int/nutgrowthdb/about/introduction/en/index5.html>

⁵ WHO, Haemoglobin concentrations for the diagnosis of anaemia and assessment of severity. Available at:

<https://www.who.int/vmnis/indicators/haemoglobin.pdf>

⁶ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste Demographic and Health Survey 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF (Note: *Due to poor data quality caution should be used with the stunting and wasting data*)

⁷ KONSSANTIL-FAO-EU, 2019. Food Security and Nutrition Policy Effectiveness Analysis

⁸ Ministry of Agriculture and Fisheries and FAO, 2018 Integrated Food Insecurity Phase Classification (IPC)

⁹ United Nations. The impact of COVID-19 on food security and nutrition. 2020. Available at: <http://www.fao.org/policy-support/tools-and-publications/resources-details/es/c/1287907/>

¹⁰ The Asia Foundation. Timor-Leste Covid 19 Survey Round 5 February 2021.

¹¹ Ministry of Agriculture and Fisheries, Government of Timor-Leste, 2020 Rapid Food Security Assessment 2020. Available at:

https://oi-files-cng-prod.s3.amazonaws.com/asia.oxfam.org/s3fs-public/file_attachments/Rapid%20Food%20Security%20Assessment_Full%20Report_9%20Jun%202020_FINAL.PDF

¹² United Nations Timor-Leste 2020 Socio-Economic Impact Assessment of COVID-19 in Timor-Leste. Available at:

<https://un.org.tl/en/component/jdownloads/send/17-covid-19/78-seia-final-report?Itemid=0>

and subnational multi stakeholder consultations took place where these themes were discussed, and early formulation of sector priorities took place.

Aligned with existing policy frameworks, in 2018 the VII Constitutional Government Prime Minister called for a single, common, costed, measurable multisector consolidated national action plan for nutrition and food security (CNAP-NFS) to align partners and collectively work toward achieving SDG2 (in particularly SDG2.1 and 2.2). Supported by an enabling environment of high-level leadership, capacity building, coordination and effective monitoring, evaluation and reporting, the priorities identified throughout the dialogues, in National Parliament Resolution number 17/2016 and in the draft National Health Sector Nutrition Strategic Plan (NHSNSP) 2020-2025 form the foundation of the SDG2 CNAP-NFS.

Where available, indicators and targets have been populated from existing strategies and plans and those outlined in the VIII Constitutional Government Economic Recovery Plan (2020). The overall goals are aligned with the global SDG2¹³ and Maternal Infant and Young Child Nutrition¹⁴ targets.



The aim of SDG2 CNAP-NFS is to form a common narrative and a long term national alliance for nutrition and food security in Timor-Leste (inclusive of Government, municipal and community leaders, civil society organisations, development partners, parliamentarians, private sector, and the media.

Each sector specific contribution will increase the visibility of evidence-based nutrition promoting interventions and their contribution to achieving SDG2 targets.

¹³ <https://www.un.org/sustainabledevelopment/hunger/>

¹⁴ <https://www.who.int/nutrition/water-target-2025/en/>

Policies guiding the development and implementation of SDG2 CNAP-NFS

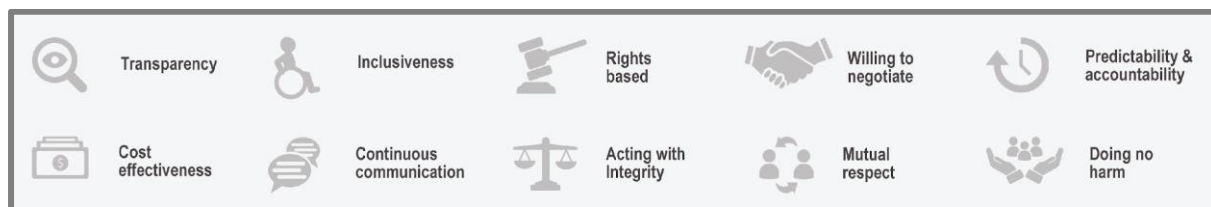
- **Timor-Leste Strategic Development Plan (2011-2030)**
 - 'Good health is essential for a good quality of life. The children of Timor-Leste, in particular, deserve access to good health care, nutritious food, clean drinking water and good sanitation'
- **National Health Sector Strategic Plan II (2011-2030)**
 - *Objective:* 'Reduce the incidence and prevalence of macro and micronutrient deficiencies and associated malnutrition among vulnerable groups'
- **National Parliament Resolution No.17/2016**
 - *Objective:* Declaring SDG2 a priority for the Government of Timor-Leste
- **Zero Hunger Action Plan for a Hunger and Malnutrition Free Timor-Leste 2025 (PAN-HAM-TIL)**
- **National Food and Nutrition Security Policy (2017)**
- **Draft National Health Sector Nutrition Strategic Plan (2020-2025)**
- **VIII Constitutional Government Economic Recovery Plan (2020)**

Principles guiding the development and implementation of SDG2 CNAP-NFS

To ensure, coordination, alignment, sub national involvement, engagement across relevant sectors, and national ownership, the SDG2 CNAP-NFS will be:

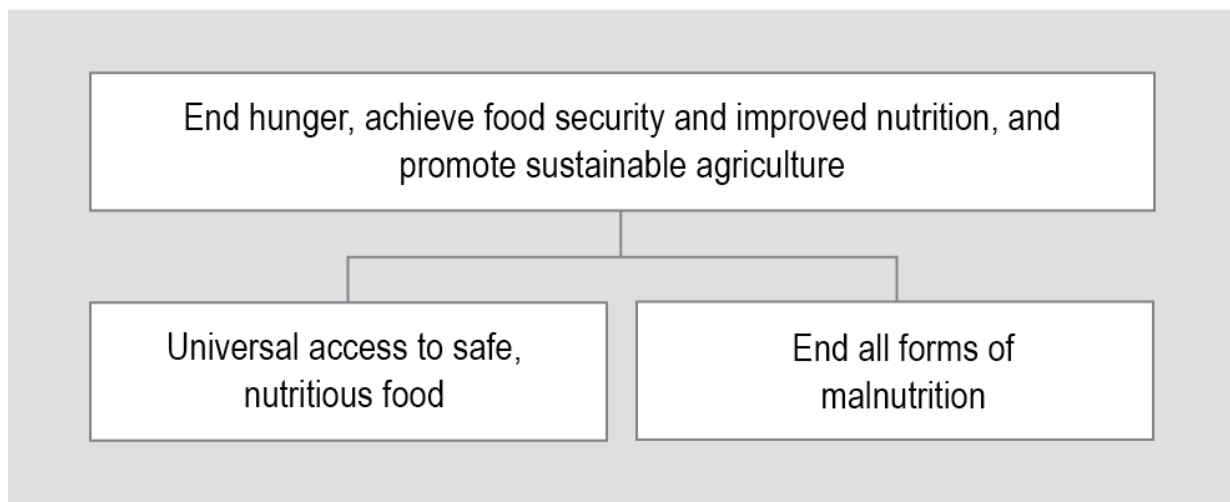
- Aligned with the **existing policy and governance** frameworks
- Aligned with the **decentralisation** agenda
- Aligned with **annual budget** dialogues
- Founded on **global and national evidence** including:
 - **A focus on the '1000 days window** of opportunity for good nutrition' (i.e. pre-conception to 2 years of age)
 - **World Health Organization Essential Nutrition Actions**¹⁵
 - **Promotion of healthy diets** for all household members
 - **Promotion of sustainable and nutrition sensitive food systems**
- **Gender sensitive** at all levels, including increasing women and girls' access to knowledge, technologies, services, finance, inputs, and markets
- **Regularly monitored and evaluated**
- Informed by **relevant data and research**
- **Inclusive of all nutrition stakeholders** including communities, civil society, and the private sector.

The process of development, monitoring and reporting will be guided by the global Scaling Up Nutrition (SUN) principles as outlined below:



¹⁵ Essential nutrition actions: mainstreaming nutrition through the life-course. Geneva: World Health Organization; 2019. License: CC BY-NC-SA 3.0 IGOs

CNAP-NFS Common Result

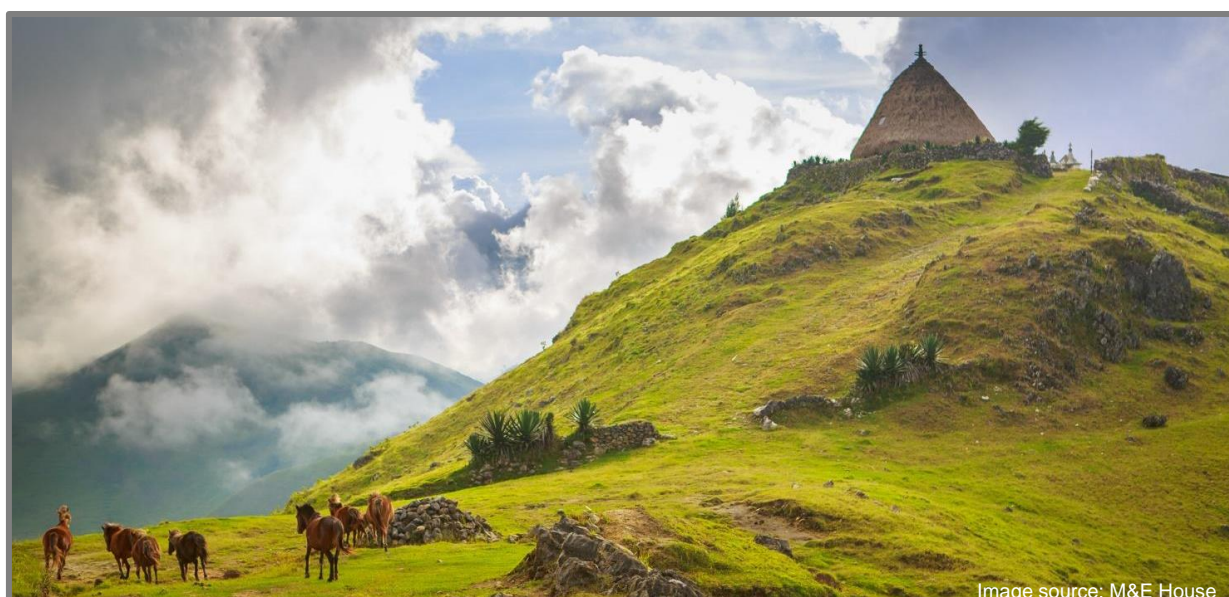


CNAP-NFS Indicator and Target 2030

SDG 2 Indicator	Target Group	Baseline		Target 2025	Target 2030
		Value (%)	Year		
Food Insecurity					
Under Nutrition (2.1.1)	Population	24.9	2016-2018	12.5%	0
Integrated food security phase classification (2.1.2)	Population	36 (IPC)	2018	18%	0
Malnutrition					
Stunting (2.2.1)	Children 0-59 months	47.1	2020	≤ 30.2%	≤ 25.1%
Wasting (2.2.2)	Children 0-59 months	8.6	2020	≤ 5%	≤ 3%
Overweight (2.2.3)	Children 0-59 months	1.2	2020	≤ 1.5%	≤ 1.5%

SDG2 CNAP-NFS 2025 and 2030 indicators and targets

SDG2 Indicator	Target group	Baseline		Target 2025	Target 2030
		Value (%)	Year		
Malnutrition¹⁶					
Stunting (2.2.1)	Children (age 0-59 months)	47 ¹⁷	2020	≤ 30.2% ^{18, 19}	≤ 25.1% ²⁰
Wasting (2.2.2)	Children (age 0-59 months)	9 ²¹	2020	≤ 5% ^{22,23}	≤ 3 % ²⁴
Overweight (2.2.3)	Children (age 0-59 months)	1 ²⁵	2020	≤ 1.5 % ²⁶	≤ 1.5 % ²⁷
Food Insecurity					
Undernourishment (2.1.1)	Population	24.9 ²⁸	2016-2018	12.5 %	0 ²⁹
FIES (or IPC) * (2.1.2)	Population	36 ³⁰	2018	18 %	0 ³¹



¹⁶ Please note the baseline figures will change and the 2025 and 2030 targets recalculated when the TLFNS 2020 results become available.

¹⁷ Ministry of Health Timor-Leste Food and Nutrition Survey Final Report 2020

¹⁸ 2012 World Health Assembly Global MIYCN targets (calculated based on the 2013 TLFNS prevalence)

¹⁹ National Parliament Resolution No.17/2016. Available at: http://www.mj.gov.tl/jornal/public/docs/2016/serie_1/SERIE_I_NO_48_A.pdf

²⁰ Using a AARR of 5%. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/WHO-UNICEF-discussion-paper-on-maternal-infant-and-young-child-nutrition-targets.pdf>

²¹ Ministry of Health Timor-Leste Food and Nutrition Survey Final Report 2020

²² 2012 World Health Assembly Global MIYCN targets (calculated based on the 2013 TLFNS prevalence)

²³ National Parliament Resolution No.17/2016. Available at: http://www.mj.gov.tl/jornal/public/docs/2016/serie_1/SERIE_I_NO_48_A.pdf

²⁴ Based on new global target Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/WHO-UNICEF-discussion-paper-on-maternal-infant-and-young-child-nutrition-targets.pdf>

²⁵ Ministry of Health Timor-Leste Food and Nutrition Survey Final Report 2020

²⁶ 2012 World Health Assembly Global MIYCN targets (calculated based on the 2013 TLFNS prevalence)

²⁷ Based on no change from 2013 level. Globally ≤3 % is recommended by 2030

²⁸ <http://www.fao.org/faostat/en/#country/176>

²⁹ SDG2 target. Available at <https://www.un.org/sustainabledevelopment/hunger/>

³⁰ Ministry of Agriculture and Fisheries and FAO, Integrated Food Insecurity Phase Classification (IPC). Available at: http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/3_IPC_Timor%20Leste_CFI_20182023_English.pdf

³¹ SDG2 target. Available at <https://www.un.org/sustainabledevelopment/hunger/>



image source: TOMAK



image source: TOMAK



image source: PHD



image source: M&E House



image source: PHD

To achieve the SDG2 targets, the **Ministry of Health** has prioritised **five** essential and high impact nutrition promoting interventions.³² It is important that all nutrition partners (public, private and non-government) working in the health sector focus their support and budget on these interventions with attention to activities that **protect, support, promote and improve appropriate maternal infant and young child nutrition (MIYCN) practices including:**

- ✓ Breastfeeding (early initiation, exclusive until 6 months and continued up to 2 years or beyond)
- ✓ Complementary feeding and promotion of healthy diets
- ✓ Micronutrient supplementation
- ✓ Integrated management of acute malnutrition
- ✓ Access to improved sanitation and hygiene
- ✓ Access to contraception

Indicators to assess progress³³

Indicators to assess progress ³⁴	Target group	Baseline		Target 2025	Target 2030
		Value (%)	Year		
Anaemia	Women (age 15-49 years)	23 ³⁵	2016	≤ 20% ^{36,37}	≤ 20% ^{38,39}
Low birth weight	New-born	10 ⁴⁰	2016	≤ 7%	≤ 7% ⁴¹
Breastfeeding - early initiation	New-born	64 ⁴²	2020	>80 ⁴³	TBC
Breastfeeding - exclusive until 6 months	Children (age 0-6 months)	64 ⁴⁴	2020	TBC	≥70 % ⁴⁵
Continued breastfeeding up to 2 years or beyond	Children (age 6-23 months)	68 ⁴⁶	2020	TBC	TBC
Minimum Acceptable Diet (MAD)	Children (age 6-23 months)	14 ⁴⁷	2020	TBC	TBC
Minimum Dietary Diversity (MDD-W)	Women (age 15-49 years)	65 ⁴⁸	2020	TBC	TBC

³² Please note the priorities may change to align with the Health Sector Nutrition Specific Strategic Plan (2020-2025)

³³ Please note that the indicators, baseline and targets are draft and may change to align with the new Health Sector Nutrition Specific Strategic Plan (2020-2025) and the results of the 2020 TLFNS

³⁵ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste DHS2016*, Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

³⁶ 2012 World Health Assembly Global targets calculated based on the 2013 TLFNS

³⁷ National Parliament Resolution No.17/2016. Available at: http://www.mj.gov.tl/jornal/public/docs/2016/serie_1/SERIE_I_NO_48_A.pdf

³⁸ <https://reliefweb.int/sites/reliefweb.int/files/resources/WHO-UNICEF-discussion-paper-on-maternal-infant-and-young-child-nutrition-targets.pdf>

³⁹ The target for 2030 could be to maintain the 2025 target, that is to reach the prevalence of anaemia in WRA to levels that are at least 50% lower than in 2012. This translates to a 3.8% average annual rate of reduction between 2012 and 2030. The issue with using the TLFNS as a baseline (39.5) is that it wasn't strictly WRA (the age range measured was 14-60 years).

⁴⁰ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste DHS 2016*, Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

⁴¹ Same as 2025 and 30% below 2012. <https://reliefweb.int/sites/reliefweb.int/files/resources/WHO-UNICEF-discussion-paper-on-maternal-infant-and-young-child-nutrition-targets.pdf>

⁴² Ministry of Health Timor-Leste Food and Nutrition Survey Final Report 2020

⁴³ Ministry of Health Draft National Health Sector Nutrition Strategic Plan (2020-2025)

⁴⁴ Ministry of Health Timor-Leste Food and Nutrition Survey Final Report 2020

⁴⁵ <https://reliefweb.int/sites/reliefweb.int/files/resources/WHO-UNICEF-discussion-paper-on-maternal-infant-and-young-child-nutrition-targets.pdf>

⁴⁶ Ministry of Health Timor-Leste Food and Nutrition Survey Final Report 2020

⁴⁷ Ministry of Health Timor-Leste Food and Nutrition Survey Final Report 2020

⁴⁸ Ministry of Health Timor-Leste Food and Nutrition Survey Final Report 2020

Birth interval less than 24 months	Women (age 15-49 years)	29 ⁴⁹	2016	TBC	TBC
Contraceptive prevalence rate (CPR)	Women (age 15-49 years)	26%	2016	40	70
Teenage childbearing ⁵⁰	Women (age 15-20 years)	7 ⁵¹	2016	TBC	TBC ⁵²
Access to improved sanitation facility	Population	68 ⁵³	2020	TBC	TBC

Supporting national policies:

- Draft National Health Sector Nutrition Strategic Plan (2020-2025)
- National Food and Nutrition Security Policy (2017)
- PAN-HAM-TIL (2025)
- National Health Sector Strategic Plan II (2011-2030)
- Timor-Leste Strategic Development Plan (2011-2030)
- VIII Constitutional Government Economic Recovery Plan (2020)
- National Parliament Resolution No.17/2016

Evidence supporting the Health sector priorities:

- Exclusive breastfeeding rates in Timor-Leste have declined from 63% in 2013 to 50% in 2016.⁵⁴
- Breastfeeding provides optimal nutrition for the first 6 months of life and continues to provide an important nutritional contribution well beyond the first year of life.
- Breastfeeding saves lives by protecting against common childhood illnesses, such as diarrhea and pneumonia, supports optimal linear growth, and is associated with higher intelligence quotient (IQ) in children.⁵⁵
- Continued breastfeeding up to 2 years or beyond delays maternal fertility and is associated with reduced risk of breast and ovarian cancer, type 2 diabetes, hypertension, and some cardiovascular diseases in the mother.⁵⁶
- In Timor-Leste only 13% of children (age 6-24 months) receive a minimum acceptable diet (including frequency and diversity).⁵⁷
- Promotion of dietary diversity and complementary feeding in children (age 6–23 months) in food insecure populations can prevent stunting.⁵⁸
- Globally, the appropriate management of acute malnutrition can save 285 000–482 000 lives.⁵⁹

⁴⁹ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste DHS2016*, Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

⁵⁰ Percentage of women age 15-19 who have given birth or are pregnant with their first child

⁵¹ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste DHS2016*, Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

⁵² SDG 3.72 Adolescent birth rate. **Target 3.7:** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

⁵³ Ministry of Health Timor-Leste Food and Nutrition Survey Final Report 202

⁵⁴ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste DHS 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

⁵⁵ Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis, Sankar MJ, Sinha B, Chowdhury R, Bhandari N, Taneja S, Martines J, Bahl R. *Acta Paediatrica*. 2015; 104: 3–13. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/apa.13147>

⁵⁶ Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. Chowdhury R, Sinha B, Sankar MJ, Taneja S, Bhandari N, Rollins N, et al. *Acta Paediatrica*. 2015; 104: 96–113. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/apa.13102>

⁵⁷ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste DHS 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

⁵⁸ [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(13\)60996-4.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)60996-4.pdf)

⁵⁹ [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(13\)60996-4.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)60996-4.pdf)

- Women aged less than 20 years who become pregnant are at increased risk of pregnancy complications, including iron deficiency, gestational hypertension and pre-eclampsia caused by maternal–fetal competition for calcium.⁶⁰
- Globally, maternal complications are the leading cause of death among girls (age 15 - 19 years).⁶¹
- A longer birth interval is associated with a lower risk of childhood malnutrition in some populations.⁶²
- The risk of stunting can be reduced by ~10-50% with a previous birth interval of ≥36 months.⁶³
- Family planning can help women avoid high-risk pregnancies and have children at the healthiest times in life impacting on their and their child's nutrition outcomes⁶⁴
- In Timor-Leste women who give birth within intervals of less than 24 months are more likely to have a moderate or severely stunted child.⁶⁵
- Hand washing with soap can reduce diarrhoeal disease by up to 40%⁶⁶ and infections from soil-transmitted helminths by one third.⁶⁷
- In Timor-Leste just over half of the population (57%) have access to basic or safely managed sanitation facilities.⁶⁸ and there is a disparity between urban and rural coverage.
 - In rural areas, 21% of people still practice open defecation.⁶⁹
 - 2.4% of rural mothers wash their hands with soap at critical junctures.⁷⁰
- There is a link between exposure to faecal pathogens, intestinal and systemic inflammation and stunting.⁷¹
- High rates of open defecation increase the risk of exposure to faecal pathogens within a community and impact on health and nutrition outcomes including stunting.⁷²
- Low rates of hand washing with soap, particularly by primary care giving mothers, increases the risk of ingestion of faecal pathogens by children and the family, impacting health and nutrition outcomes.⁷³

⁶⁰ Patton, George C., Susan M. Sawyer, John S. Santelli, David A. Ross, Rima Afifi, Nicholas B. Allen, Monika Arora et al. "Our future: A Lancet commission on adolescent health and wellbeing." *The Lancet* 387, no. 10036 (2016): 2423-2478.

⁶¹ WHO, Coming of Age: Adolescent Health. Available at <https://www.who.int/health-topics/adolescents/coming-of-age-adolescent-health>

⁶² Dewey KG, Cohen RJ. Does birth spacing affect maternal or child nutritional status? A systematic literature review. *Matern Child Nutr.* 2007;3(3):151-173. doi:10.1111/j.1740-8709.2007.00092.x

⁶³ Dewey KG, Cohen RJ. Does birth spacing affect maternal or child nutritional status? A systematic literature review. *Matern Child Nutr.* 2007;3(3):151-173. doi:10.1111/j.1740-8709.2007.00092.x

⁶⁴ Naik, R. and R. Smith. 2015. Impacts of Family Planning on Nutrition. Washington, DC: Futures Group, Health Policy Project.

⁶⁵ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste DHS 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

⁶⁶ Prüss-Ustün A, Bartram J, Clasen T, et al. Burden of disease from inadequate water, sanitation and hygiene in low- and middle-income settings: a retrospective analysis of data from 145 countries. *Trop Med Int Health.* 2014;19(8):894-905. doi:10.1111/tmi.12329

⁶⁷ Budge, S., Parker, A. H., Hutchings, P. T., & Garbutt, C. (2019). Environmental enteric dysfunction and child stunting. *Nutrition reviews*, 77(4), 240–253. <https://doi.org/10.1093/nutrit/nyy068>

⁶⁸ General Directorate of Statistics 2015, Timor-Leste Population and Housing Census. Available at: <https://www.statistics.gov.tl/wp-content/uploads/2016/11/Wall-Chart-Poster-Landscape-Final-English-rev.pdf/>

⁶⁹ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste DHS 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

⁷⁰ Wateraid, 2018 Timor-Leste WASH and Nutrition Discussion Paper February 2018

⁷¹ Harper KM, Mutasa M, Prendergast AJ, Humphrey J, Manges AR (2018) Environmental enteric dysfunction pathways and child stunting: A systematic review. *PLoS Negl Trop Dis* 12(1): e0006205. <https://doi.org/10.1371/journal.pntd.0006205>

⁷² Harper KM, Mutasa M, Prendergast AJ, Humphrey J, Manges AR (2018) Environmental enteric dysfunction pathways and child stunting: A systematic review. *PLoS Negl Trop Dis* 12(1): e0006205. <https://doi.org/10.1371/journal.pntd.0006205>

⁷³ Wateraid, 2018 Timor-Leste WASH and Nutrition Discussion Paper February 2018



Image source: Market Development Facility



image source: TOMAK



image source: TOMAK



image source: TOMAK



image source: TOMAK

To achieve SDG2 targets the **Ministry of Agriculture and Fisheries** has prioritised **two** essential and high impact nutrition promoting interventions. It is important that all nutrition partners (public, private and non-government) working in the agriculture and fishery sector focus their support and budget on these interventions with attention to activities that **sustainably increase farmers' income, productivity and the availability, access and utilization of healthy diverse diets including:**

- ✓ Increase diversification and sustainable intensification of homestead food production (including small livestock)
- ✓ Increase fish production and consumption

Indicators to assess progress	Target group	Baseline		Target 2025	Target 2030
		Value (%)	Year		
Farmers' productivity (SDG 2.3.1)	Male & female farmers	TBC ⁷⁴	2020	+50%	double
Farmers' income (SDG 2.3.2)	Male & female farmers	TBC ⁷⁵	2020	+50%	double
Agricultural area under productive and sustainable agriculture (SDG 2.4.1)	Cultivated land	TBC ⁷⁶	2020	increase	increase
Annual fish supply from aquaculture	National	3.200T ⁷⁷	2011	9.000T ⁷⁸	12.000T ⁷⁹
Annual per capita consumption of fish	National	6.1kg ⁸⁰	2011	15kg ⁸¹	TBC

Supporting national policies:

- Ministry of Agriculture and Fisheries Strategic Plan (2014-2020)
- National Aquaculture Development Strategy (2011-2030)
- National Food and Nutrition Security Policy (2017)
- PAN-HAM-TIL (2025)
- VIII Constitutional Government Economic Recovery Plan (2020)

⁷⁴ Will be determined in 2020 by MAF-FAO and based on the 2019 Agriculture Census and other data. This is ongoing work

⁷⁵ Will be determined in 2020 by MAF-FAO and based on the 2019 Agriculture Census and other data. This is ongoing work

⁷⁶ Will be determined in 2020 by MAF-FAO and based on the 2019 Agriculture Census and other data. This is ongoing work

⁷⁷ National Aquaculture Development Strategy (2011-2030)

⁷⁸ National Aquaculture Development Strategy (2011-2030)

⁷⁹ National Aquaculture Development Strategy (2011-2030)

⁸⁰ National Aquaculture Development Strategy (2011-2030)

⁸¹ National Aquaculture Development Strategy (2011-2030) - *Target by 2020 only*

Evidence supporting the Agriculture & Fisheries sector priorities:

Agriculture and fisheries provide the main source of livelihood and food security for the majority of Timorese households.

- 70% of the population live in rural areas.⁸²
- 66% of households are engaged in agricultural activities.⁸³

Agriculture is a pillar of the economy in Timor-Leste.

- Income from agriculture is worth US\$ 293 million /year.⁸⁴
- Agriculture is the main source of direct export earnings.⁸⁵

Agricultural systems are not productive.

- Maize yields = 2.2 t/ha; Rice yields = 3 t/ha.⁸⁶
- Productivity per unit of labor = 40 kg maize per farm labour day.⁸⁷

Food systems are highly dependent on food imports.

- 40% of cereal consumed is imported.⁸⁸
- 64% of rice is imported.⁸⁹

Female farmers produce 15 % less per ha than male farmers.⁹⁰

- Female farmers in Timor-Leste have limited access to information, services, technology, finance and markets.

In Timor-Leste increased agricultural productivity and commensurate increases in income do not necessarily lead to improved nutrition outcomes or improved food security unless a social behavior change communication (SBCC) component is incorporated.⁹¹

Nutrition sensitive agriculture programs can improve dietary diversity, improve purchasing power, and reduce micronutrient deficiencies.⁹²

- Programs are effective when they include nutrition and health behavior change communication (SBCC) and women's empowerment interventions.
- Greater impacts on nutritional status are achieved when programs incorporate health and water, sanitation and hygiene interventions, and micronutrient-fortified products.

⁸² General Directorate of Statistics (GDS), Ministry of Finance 2015, Timor-Leste Population Census

⁸³ General Directorate of Statistics (GDS), Ministry of Finance and Ministry of Agriculture, Forestry and Fisheries, 2019, Timor-Leste Agriculture Census

⁸⁴ Average 2012/20C6 (source MoF and National Account 2000-2016)

⁸⁵ Average 2012/20C6 (source MoF and National Account 2000-2016)

⁸⁶ <http://www.fao.org/faostat/en/#country/176>

⁸⁷ Ministry of Agriculture, Forestry and Fisheries, and FAO, 2019, Impact evaluation survey on Conservation Agriculture in Timor-Leste. In press

⁸⁸ Ministry of Agriculture and Fisheries 2017, Food and Nutrition Security Policy

⁸⁹ Ministry of Agriculture and Fisheries 2017, Food and Nutrition Security Policy

⁹⁰ UN Women / World Bank 2018 Women Farmers in Timor-Leste: Bridging the Gender Gap in Agricultural Productivity. Available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/31488/132608.pdf?sequence=7&isAllowed=y>

⁹¹ Households do not often use additional income to improve dietary intake – Monash (2014) Poverty and the agricultural household in Timor-Leste: Some patterns and puzzles; and, a high income does not guarantee food security – Combating Malnutrition and Poverty through Aquaculture in Timor-Leste project/ COMPAC-TL (2014) Baseline Report.)

⁹² Ruel MT et al. Nutrition-sensitive agriculture: What have we learned so far? In Global Food Security. Volume 17, June 2018, Pages 128-15. Available at : <https://www.sciencedirect.com/science/article/pii/S221191241730127X>



Image source: PHD



image source: UNICEF/2017/Soares



image source: TOMAK



image source: PHD



image source: PHD

To achieve SDG2 targets the **Ministry of Social Solidarity and Inclusion** has prioritised **two** essential and high impact nutrition promoting interventions. It is important that all nutrition partners (public, private and non-government) working in the social solidarity sector focus their support and budget on:

- ✓ Strengthen the Bolsa da Mãe program
- ✓ Provide nutrition sensitive support to poor households with pregnant and lactating women and children (age 0-59 months)

Indicators to assess progress	Target group	Baseline		Target 2025	Target 2030
		Value	Year		
Coverage (number of children)	Children (age 0-17 years)	101,992 ⁹³	2019	TBC ⁹⁴	TBC ⁹⁵
Amount of cash transfer (USD / child / month)	Children (age 0-17 years)	\$5.00 ⁹⁶	2020	TBC ⁹⁷	TBC ⁹⁸
Link transfer with nutrition SBCC	Households receiving payment	Nil	2020	Established & piloted	Effective for the whole program

Supporting national policies:

- Ministry of Social Solidarity and Inclusion Strategic Plan (2021- 2025)
- National Food and Nutrition Security Policy (2017)
- Decree-Law 18/2012
- Ministerial Diploma 27/2012
- PAN-HAM-TIL (2025)
- Draft Disability National Action Plan (2020-2024)
- VIII Constitutional Government Economic Recovery Plan (2020)

⁹³ Ministério da Solidariedade Social, Direcção Nacional de Assistência Social. BDM data 2008-2019 (internal document)
⁹⁴ As part of Bolsa da Mae Jersaun Foun outlined in the VIII Constitutional Government Economic Recovery Plan (2020)
⁹⁵ As part of Bolsa da Mae Jersaun Foun outlined in the VIII Constitutional Government Economic Recovery Plan (2020)
⁹⁶ Average of 12.50 per household (USD / child per month (for a maximum of 3 children) in a one-off annual payment of 60 per child)
⁹⁷ As part of Bolsa da Mae Jersaun Foun outlined in the VIII Constitutional Government Economic Recovery Plan (2020)
⁹⁸ As part of Bolsa da Mae Jersaun Foun outlined in the VIII Constitutional Government Economic Recovery Plan (2020)

Evidence supporting the Social Solidarity & Inclusion sector priorities:

- Children (0-59 months) from poorer families in Timor-Leste have higher rates of stunting
 - 48% of children are stunted in households from the lowest wealth quintile.⁹⁹
 - 36% of children are stunted in the households from the highest wealth quintile.¹⁰⁰
- In Timor-Leste almost all households can afford to meet their energy requirements, but most households cannot afford a nutritious diet that meets the requirements of energy, protein and 13 micronutrients.¹⁰¹
- Social protection can address immediate and underlying social and economic determinants of malnutrition. This can be achieved by providing access to healthy food and promoting food systems and consumption patterns that meet dietary needs; it can remove the economic barriers to accessing health and sanitation services and it can help promote adequate childcare practices.¹⁰²
- Integrating food security and/or nutrition with social protection in national agendas can ensure strengthened coherence and synergies between these areas of work.¹⁰³
- Cash transfers can increase food consumption and improve dietary diversity, promoting a shift to more nutritious foods.¹⁰⁴
- Adequately funded cash transfer programs can reduce stunting and micronutrient deficiencies and increase infant birth weights.¹⁰⁵
- Cash transfers that achieve high population coverage, that are larger (and inflation-indexed), and delivered regularly are associated with a higher impact on poverty, compared with those that have lower transfer values, limited child population coverage and are delivered intermittently.¹⁰⁶
- Regular and predictable cash transfers can improve food consumption through increased agricultural production.¹⁰⁷
- Regular and predictable cash transfers can increase agricultural asset ownership, self-employment, savings, access to land and income resulting in improved food security, nutrition, and poverty reduction.¹⁰⁸
- The impact of cash transfers on nutrition outcomes is higher in younger and poorer children.¹⁰⁹
- Conditionality has no additional impact on nutrition, but larger transfer size does.¹¹⁰
- Often more than other income sources, social protection transfers tend to increase household budget devoted to food.¹¹¹
- Social transfers improve diet composition and quality.¹¹²

⁹⁹ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste Demographic and Health Survey 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

¹⁰⁰ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste Demographic and Health Survey 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

¹⁰¹ Democratic Republic of Timor Leste and the World Food Program (2019) Fill the nutrient gap Timor-Leste Final Report. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000112181.pdf>

¹⁰² FAO 2017 Strengthening sector policies for better food security and nutrition results. Available at: <http://www.fao.org/3/a-i7216e.pdf>

¹⁰³ FAO 2017 Strengthening sector policies for better food security and nutrition results. Available at: <http://www.fao.org/3/a-i7216e.pdf>

¹⁰⁴ Tiwari S, Daidone S, Ruvalcaba MA, et al. Impact of Cash Transfer programs on Food Security and Nutrition in sub-Saharan Africa: A Cross-Country Analysis. *Glob Food Sec.* 2016;11:72-83. doi:10.1016/j.gfs.2016.07.009

¹⁰⁵ Lagarde M, Haines A, Palmer N. The impact of conditional cash transfers on health outcomes and use of health services in low- and middle-income countries (Review). *Cochrane Database of Systematic Reviews*, 2009, Issue 4

¹⁰⁶ ODI/UNICEF 2020 Briefing - Universal Child Benefits: Policy Issues and Options. Available at:

<https://www.unicef.org/media/70416/file/Universal-child-benefits-Briefing-2020.pdf>

¹⁰⁷ FAO 2017 Strengthening sector policies for better food security and nutrition results. Available at: <http://www.fao.org/3/a-i7216e.pdf>

¹⁰⁸ FAO. 2015c. *The State of Food and Agriculture 2015: Social protection and agriculture: breaking the cycle of rural poverty*. Rome.

¹⁰⁹ FAO 2017 Strengthening sector policies for better food security and nutrition results. Available at: <http://www.fao.org/3/a-i7216e.pdf>

¹¹⁰ Armand A et al 2018 The effect of gender-targeted conditional cash transfers on household expenditures: evidence from a randomized experiment. *Cemmap working paper CWP33/18*

¹¹¹ Alderman. H Leveraging Social Protection Programs for Improved Nutrition. Summary of Evidence Prepared for the Global Forum on Nutrition-Sensitive Social Protection Programs, 2015 Available at:

http://www.securenutrition.org/sites/default/files/resources/attachment/english/Alderman%20-%20Global%20Forum%20Summary%20of%20Evidence%20-%202016_0.pdf

¹¹² Alderman. H Leveraging Social Protection Programs for Improved Nutrition. Summary of Evidence Prepared for the Global Forum on Nutrition-Sensitive Social Protection Programs, 2015 Available at:

http://www.securenutrition.org/sites/default/files/resources/attachment/english/Alderman%20-%20Global%20Forum%20Summary%20of%20Evidence%20-%202016_0.pdf

- Cash transfers accompanied by nutrition SBCC result in larger reductions in stunting and greater improvements in nutrition promoting behaviors (dietary diversity, breastfeeding, hand washing, prenatal care and food consumption) compared to cash alone.¹¹³
- Amount, timing, duration, and predictability of cash transfers affects the likelihood of families spending the resources on food and impacting health and nutrition outcomes.
- Targeting women as recipients of cash increases the impact of the transfer.

¹¹³ Field.E and Maffioli (2020) Are behavioural change interventions needed to make cash transfer programs work for children? Experimental evidence from Myanmar. Available at: <https://www.poverty-action.org/sites/default/files/publications/FieldMaffioli.pdf>



EDUCATION, YOUTH & SPORTS



Image source: PHD.



image source: PHD



image source: PHD



Image source: PHD



image source: PHD

EDUCATION, YOUTH & SPORTS

To achieve SDG2 targets the **Ministry of Education, Youth and Sports** has prioritised **three** essential and high impact nutrition promoting interventions. It is important that all nutrition partners (public, private and non-government) working in the education sector focus their support and budget on these interventions with attention on:

- ✓ Keep girls and boys in school
- ✓ Improve the school feeding program (SFP) as a social safety net and a nutrition education program
- ✓ Provide food-based nutrition education for students, teachers, administrators, and school feeding programs

Indicators to assess progress	Target group	Baseline		Target 2025	Target 2030
		Value (%)	Year		
Net enrolment (pre secondary)	Students (girls and boys)	Girls: 48.4% ¹¹⁴ Boys: 40.1%	2015	TBC	100% ¹¹⁵
Net enrolment (secondary)	Students (girls and boys)	Girls: 35.9% ¹¹⁶ Boys: 29.9%	2015	TBC	100% ¹¹⁷
Children in school receiving school meals	Students	TBC	TBC	100%	100%
National curriculum	School staff & students	TBC	2020	All staff and students receive nutrition education	All staff and students receive nutrition education

Supporting national policies:

- Education Sector Plan (2020-2024)
- National Food and Nutrition Security Policy (2017)
- Draft National Health Sector Nutrition Strategic Plan (2020-2025)
- Draft National Disability Action Plan (2020-2024)
- PAN-HAM-TIL (2025)
- Timor-Leste Strategic Development Plan (2011-2030)
- VIII Constitutional Government Economic Recovery Plan (2020)

¹¹⁴ General Directorate of Statistics 2015, Timor-Leste Population and Housing Census. Available at: <https://www.statistics.gov.tl/wp-content/uploads/2016/11/Wall-Chart-Poster-Landscape-Final-English-rev.pdf>

¹¹⁵ Timor-Leste Strategic Development Plan 2011-2030 Available at <https://www.timorleste.tl/wp-content/uploads/formidable/4/Timor-Leste-Strategic-Plan-2011-2030.pdf>

¹¹⁶ General Directorate of Statistics 2015, Timor-Leste Population and Housing Census. Available at: <https://www.statistics.gov.tl/wp-content/uploads/2016/11/Wall-Chart-Poster-Landscape-Final-English-rev.pdf>

¹¹⁷ Timor-Leste Strategic Development Plan 2011-2030 Available at <https://www.timorleste.tl/wp-content/uploads/formidable/4/Timor-Leste-Strategic-Plan-2011-2030.pdf>

Evidence supporting the Education, Youth & Sport sector priorities:

Globally, ensuring that both girls' and boys' complete secondary education could reduce stunting by 10.3%.¹¹⁸

- 4.1% for boys and 6.2% for girls.

In Timor-Leste, the prevalence of malnutrition (stunting and wasting) is significantly lower in children whose mothers finished secondary education.¹¹⁹

The proportion of children who attend the appropriate level of schooling (net attendance ratio) has increased significantly between 2010 and 2015 at all levels of education and the number of people who have never attended school has almost halved since 2004.¹²⁰ But despite recent progress, Timor-Leste has one of the lowest Net Attendance Rates in South East Asia (80.8%).¹²¹

The following interventions work to keep students in school:¹²²

- Universal access to education.
- Well planned and implemented school feeding programs.
- Access to water, sanitation, and hygiene facilities at school.
- Social protection programs.

Global evidence¹²³ suggests that food-based nutrition education can be delivered through:

- Nutrition curricula in formal education.
- Nutrition education, skills training, participatory cooking sessions / counseling for mothers and caregivers and training for administrators.
- School-gardens as a way of demonstrating good nutrition.
- Complementing school feeding programs with nutrition education.

¹¹⁸ Alderman et al. How Important is Parental Education for Child Nutrition? *World Development*. Volume 94, June 2017. Pages 448-464

¹¹⁹ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste DHS 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

¹²⁰ General Directorate of Statistics 2004, 2010 and 2015, Timor-Leste Population and Housing Census

¹²¹ General Directorate of Statistic (GDS), UNICEF and UNFPA, 2017 Timor-Leste Population and Housing Census Analytical Report on Education. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/Education%20Monograph%20250418_0.pdf

¹²² UNICEF 2015 Effective Interventions Aimed at Reaching Out-of-School Children. A Literature Review. Available at: <https://files.eric.ed.gov/fulltext/ED573790.pdf>

¹²³ What works? Interventions for maternal and child undernutrition and survival Bhutta, Zulfiqar A et al. *The Lancet*, Volume 371, Issue 9610, 417 – 440

Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61693-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61693-6/fulltext)



TOURISM, TRADE & INDUSTRY



image source: Market Development Facility



image source: Market Development Facility



image source: Market Development Facility



image source: TOMAK



image source: Market Development Facility



image source: Market Development Facility

TOURISM, TRADE & INDUSTRY

To achieve SDG2 targets the **Ministry of Tourism, Trade and Industry** has prioritised **two** essential and high impact nutrition promoting interventions. It is important that all nutrition partners (public, private and non-government) working in the commerce and industry sector support interventions that enable the regulatory environment to:

- ✓ Legislate food fortification (e.g. rice and salt)
- ✓ Support a nutrition sensitive food marketing environment (e.g. International Code of Marketing of Breast-milk Substitutes)

Indicators to assess progress	Target group	Baseline		Target 2025	Target 2030
		Value (%)	Year		
Universal salt iodization	Population	In draft	2020	Policy ¹²⁴ endorsed	Policy is fully enforced
Fortification of rice	Population	TBC	2020	Imported rice is fortified	All rice on the market is fortified
International Code of Marketing of Breast-milk Substitutes (BMS)	Infants and young children (age 0-59 months)	In draft	2020	Policy endorsed and enforced	Code is fully enforced

Supporting national policies:

- PAN-HAM-TIL (2025)
- National Food and Nutrition Security Policy (2017)
- Draft National Health Sector Nutrition Strategic Plan (2020-2025)
- National Parliament Resolution No.17/2016

¹²⁴ This may be a general food fortification policy covering rice and salt

Evidence supporting the Tourism, Trade & Industry sector priorities:

- It is recommended that all food-grade salt be fortified with iodine.¹²⁵
 - The percentage of households in Timor-Leste with access to adequately iodized salt has increased from 43% in 2013 to 85% in 2016.¹²⁶
- Fortifying rice can improve micronutrient status in targeted populations and be an effective way to address anemia and other micronutrient deficiencies.¹²⁷
- Many countries have policies designed to promote nutrition by creating healthy food environments e.g.:
 - Warning labels on packaged foods high in fats, sugars, and salt (Chile and Ecuador).
 - Restrictions on the marketing of highly processed foods (Mexico, Korea, Taiwan and China).
 - Regulating the availability of processed foods available in and around schools (Brazil).
- Trade policies must prioritise a shift to sustainable food systems and support food based dietary guidelines.
- Trade and related policies must be formulated as part of a broader package of policies that prioritise long-term structural transformation objectives over short-term political or commercial interests, and the instruments of trade policies must be better aligned to country-specific conditions.¹²⁸
- Actions, policies, legislation (including the BMS code) and programs that support mothers at health facilities, home and work have been shown to significantly increase breastfeeding rates.¹²⁹
- Opportunities to maximise small and medium enterprises (SMEs) impact on nutrition including:
 - Facilitating the supply of nutritious foods by reducing production costs (e.g. through adapted tax, technology etc.).
 - Increasing the demand for nutritious foods and marketing (e.g. through public campaigns, public procurement etc.).
 - Accessing funds and investments (e.g. through innovative credit schemes, public investment etc.).
 - Establishing a network of SMEs.¹³⁰

¹²⁵ Essential nutrition actions: mainstreaming nutrition through the life-course. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO. Available at: <https://www.who.int/publications/i/item/9789241515856>

¹²⁶ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste Demographic and Health Survey 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

¹²⁷ Essential nutrition actions: mainstreaming nutrition through the life-course. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO. Available at: <https://www.who.int/publications/i/item/9789241515856>

¹²⁸ FAO 2019 Strengthening sector policies for better food security and nutrition results. Available at <http://www.fao.org/3/a-i7910e.pdf>

¹²⁹ UNICEF and WHO, 2017. Advocacy Brief. Breastfeeding and the International Code of Marketing of Breastmilk Substitutes. Available at: https://www.unicef.org/nutrition/files/BAI_Advocacy_Brief_Code_final.pdf

¹³⁰ FAO and GAIN, 2018, Leveraging Small and Medium Enterprises to improve nutrition. Available at: <http://www.fao.org/3/CA2880EN/ca2880en.pdf>



PUBLIC WORKS



image source: PHD



image source: PHD



image source: PHD

PUBLIC WORKS

To achieve SDG2 targets the **Ministry of Public Works** has prioritised **one** essential and high impact nutrition promoting intervention. It is important that all nutrition partners (public, private and non-government) working in the water sector focus their support and budget on:

- ✓ Increase access to safe drinking water

Indicators to assess progress	Target group	Baseline		Target 2025	Target 2030
		Value	Year		
Access to water drinking water (urban)	population	89% ¹³¹	2020	TBC	100% ¹³²
Access to water drinking water (rural)	population	84% ¹³³	2020	TBC	100% ¹³⁴

Supporting national policies:

- Degree Law 4/2004 on water supply for public consumption
- Timor-Leste Rural Water Supply Guidelines¹³⁵
- Draft National Water Policy
- Timor-Leste Strategic Development Plan (2011-2030)
- VIII Constitutional Government Economic Recovery Plan (2020)

Evidence supporting the Public Works sector priority:

- In Timor-Leste, the prevalence of stunting is higher in children from households who do not have access to improved drinking water, improved sanitation, or improved hand washing stations.¹³⁶
- In Timor-Leste, 24% of the population do not have access to a basic or a safely managed water supply with significant inequities between rural and urban populations.¹³⁷
- Water access has a direct impact on stunting through improved sanitation.¹³⁸

¹³¹General Directorate of Statistics 2015, Timor-Leste Population and Housing Census. Available at: <https://www.statistics.gov.tl/wp-content/uploads/2016/11/Wall-Chart-Poster-Landscape-Final-English-rev.pdf/>

¹³² Timor-Leste Strategic Development Plan 2011-2030 Available at: <https://www.timorleste.tl/wp-content/uploads/formidable/4/Timor-Leste-Strategic-Plan-2011-2030.pdf>

¹³³ General Directorate of Statistics 2015, Timor-Leste Population and Housing Census. Available at: <https://www.statistics.gov.tl/wp-content/uploads/2016/11/Wall-Chart-Poster-Landscape-Final-English-rev.pdf/>

¹³⁴ Timor-Leste Strategic Development Plan 2011-2030 Available at: <https://www.timorleste.tl/wp-content/uploads/formidable/4/Timor-Leste-Strategic-Plan-2011-2030.pdf>

¹³⁵ Date TBC

¹³⁶ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste DHS 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

¹³⁷ General Directorate of Statistics 2015, Timor-Leste Population and Housing. Available at: <https://www.statistics.gov.tl/wp-content/uploads/2016/11/Wall-Chart-Poster-Landscape-Final-English-rev.pdf/> Census

¹³⁸ Reese, H, Sinharoy S and Clasen T Using structural equation modelling to untangle sanitation, water and hygiene pathways for intervention improvements in height-for-age in children International Journal of Epidemiology, 2019, 1–9



GENDER & INCLUSION



Image source: PHD



image source: PHD



image source: PHD

EQUALITY & INCLUSION

To achieve SDG2 targets the **Secretary of State for Equality and Inclusion** has prioritised **two** essential and high impact nutrition promoting interventions. It is important that all nutrition partners (public, private and non-government) working in the gender and social inclusion sector focus their support and budget on:

- ✓ Reduce gender-based violence
- ✓ Ensure gender sensitive nutrition promoting activities across all sectors

Indicators to assess progress	Target group	Baseline		Target 2025	Target 2030
		Value (%)	Year		
Women who experienced some form of physical or sexual violence from men who are not their husband or boyfriend	Women (age 15-49 years)	29 ¹³⁹	2016	TBC	TBC ¹⁴⁰
Women who reported experiencing physical or sexual violence from their spouses in the past 12 months	Women (age 15-49 years)	33 ¹⁴¹	2016	TBC	TBC

Supporting national policies:

- National Action Plan Gender Based Violence (2017-2021)
- Maubisse Declaration Phase Two (2018-2023)
- Timor-Leste Strategic Development Plan (2011-2030)
- Draft Disability National Action Plan (2020-2024)

Evidence supporting the Equality & Inclusion sector priorities:

- In Timor-Leste women who are victims of gender-based violence are at a greater risk of having a child who is stunted.¹⁴²
- Gender based violence and intimate partner violence increases the risk of stunting in children through several causal pathways¹⁴³ including:

¹³⁹ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste DHS 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

¹⁴⁰ SDP 2030 goal is 'Timor-Leste will be a gender-fair society where human dignity and women's rights are valued, protected and promoted by our laws and culture'.

¹⁴¹ General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste DHS 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

¹⁴² General Directorate of Statistic (GDS) Ministry of Health and ICF 2018 *Timor-Leste DHS 2016* Dili Timor-Leste and Rockville Maryland USA. GDS and ICF

¹⁴³ Chai J et al. Association between intimate partner violence and poor child growth: results from 42 demographic and health surveys 2016 *Bulletin of the World Health Organization* 2016; 94:331-339. Available at: <https://www.who.int/bulletin/volumes/94/5/15-152462/en/>

- Increasing the risk of or contributing to child abuse and neglect within the household.
- Causing childhood stress that, in turn, can decrease metabolic rates, physical growth and cognitive functioning.¹⁴⁴
- Preventing women attending health clinics when their children are sick, stopping women paying for the health care of their children or severely limiting the amount that the women can spend on food for their households.
- Negatively impacting a woman's physical and mental health, partly by limiting her access to health care for herself, including her access to antenatal care and skilled birth attendants.
- Causing maternal depression, which, in turn, can affect a woman's ability to care for her children.
- Contributing to childhood malnutrition even in households that have adequate food.
- Maternal autonomy (defined as a woman's personal power in the household and her ability to influence and change her environment) is an important factor influencing childcare and ultimately infant and child health outcomes.¹⁴⁵

¹⁴⁴ Mead HK, Beauchaine TP, Shannon KE. Neurobiological adaptations to violence across development. *Dev Psychopathol.* 2010 Winter;22(1):1–22 Available at: <http://dx.doi.org/10.1017/S0954579409990228> pmid: 20102643t

¹⁴⁵ Schroff M et al Maternal autonomy is inversely related to child stunting in Andhra Pradesh, India. *Maternal and Child Nutrition* Volume5, Issue1 January 2009 Pages 64-74

STATE ADMINISTRATION

Effective coordination (including multisector planning, monitoring and evaluation) is essential at subnational levels to promote a convergent approach, create more efficient service delivery and avoid timing consuming and ineffective parallel structures.

- ✓ Support effective multisector coordination at subnational levels
- ✓ Ensure SDG2 CNAP-NFS priorities are reflected in the budget and activities at subnational levels

FINANCE

Allocating appropriate budget to nutrition and food security priority interventions identified for each sector is essential to effective policy and program implementation.

Collecting data and statistics is essential to measure progress and impact.

- ✓ Prioritise appropriate budget allocation to the SDG2 CNAP-NFS priorities
- ✓ Collect, analyse and share data on progress against each priority on a regular basis

Indicators to assess progress	Target group	Baseline		Target 2025	Target 2030
		Value (%)	Year		
National budget allocation to nutrition	GoTL	1% ¹⁴⁶	2016	50% of total budget available ¹⁴⁷	TBC

Supporting national policies:

- National Parliament Resolution No.17/2016
- VIII Constitutional Government Economic Recovery Plan (2020)

¹⁴⁶ National Parliament Resolution No.17/2016. Available at: http://www.mj.gov.tl/jornal/public/docs/2016/serie_1/SERIE_I_NO_48_A.pdf

¹⁴⁷ National Parliament Resolution No.17/2016 Available at: http://www.mj.gov.tl/jornal/public/docs/2016/serie_1/SERIE_I_NO_48_A.pdf



Version: May 2021

Cover images (clockwise from top-left):

1. Partnership for Human Development (PHD)
2. To'os ba Moris Di'ak (TOMAK)
3. To'os ba Moris Di'ak (TOMAK)
4. Market Development Facility (MDF)
5. To'os ba Moris Di'ak (TOMAK)
6. To'os ba Moris Di'ak (TOMAK)