

Accelerating progress towards SDG2

SETTING PRIORITIES THROUGH
EVIDENCE-BASED POLICY DIALOGUE

TIMOR-LESTE



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The views expressed in this information product are those of the author(s) and do in no way reflect the views or opinions of the Food and Agriculture Organization of the United Nations (FAO), nor those of the European Union (EU).

Using a participatory process, including an extensive literature and policy review and multi stakeholder consultations lead by KONSSANTIL, this report was written by Heather Grieve with assistance from the FIRST team in Timor-Leste.

The analysis and recommendations contained in this report are based on data, figures and circumstances up to December 2018 and do not necessarily reflect the position of the EU and FAO.

Acronyms

ARI	Acute respiratory infections
DHS	Demographic and health survey
DP	Development partner
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FNSSA	Food and nutrition security and sustainable agriculture
FSN	Food security and nutrition
GAfsp	Global Agriculture and food Security Program
GAR	Gross attendance ratios
GoTL	Government of Timor-Leste
IPC	Integrated food security phase classification
KONSSANTIL	National Council for Food Security Sovereignty and Nutrition
MAD	Minimum acceptable diet
MAF	Ministry of Agriculture and Fisheries
MDD	Minimal dietary diversity
MIYCN	Maternal infant and young child nutrition
MMF	Minimum meal frequency
MoH	Ministry of Health
MSS	Ministry of Social Solidarity
MTCI	Ministry of Tourism Commerce and Industry
MUAC	Mid-Upper Arm Circumference
NAR	Net attendance ratio
NES	National Employment Strategy
NFNSP	National Food and Nutrition Security Policy, 2017
NNS	The National Nutrition Strategy, 2014-2019
PAN-HAM-TIL	The National Zero Hunger Action Plan, 2015-2025
PMO	Prime minister's office
PNDs	National Programme for Village Development
SAPIP	Sustainable Agriculture Productivity Improvement Project
SDG	Sustainable Development Goal
SDP	Strategic development plan
SISCA	Servisu Integrado du Saude Comunidade
SNIP	Specific nutrition intervention package
SSYS	Secretary of State on Youth and Sport
TFR	Total fertility rate
TLNFS	Timor-Leste Food and Nutrition Security Survey
UHC	Universal health coverage
WASH	Water sanitation and hygiene
WFP	World food program
WRA	Women of reproductive age (15-49 years)

Introduction

Timor-Leste, a nation of 1.3 million people, has made significant progress toward securing peace and stability since it achieved independence in 2002. Nevertheless, economic stability is highly dependent on short-term spending and revenues from natural resources. With some of the highest rates of malnutrition in the world, combating malnutrition and food insecurity is still among Timor-Leste's greatest development challenges.

FIRST (Food and Nutrition Security Impact, Resilience, Sustainability and Transformation) is a partnership programme established in March 2017, between the Government of Timor-Leste (GoTL), the Food and Agriculture Organization of the United Nations (FAO) and the European Union (EU). The programme aims to strengthen the enabling environment for food and nutrition security and sustainable agriculture (FNSSA). FIRST works with and through the National Council for Food Security Sovereignty and Nutrition (KONSSANTIL), the government's multistakeholder governance mechanism in the field of food security and nutrition (FSN).

In partnership with the GoTL and relevant development partners, FIRST supported several national and subnational FSN consultations in 2017 and 2018 to discuss three multisectoral themes, which were identified during the Presidents' food security and nutrition roundtable dialogues in 2015/17. The themes included engaging youth, empowering women and girls, and improving household nutrition practices. The consultation process led to the selection of a set of priorities aligned with Timor-Leste's food security and nutrition plans and policies:

- The National Zero Hunger Action Plan, 2014 (PAN-HAM-TIL);
- The National Nutrition Strategy, 2014-2019 (NNS);
- The National Food and Nutrition Security Policy, 2017 (NFNSP).

Based on global evidence, national data, and consultation across sectors, the policy effectiveness analysis described in this report sought to consolidate the prioritization process by:

- building consensus on a targeted set of evidence-based and context-specific set of priorities to achieve food security and nutrition outcomes;
- identifying the means to translate these priority areas into tangible actions; and
- identifying capacity and resource gaps.

High-level coordination is critical to the success of this process and consensus was reached on the need to strengthen links to the prime minister's office (PMO) through the creation of a unit in the office. Consensus was also reached on the need to involve two key ministries in the highest level of leadership under KONSSANTIL, namely the Ministry of Public Work, Transport and Communication and the Ministry of State Administration.

The policy effectiveness analysis and the progress made to date are expected to raise the profile of food security, nutrition and sustainable agriculture, improve coordination and give accountability to KONSSANTIL and the PMO in terms of identifying gaps and strengthening policy effectiveness using a strategic and coordinated approach to monitoring, evaluation and research.

This policy effectiveness analysis is also part of a global advocacy effort to maintain FNSSA high on the global agenda of governments and development agencies in the context of the Sustainable Development Goals (SDG), particularly SDG 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture).

Methodology

Combating food insecurity and malnutrition in Timor-Leste depends on the capacity and commitment of the government – and its development partners (DP) – to implement national policies and agreed-upon priorities. Building on recent progress, the policy effectiveness analysis used the following methodology to build government ownership and national consensus through a participatory process:

A desk review of global evidence and recent national data, research and analysis relevant to FNSSA. While the desk review involved a comprehensive survey of available information, the scarcity of data on several issues pertinent to FNSSA and the general unavailability of disaggregated data for Timor-Leste is a recognized limitation of this report.

A policy review of the three main FSN policy documents (PAN-HAM-TIL, NNS, NFNSP), relevant sectoral policies/strategies and the Strategic Development Plan 2011-2030 (SDP), and comparison with 16 evidence-based KONSSANTIL priorities for FSN.

An assessment of KONSSANTIL members' perceptions of their sector/organizational capacities based on in-depth interviews with 33 government staff (directors general, directors and heads of departments) from 13 institutions, and representatives of ten DP organizations.

A national seminar¹ with the objectives to: 1) present and review sector progress toward multisector nutrition programming; 2) present KONSSANTIL members' perception on resources and capacity and 3) commence formulation and implementation of a national road map. A series of briefings for government teams from relevant sectors prior to the seminar was useful to engage each ministry in a technical discussion on their priorities for FSN outcomes. The seminar materials such as the detailed presentations reviewing global evidence against the context and data of Timor-Leste may be used for future purposes.

A comparative analysis of Timor-Leste's FSN governance progress compared to five countries enrolled in the Scaling Up Nutrition (SUN) movement some of which are also part of the Community of the Portuguese-Speaking Countries (CPLP). The analysis of achievements, opportunities and gaps based on the 2017 annual joint-assessment exercise in five SUN countries draws on information around the current nutrition and food security governance context and opportunities in Timor-Leste.

The consultations, interviews, briefing sessions and the national seminar provided the opportunity to build the capacity of KONSSANTIL members and partners to understand Timor-Leste's unique challenges and opportunities in terms of combatting food and nutrition insecurity.

The policy effectiveness analysis was based on eight overarching questions and the several pieces of work mentioned above. The following sections of this report will treat each of these questions in detail. Parts of this report may be republished and/or used to produce briefs and presentations to support various discussions, forums and working groups.

¹ The summary report is available upon request

1. Drivers and trends in food security and nutrition

What are the trends, geographical and socio-economic patterns and prospects for eradicating food insecurity, malnutrition and poverty in the country? Describe the key drivers of food insecurity, malnutrition and poverty

1.1. Malnutrition, food insecurity and poverty in Timor-Leste: status and trends

Food insecurity, malnutrition and poverty are closely linked, each contributing to the presence and permanence of the others.² Poverty is a root cause of food insecurity and malnutrition,³ and the [intergenerational cycle of malnutrition](#) means that a low-birth-weight baby is at risk of being a stunted child, a stunted adolescent and a malnourished woman who, in turn, will have her own low-birth-weight baby.⁴ People who are malnourished as children do not reach their intellectual and physical potential,⁶ have lower educational attainment⁷ and earn less income as adults,⁸ thus perpetuating the cycle of malnutrition, food insecurity and poverty.

Food insecurity, malnutrition and poverty remain persistent and pervasive problems across all socio-economic bands and geographic spans of Timor-Leste. This section of the report presents a snapshot of available data on these issues; the following sections analyse their underlying causes and consider prospects for their eradication.

1.1.1. Malnutrition in Timor-Leste

Despite recent progress, Timor-Leste has one of the highest malnutrition rates in the world. Given the well-established importance of good nutrition during the first 1 000 days from pre-pregnancy to two years of age,⁹ the prevalence of malnutrition among women and children is particularly alarming.

1.1.1.a. Prevalence of malnutrition in Timor-Leste

The 2016 Demographic and Health Survey (DHS) indicated that 46% of children aged 0-59 months suffer from chronic malnutrition or stunting (height for age <-2SD), including 23% of

² **World Health Organization (WHO).** *Global database on child growth and malnutrition.* <https://www.who.int/nutgrowthdb/about/introduction/en/>

³ **FAO.** 2018. Structural drivers for poverty, hunger and malnutrition are similar (*Strengthening sector policies for better food security and nutrition results: social protection*).

⁴ **WHO.** *Maternal and newborn nutrition and health.* https://www.who.int/maternal_child_adolescent/events/2008/mdg5/nutrition.pdf

⁵ **WHO.** Maternal anthropometry and pregnancy outcomes: a WHO collaborative study. *Bull World Health Organisation* 1995; 73 (Suppl): 1-98

⁶ **Graham-McGregor, S., Cheung, Y.B., Cueto, S., Glewwe, P., Richter, L., Strupp, B.** 2007. Developmental potential in the first 5 years for children in developing countries. *The Lancet*, Volume 369, Issue 9555, pp. 60-70, ISSN.

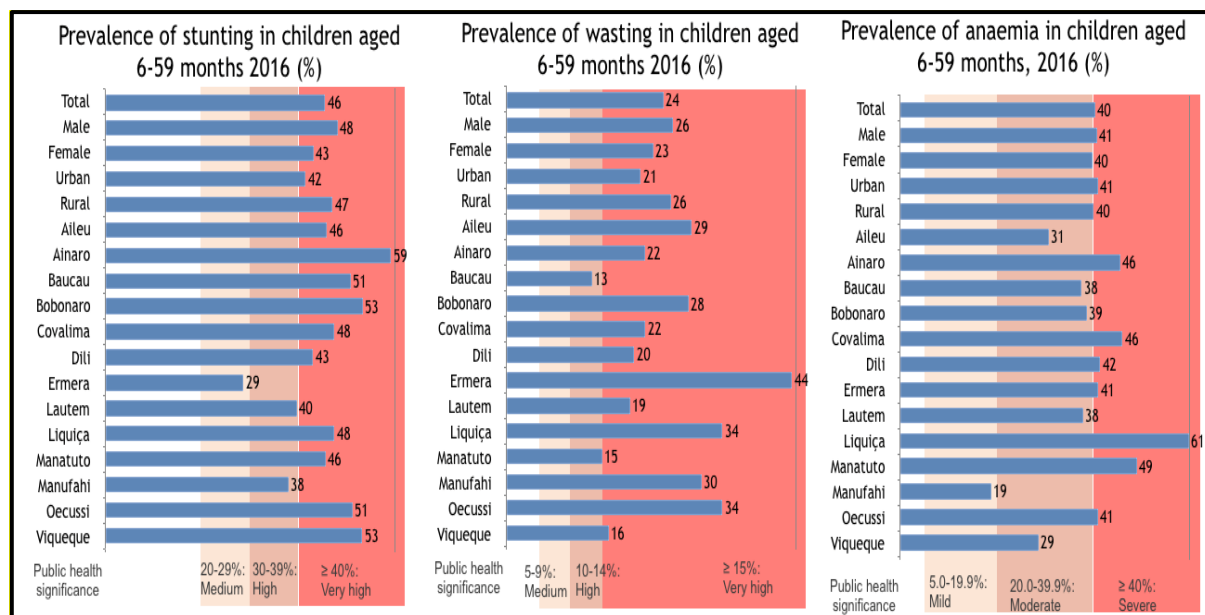
⁷ **Alderman, H., & Headey, D. D.** 2017. How important is parental education for child nutrition? *World Development*, 94, 448-464

⁸ **Hoddinott, J., Alderman, H., Behrman, J. R., Haddad, L., & Horton, S.** 2013. The economic rationale for investing in stunting reduction. *Maternal & Child Nutrition*, 9(S2), 69-82.

⁹ <https://thousanddays.org>

children who are severely stunted (height for age <-3SD).¹⁰ Twenty-four percent of children in this age range suffer from acute malnutrition or wasting (weight for height <-2SD), including 10% who are severely wasted (weight for height<-3SD) and 40% who are anaemic.¹¹ The prevalence of both stunting and wasting is considered ‘very high’ according to WHO public health classifications,¹² while the prevalence of anaemia is consistent with a ‘severe’ public health problem.¹³ As Figure 1 shows, rates of malnutrition are generally well above the acceptable World Health Organization cut-off values for public health significance¹⁴ in both urban and rural areas, in all provinces, and among both boys and girls¹⁵.

FIGURE 1: PANEL OF MALNUTRITION AMONG CHILDREN IN TIMOR-LESTE



Similarly, the prevalence of undernutrition (BMI<18.5kg/m²) in women of reproductive age (WRA) is alarmingly high (27%),¹⁶ constituting a high prevalence or serious situation,¹⁷ as is the rate of anaemia in WRA (23%),¹⁸ constituting a moderate public health problem.¹⁹

¹⁰ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

¹¹ *Ibid.*

¹² *Global Database on Child Growth and Malnutrition*.

<https://www.who.int/nutgrowthdb/about/introduction/en/index5.html>.

¹³ WHO. *Haemoglobin concentrations for the diagnosis of anaemia and assessment of severity*.

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

¹⁴ WHO. 2010. *Nutrition Landscape Information System (NLIS), Country Profile Indicators, Interpretation Guide*.

http://www.who.int/nutrition/nlis_interpretation_guide.pdf.

¹⁵ Due to data errors identified in the 2016 DHS, interpret data with caution.

¹⁶ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

¹⁷ WHO. *Nutrition Landscape Information System (NLIS)*.

<http://apps.who.int/nutrition/landscape/help.aspx?menu=0&helpid=392&lang=EN>.

¹⁸ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

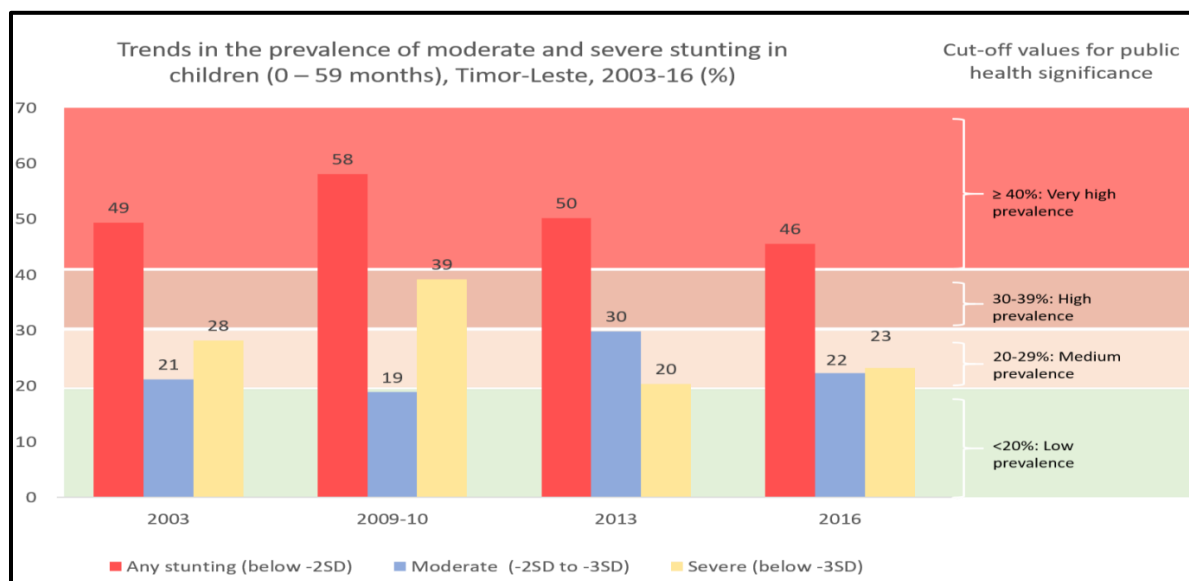
¹⁹ WHO. *Haemoglobin concentrations for the diagnosis of anaemia and assessment of severity*.

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

1.1.1.b. Trends in malnutrition in Timor-Leste

The prevalence of stunting among children aged 0-59 months was lower in 2016 (46%)²⁰ than in 2003 (49%),²¹ 2009/10 (58%)²² and 2013 (50%).²³ While the prevalence of severe stunting is lower than it was in 2003 (28%) and 2009-10 (32%), severe stunting was more prevalent in 2016 than in 2013 (20%). Although there has been a slow downward trend in the prevalence of stunting, according to the *World Health Organization cut-off values for public health significance*, it has remained 'very high' since 2003 (see Figure 2).

FIGURE 2: TRENDS IN STUNTING IN CHILDREN AGED 0-59 MONTHS



The 2016 DHS found that the prevalence of wasting in children 0-59 months in 2016 (24%)²⁴ had increased since comparable surveys were done in 2003 (12%),²⁵ 2009-10 (19%)²⁶ and 2013 (11%).²⁷ Rates of severe wasting also appear to have increased over this period. However, it is important to note that all estimates are influenced by sampling errors since the data are collected through a sample survey methodology. In addition, the timing of the survey is important because the prevalence of wasting is generally higher during lean seasons and periodically surges due to outbreaks of infectious disease or severe weather conditions (see Figure 3).²⁸

²⁰ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

²¹ Timor-Leste Ministry of Health, the National Statistics Office and the University of Newcastle, Australian National University, ACIL Australia. 2004. *Timor-Leste Demographic and Health Survey, 2003*.

²² National Statistics Directorate - NSD/Timor-Leste, Ministry of Finance/Timor-Leste, and ICF Macro. 2010. *Timor-Leste Demographic and Health Survey 2009-10*. Dili, Timor-Leste: NSD/Timor-Leste and ICF Macro.

²³ Democratic Republic of Timor-Leste, Ministry of Health. 2014. *Timor-Leste Food and Nutrition Survey 2013*.

²⁴ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

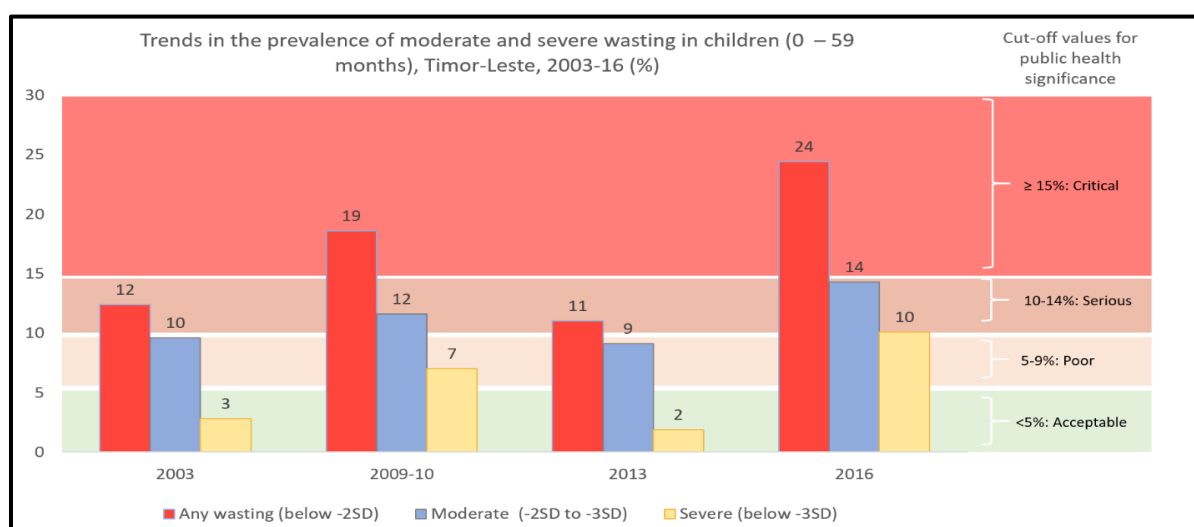
²⁵ Timor-Leste Ministry of Health, the National Statistics Office and the University of Newcastle, Australian National University, ACIL Australia. 2004. *Timor-Leste Demographic and Health Survey, 2003*.

²⁶ National Statistics Directorate - NSD/Timor-Leste, Ministry of Finance/Timor-Leste, and ICF Macro. 2010. *Timor-Leste Demographic and Health Survey 2009-10*. Dili, Timor-Leste, NSD/Timor-Leste and ICF Macro

²⁷ Democratic Republic of Timor-Leste, Ministry of Health. 2014. *Timor-Leste Food and Nutrition Survey 2013*.

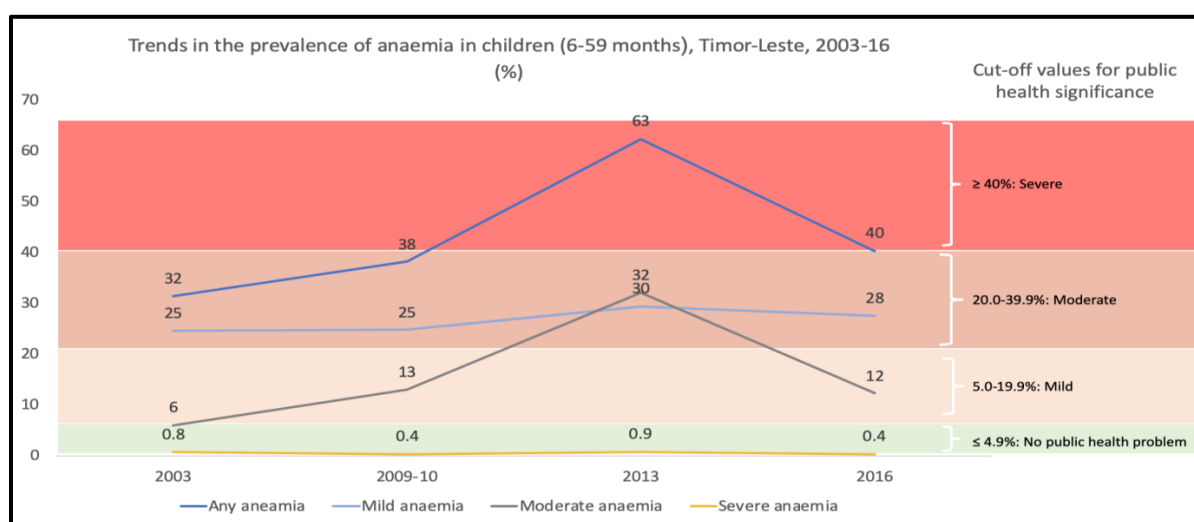
²⁸ World Health Assembly. 2014. *WHA Nutrition Targets 2025: Wasting Policy Brief*. http://www.who.int/nutrition/topics/globaltargets_wasting_policybrief.pdf

FIGURE 3: TRENDS IN WASTING IN CHILDREN AGED 0-59 MONTHS



The 2016 DHS found that 40% of children in Timor-Leste aged 6-59 months are anaemic.²⁹ This represents a decline of 23 percentage points from 2013, when the prevalence was 63%.³⁰ However, the prevalence was higher in 2016 than in 2003 (32%)³¹ and 2009-10 (38%).³² Accordingly, the severity of the public health problem per the World Health Organization cut-off values for public health significance³³ has worsened from moderate in 2003 and 2009-10 to severe in 2013 and 2016. The rates of severe anaemia in children aged 6-59 months have remained relatively low over this period, at less than 1% (see Figure 4).

FIGURE 4: TRENDS IN ANAEMIA IN CHILDREN AGED 6-59 MONTHS



²⁹ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

³⁰ Democratic Republic of Timor-Leste, Ministry of Health. 2014. *Timor-Leste Food and Nutrition Survey 2013*.

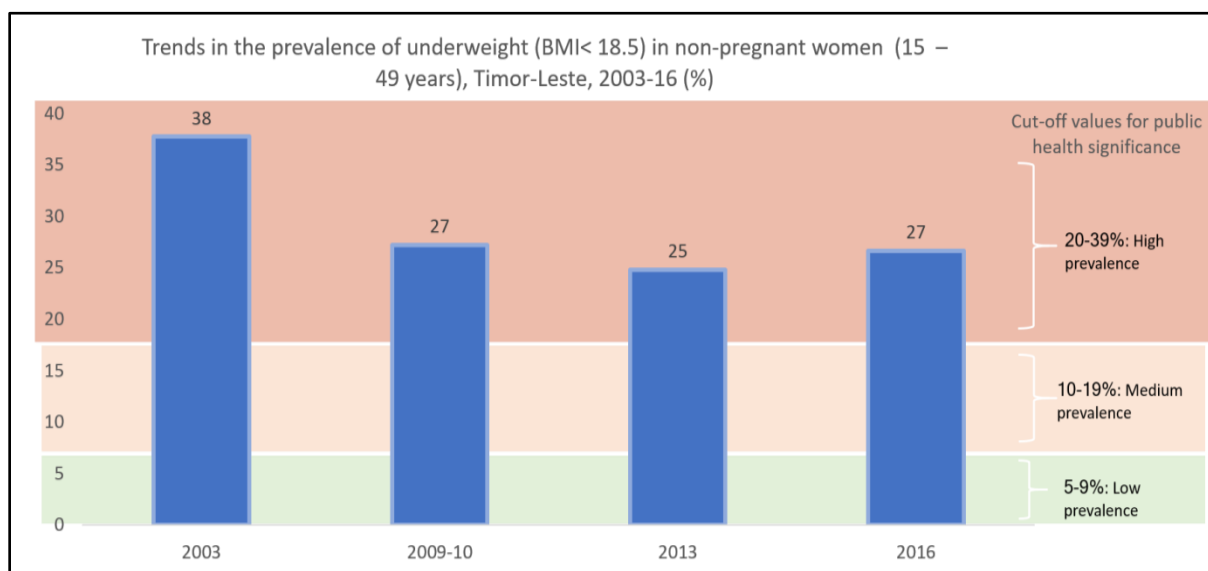
³¹ Timor-Leste Ministry of Health, the National Statistics Office and the University of Newcastle, Australian National University, ACIL Australia. 2004. *Timor-Leste Demographic and Health Survey, 2003*.

³² National Statistics Directorate - NSD/Timor-Leste, Ministry of Finance/Timor-Leste, and ICF Macro. 2010. *Timor-Leste Demographic and Health Survey 2009-10*. Dili, Timor-Leste, NSD/Timor-Leste and ICF Macro.

³³ WHO. *Nutrition Landscape Information System (NLIS), Country Profile Indicators, Interpretation Guide*. http://www.who.int/nutrition/nlis_interpretation_guide.pdf.

Underweight status among non-pregnant women (aged 15-49) in Timor-Leste has followed a general downward trajectory since 2003, falling from 38% in 2003³⁴ to 27% in 2009-10³⁵ and 25% in 2013,³⁶ before rising slightly to 27% in 2016³⁷. According to the *World Health Organization cut-off values for public health significance*,³⁸ the prevalence of underweight women in this group is classified as *high*, and this has been the situation since national data was first collected in 2003. However, discrepancies in the age groups sampled and cut offs employed require that caution is used when interpreting these trends (see Figure 5).

FIGURE 5: TRENDS IN UNDERWEIGHT STATUS AMONG NON-PREGNANT WOMEN IN TIMOR-LESTE



The 2016 DHS figures on prevalence of anaemia in WRA (23%)³⁹ indicate a decline of 16 percentage points from 2013 when the prevalence was 39%⁴⁰ and a decline of 9 percentage points from 2003 when the prevalence was 32%.⁴¹ However, the prevalence was higher in 2016 than in 2009-10 (21%)⁴² and has constituted a *moderate* public health problem (20–39.9%) since 2003. As above, discrepancies in age groups sampled and cut offs employed require that caution is used when interpreting these trends (see Figure 6).

³⁴ Timor-Leste Ministry of Health, the National Statistics Office and the University of Newcastle, Australian National University, ACIL Australia. 2004. *Timor-Leste Demographic and Health Survey, 2003*.

³⁵ National Statistics Directorate - NSD/Timor-Leste, Ministry of Finance/Timor-Leste, and ICF Macro. 2010. *Timor-Leste Demographic and Health Survey 2009-10*. Dili, Timor-Leste, NSD/Timor-Leste and ICF Macro.

³⁶ Democratic Republic of Timor-Leste, Ministry of Health. 2014. *Timor-Leste Food and Nutrition Survey 2013*.

³⁷ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

³⁸ WHO. 2010 *Nutrition Landscape Information System (NLIS), Country Profile Indicators, Interpretation Guide*. http://www.who.int/nutrition/nlis_interpretation_guide.pdf

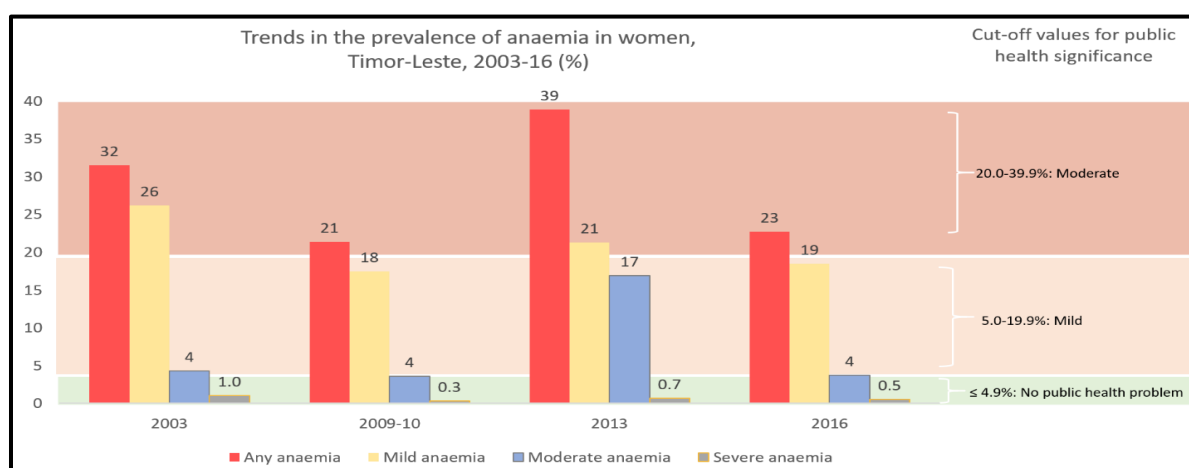
³⁹ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

⁴⁰ Democratic Republic of Timor-Leste, Ministry of Health. 2014. *Timor-Leste Food and Nutrition Survey 2013*.

⁴¹ Timor-Leste Ministry of Health, the National Statistics Office and the University of Newcastle, Australian National University, ACIL Australia. 2004. *Timor-Leste Demographic and Health Survey, 2003*.

⁴² National Statistics Directorate - NSD/Timor-Leste, Ministry of Finance/Timor-Leste, and ICF Macro. 2010. *Timor-Leste Demographic and Health Survey 2009-10*. Dili, Timor-Leste, NSD/Timor-Leste and ICF Macro.

FIGURE 6: TRENDS IN ANAEMIA IN WRA



While rates of overweight status in children under 5 years (weight for height > 2SD) remain relatively low at 5.2%, the doubling of the prevalence of overweight status in women (BMI ≥ 25.0) between 2010 (4.3%) and 2016 (9.8%) is concerning. The potential emergence of the double burden of malnutrition, characterized by the coexistence of undernutrition along with overweight and obesity, or diet-related non-communicable diseases demands that nutrition programming in Timor-Leste considers both under- and over-nutrition, as well as micronutrient deficiencies. A 2014 *National survey for non-communicable disease risk factors and injuries* found that non-communicable diseases (NCD), such as cardiovascular diseases, hypertension, cholesterol, stroke, diabetes, chronic respiratory disease, cancer and kidney diseases, have already emerged and are “becoming major health challenges for the Timorese national health system.” The survey found that the mean of 4.1% of respondents (5.7% of men and 1.2% of women) had impaired fasting glycaemia (also known as pre-diabetes or metabolic syndrome) and approximately 1.5% of both men and women had raised blood glucose.⁴³ The proportion of respondents with raised total cholesterol or currently on medication for raised cholesterol was 21.0% (25.5% of women; 18.5% of men).⁴⁴

1.1.2. Food insecurity in Timor-Leste

The World Food Summit (1996) defined food security as the circumstance when “all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.”⁴⁵ It is difficult to measure “since it deals in very broad terms with the production, distribution and consumption of food,”⁴⁶ so data on food security is limited.

The 2018 [Global Hunger Index](#), a composite index that considers undernutrition, child wasting, child stunting and child mortality, ranked Timor-Leste 110 out of 119 countries for which data is available. Timor-Leste scored 34.2, which is classified as ‘serious’ and bordering on ‘alarming.’ Only Afghanistan, Sudan, Haiti, Yemen, Chad, Zambia, Madagascar, Sierra Leone and the Central African Republic ranked lower. While improvements have been made over time (See Figure 7), the score indicates that food insecurity continues to be a serious issue.

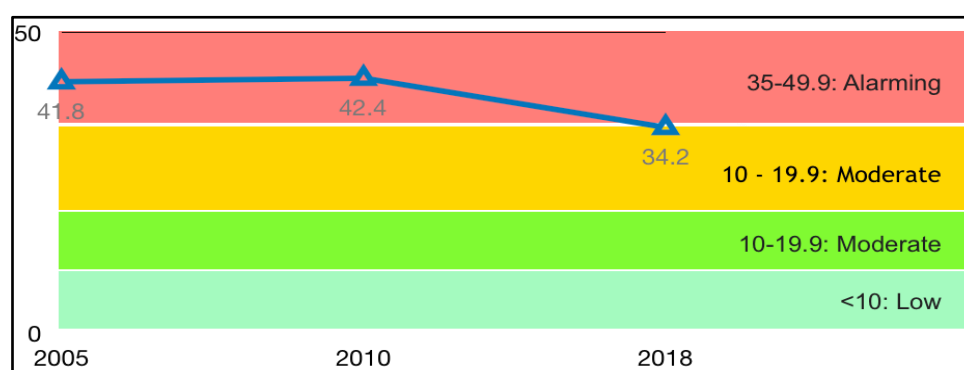
⁴³ WHO. 2015. *National Survey for Non-communicable Disease Risk Factors and Injuries Using WHO STEPS Approach in Timor-Leste-2014*. WHO Regional Office for South-East Asia.

⁴⁴ *Ibid.*

⁴⁵ FAO. http://www.fao.org/fileadmin/templates/faoitaly/documents/pdf/pdf_Food_Security_Cocept_Note.pdf

⁴⁶ Napoli, M., De Muro, P. & Mazziotta, M. 2011. *Toward a food insecurity multidimensional index (FIMI)*. (MSc degree).

FIGURE 7: GLOBAL HUNGER INDEX SCORE FOR TIMOR-LESTE

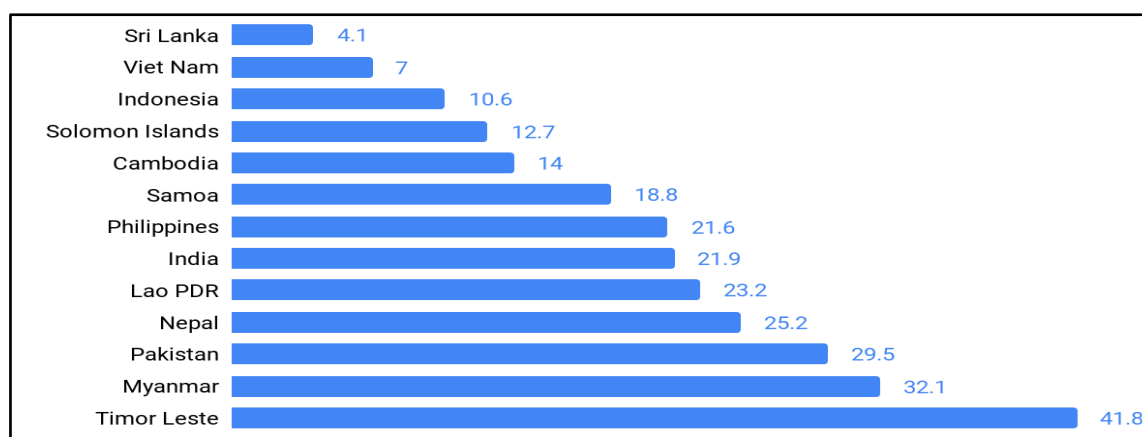


This is consistent with national studies, including the 2013 Timor-Leste Food and Nutrition Survey (TLFNS),⁴⁷ which found that the percentage of household with an acceptable food consumption score⁴⁸ was only 61%.⁴⁹ More recent studies paint an even bleaker picture: the first integrated food security phase classification (IPC) analysis of chronic food insecurity in Timor-Leste found that only a 25% of the population is considered food secure. Over a third (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).⁵⁰

1.1.3. Poverty in Timor-Leste

42% of the population in Timor-Leste lives below the national poverty line of \$46.37 per month, according to the 2014 Timor-Leste Survey of Living Standards.⁵¹ People in rural areas (47.1%) were more likely to live below the poverty line than those in urban areas (28.3%). While this represents a decline from the 2007 rate of 50.4%, the rate remains higher than elsewhere in the region (See Figure 8).⁵²

FIGURE 8: PROPORTION OF POPULATION LIVING BELOW THE NATIONAL POVERTY LINE



⁴⁷ Democratic Republic of Timor-Leste, Ministry of Health. 2014. Timor-Leste Food and Nutrition Survey 2013.

⁴⁸ A composite score based on food frequency, dietary diversity and relative nutrition importance of different food groups.

⁴⁹ Democratic Republic of Timor-Leste, Ministry of Health. 2014. Timor-Leste Food and Nutrition Survey 2013.

⁵⁰ Timor-Leste National Directorate of Food Security and Corporation, Ministry of Agriculture and Fisheries in collaboration with country IPC partners. 2018. *The first report of IPC (integrated phase classification) chronic analysis on food insecurity situation in Timor-Leste*.

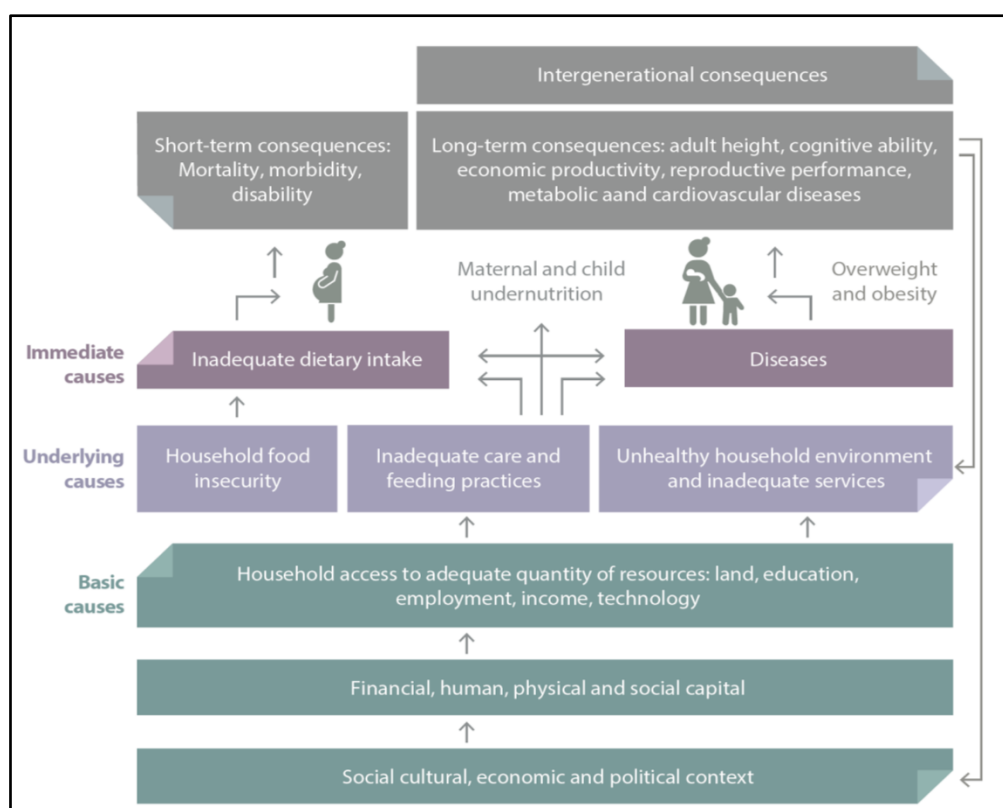
⁵¹ Government of Timor-Leste. *Poverty in Timor-Leste 2014*. <http://www.statistics.gov.tl/wp-content/uploads/2018/02/Poverty-Report-2014-final.pdf>.

⁵² Asian Development Bank. 2018. *Basic statistics 2018*. <https://data.adb.org/dataset/basic-statistics-asia-and-pacific>.

1.2. The drivers of food insecurity, malnutrition and poverty in Timor-Leste: trends and prospects

The drivers of food insecurity, malnutrition and poverty are multisectoral and complex. The 1990 UNICEF Framework for Malnutrition provides an excellent lens through which to review the causes of malnutrition, poverty and food insecurity in Timor-Leste. Acknowledging the interrelations between the three conditions, the Framework shows how poverty and food insecurity, among other factors, underlie malnutrition, which then feeds back into these causes. It classifies the causes as immediate, underlying, and basic, and notes that factors at each level influence those at other levels (See Figure 9).

FIGURE 9: THE UNICEF FRAMEWORK FOR MALNUTRITION



Using the UN Framework as a guide, the following section discusses the drivers of malnutrition in Timor-Leste and analyses the prospects for eradicating food insecurity, malnutrition and poverty in the country.

1.2.1. Immediate causes of malnutrition in Timor-Leste

1.2.1.a. Inadequate dietary intake

While the precise composition of an adequate diet varies over the lifespan, adequate diets are known to contain sufficient energy and essential macro- and micronutrients (including amino acids, vitamins, minerals and water). This section considers the dietary intake of infants, young children and women in Timor-Leste, based on existing evidence that dietary intake for the 1 000 days between conception and two years of age is critical for growth, development and long-term health.⁵³

⁵³ 1,000 Days, <https://thousanddays.org>

1.2.1.a.i. Inadequate dietary intake among infants

An adequate diet begins by [initiating breastfeeding within the first hour of birth](#) to ensure that the infant receives the colostrum, or ‘first milk,’ which is rich in protective factors.⁵⁴ Early initiation is critically important, as it promotes exclusive breastfeeding for the first six months of life, during which breastmilk provides all the nutrients that an infant needs. Global evidence shows that infants who are exclusively breastfed during the first six months have lower risks of mortality⁵⁵ and morbidity.⁵⁶ It is well recognized that [exclusive breastfeeding for 6 months](#) is the optimal way to feed infants, and protecting, supporting and promoting exclusive breastfeeding has been found to have the greatest potential impact on child mortality of any preventive intervention.⁵⁷ As such, it is considered a global public health priority.

This global priority is reflected in Timor-Leste’s national nutrition plans and policies, including the National Nutrition Strategy (2014-2019) and PAN- HAM-TL. Protecting, supporting and promoting appropriate maternal infant and young child nutrition (MIYCN) practices, including breastfeeding, complementary feeding and micronutrient supplementation, were identified as among the 16 multi-sector priority interventions needed to promote healthy diets and improve nutrition in Timor-Leste in a recent prioritization process undertaken by KONSSANTIL.

Yet data shows that sustained improvement in breastfeeding practices between 2003 and 2013 were not maintained. The percentage of infants who were breastfed in the first hour after birth rose from 47% in 2003⁵⁸ to 82% in 2009/10⁵⁹ and 93.4% in 2013;⁶⁰ before falling to 75% in 2016.⁶¹ Similarly, the proportion of children aged 0-5 months who were exclusively breastfed rose from 30.7% in 2003⁶² to 52.3% in 2009/10⁶³ and 62.3% in 2013, before falling to 50% in 2016⁶⁴ (See Figure 10).

⁵⁴ WHO. Early initiation of breastfeeding to promote exclusive breastfeeding. https://www.who.int/elena/titles/early_breastfeeding/en/

⁵⁵ WHO. 2001. *The optimal duration of exclusive breastfeeding*. Report of an expert consultation, Geneva, Switzerland 28-3-March 2001. WHO/NHD/01.09 WHO/FCH/CAH/01.24:GENERAL. https://www.who.int/nutrition/publications/infant_feeding/optimal_duration_of_exc_bfeeding_report_eng.pdf.

⁵⁶ Sankar M.L. et al. 2015. Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. *Acta Paediatrica* 2015 104, pp. 3–13.

⁵⁷ Jones, G., Steketee, R. W., Black, R. E., Bhutta, Z. A., Morris, S. S., & Bellagio Child Survival Study Group. 2003. How many child deaths can we prevent this year? *The Lancet*, 362(9377), 65-71.

⁵⁸ Timor-Leste Ministry of Health, the National Statistics Office and the University of Newcastle, Australian National University, ACIL Australia. 2004. *Timor-Leste Demographic and Health Survey, 2003*. http://dne.mof.gov.tl/socio_demographic_surveys/documents/timor_lesle_2003_demographic_health_surveys.pdf.

⁵⁹ National Statistics Directorate - NSD/Timor-Leste, Ministry of Finance/Timor-Leste, and ICF Macro. 2010. *Timor-Leste Demographic and Health Survey 2009-10*. Dili, Timor-Leste; NSD/Timor-Leste and ICF Macro.

⁶⁰ Democratic Republic of Timor-Leste, Ministry of Health. 2014. *Timor-Leste Food and Nutrition Survey 2013*.

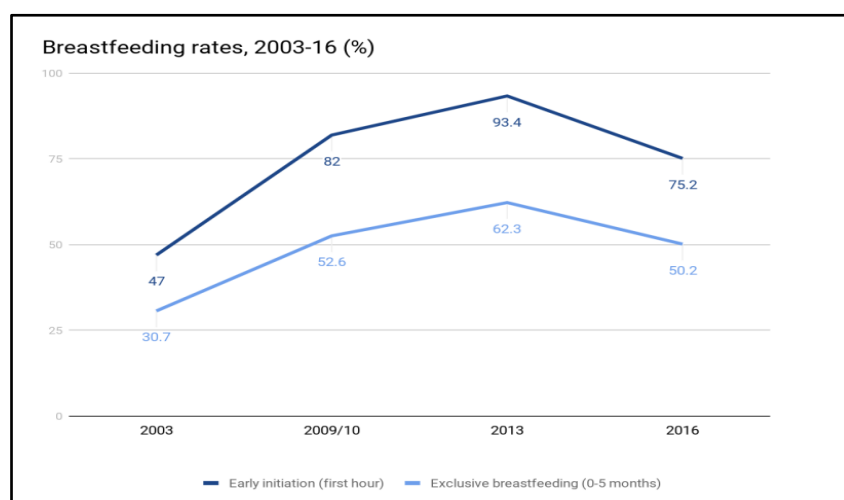
⁶¹ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA: GDS and ICF.

⁶² Timor-Leste Ministry of Health, the National Statistics Office and the University of Newcastle, Australian National University, ACIL Australia. 2004. *Timor-Leste Demographic and Health Survey, 2003*. http://dne.mof.gov.tl/socio_demographic_surveys/documents/timor_lesle_2003_demographic_health_surveys.pdf.

⁶³ National Statistics Directorate - NSD/Timor-Leste, Ministry of Finance/Timor-Leste, and ICF Macro. 2010. *Timor-Leste Demographic and Health Survey 2009-10*. Dili, Timor-Leste, NSD/Timor-Leste and ICF Macro.

⁶⁴ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

FIGURE 10: BREASTFEEDING RATE 2003-16 (%)



The improvements made between 2003 and 2016 demonstrate that there is social willingness to adopt best practices in infant feeding. These successes are attributable, at least in part, to well-planned and targeted social behaviour change communication programmes, and community-based interventions such as mother support groups and role models (such as the former first lady). The problematic declines suggest the need to re-strengthen programmes that protect, support and promote appropriate infant and young child feeding practices in order to improve breastfeeding rates and mitigate the impact of inadequate infant diets.

1.2.1.a.ii. Inadequate dietary intake among young children

After six months, an adequate dietary transition includes [complementary feeding](#), whereby the child receives an adequate range of nutritious foods in addition to breast milk. WHO recommends that complementary feeding should be “*timely*, meaning that all infants should start receiving foods in addition to breast milk from 6 months onwards. It should be *adequate*, meaning that the complementary foods should be given in amounts, frequency, consistency and diversity to cover the nutritional needs of the growing child while maintaining breastfeeding”. Food should be given 2-3 times a day between 6-8 months, increasing to 3-4 times daily between 9-11 months and 12-24 months with additional nutritious snacks offered 1-2 times per day, as desired. Breastfeeding should be continued until two years and beyond.⁶⁵

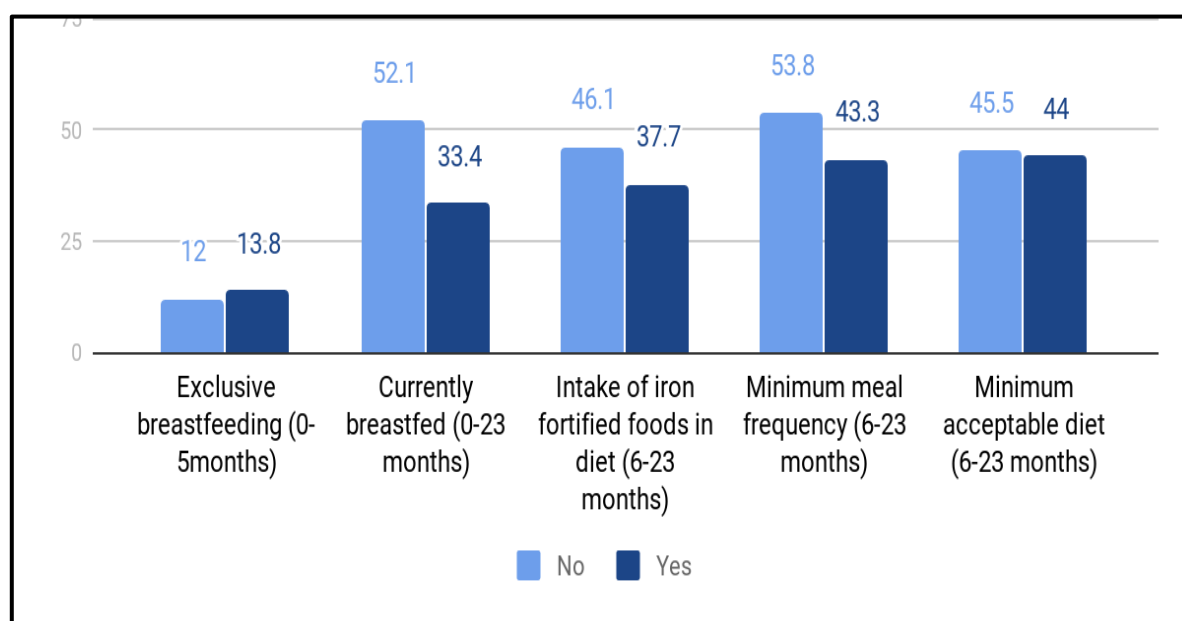
The [2013 Lancet Maternal and Child Nutrition series](#) found strong evidence that promoting optimal complementary feeding practices in food-insecure areas improved height for age, reduced the prevalence of stunting and improved weight for age.⁶⁶ Consistent with the global evidence, data from Timor-Leste shows an association between most infant and young child feeding (IYCF) practices and stunting. Stunting was significantly lower among children who were currently breastfed (aged 0-23 months), those who received iron-fortified foods (6-23 months), those who received minimal dietary diversity (MDD) (6-23 months) and those who received minimal acceptable diets (MAD) (6-23 months), compared to their counterparts who did not receive these feeding practices.⁶⁷ This data was not disaggregated further precluding further analysis.

⁶⁵ WHO. Complementary feeding. https://www.who.int/nutrition/topics/complementary_feeding/en/

⁶⁶ Bhutta Z.A., Das J.K., Rizvi A., Gaffey M.F., Walker N., Horton S. et al. 2013. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet* 382(9890) 452-477.

⁶⁷ Democratic Republic of Timor-Leste, Ministry of Health. 2014. Timor-Leste Food and Nutrition Survey 2013.

FIGURE 11: PREVALENCE OF STUNTING (%) AMONG CHILDREN AGED 0-59 MONTHS BY IYCF PRACTICE



National policies and plans in Timor-Leste, including the National Nutrition Strategy and the National Food and Nutrition Security Policy, acknowledge the importance of appropriate complementary feeding and continued breastfeeding until two years of age and beyond. National support for breastfeeding continues through the recent KONSSANTIL prioritization process, which identified improving diets (including breastfeeding) as a priority target.

Nevertheless, complementary feeding rates remain poor across Timor-Leste. Just over a third of children aged 6-23 months (34%) receive Minimal Dietary Diversity (MDD); defined as foods from four or more food groups,⁶⁸ while fewer than half (46%) receive Minimum Meal Frequency (MMF) for their age group.⁶⁹ Just 13% of children receive a Minimum Acceptable Diet (MAD), an important and telling composite measure that includes both frequency and diversity⁷⁰; this is the lowest rate of any South East Asian country for which data is available⁷¹ (See Figure 12). Furthermore, just 69% of children aged 6-23 months received Vitamin A-rich foods⁷² and only 46% consumed iron-rich foods in the 24 hours prior to the 2016 DHS.

⁶⁸ Food groups: a). infant formula, milk other than breast milk, cheese or yogurt or other milk products; b). foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c). vitamin A-rich fruits and vegetables; d). other fruits and vegetables; e). eggs; f). meat, poultry, fish, and shellfish (and organ meats); g). legumes and nuts)

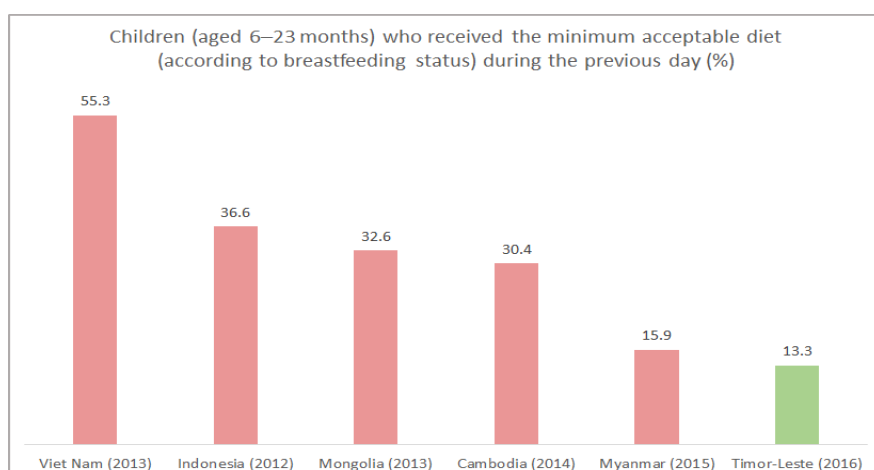
⁶⁹ Solid or semi-solid food at least twice a day for breastfed infants aged 6-8 months and at least three times a day for breastfed children aged 9-23 months and receiving solid or semi-solid food or milk feeds at least four times for non-breastfed children

⁷⁰ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

⁷¹ <https://data.unicef.org/resources/dataset/infant-young-child-feeding/>.

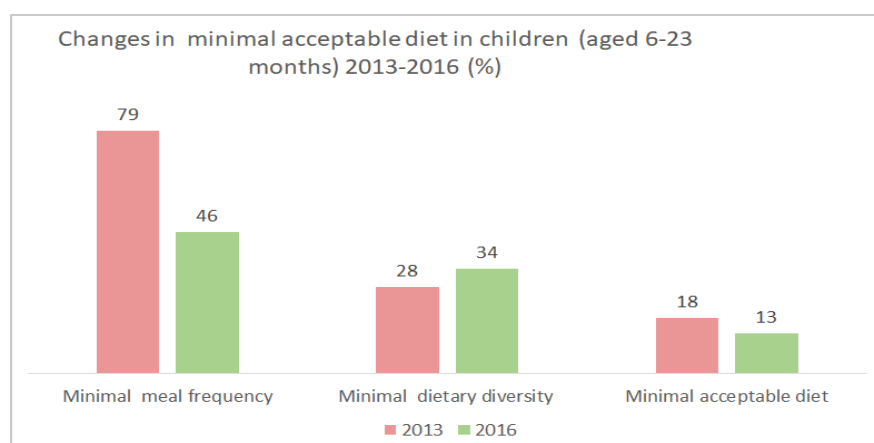
⁷² Despite the finding that vitamin A intake was low, the prevalence of vitamin A deficiency (serum retinol $\leq 0.70\mu\text{mol/l}$) in children aged 6-23 months was found to be 11% in 2013; and the prevalence in children aged 6-59 months was below the cut-off of 20% for routine supplementation (9.7%). In 2016, 64% of children aged 6-59 months received vitamin A supplements in the six months prior to the DHS.

FIGURE 12: CHILDREN (AGED 6-23 MONTHS) WHO RECEIVED THE MAD DURING THE PREVIOUS DAY



A worrisome decline in the prevalence of children who received a MAD between 2013 (18%) and 2016 (13%) is likely to be largely attributable to a sharp decline in the prevalence of children who received MMF (79% to 46%). However, there is some cause for optimism: the percentage of children who received MDD rose over this period from 28% to 34%, although this figure remains well below the national target of 50% by 2019 (See Figure 13).

FIGURE 13: CHANGES IN MINIMAL ACCEPTABLE DIET IN CHILDREN (AGED 6-23 MONTHS) 2013-2016 (%)



Inadequate complementary feeding practices remain a concern across all municipalities of Timor-Leste, in both rural and urban areas and for both boys and girls. MAD ranges from 3% in Lautem to 26% in Manatutu; it is 19% in urban and 11% in rural areas and 12% among boys and 15% among girls.

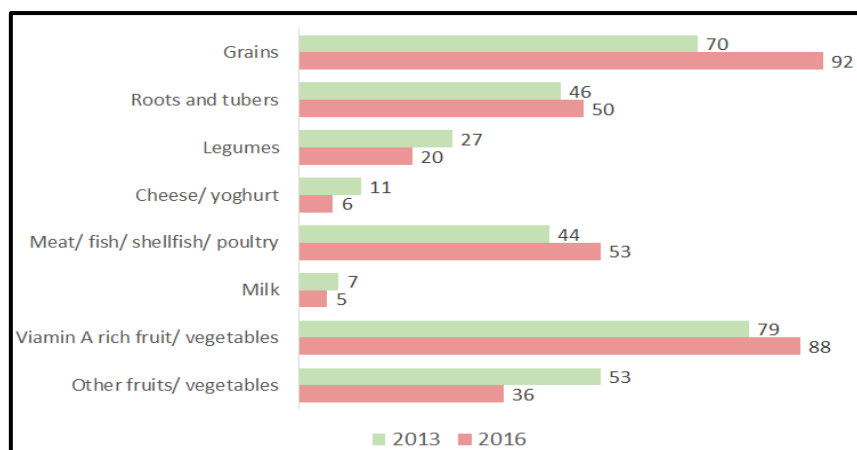
The prospects for eradicating inadequate food consumption among young children in Timor-Leste are uncertain. As seen in the UNICEF Framework, several factors, including food security and caring practices, are critical for determining food consumption and must be considered in assessing opportunities to redress inadequate food intake. These factors are examined in detail below. A comprehensive policy environment for food intake among young children is in place and a national, achievable, multisector target of “promoting healthy diets (including breastfeeding)” has been identified as a priority by KONSSANTIL. Further government and development partner support for this priority is critical to reverse the decline in the prevalence of children who receive MAD and to improve complementary feeding practices.

1.2.1.a.iii. Inadequate dietary intake among women of reproductive age

As the nutritional attainment of a child begins in-utero, maternal diets must also be considered when reviewing dietary adequacy. Maternal diet during pregnancy is thought to be one of the most influential factors for child health and development, and recent evidence demonstrates that maternal nutritional status at the time of conception is also critically important to the health and development of the child.⁷³ The diets of WRA, including adolescent girls are therefore critical to breaking the intergenerational cycle of malnutrition.

Data suggests that the diets of WRA in Timor-Leste generally improved between 2013 and 2016.⁷⁴ The reasons for these improvements cannot be precisely identified, as there have been no national studies of women's diets in recent years. It is clear, however, that there is a great deal of room for improvement: just over half (53%) of WRA reported eating meat/ fish/shellfish/poultry in the 24 hours prior to the 2016 survey, and consumption of dairy appears to have fallen. At the same time, nearly all (92%) WRA had consumed grains and 88% consumed vitamin A-rich fruit/vegetables, but just over half consumed meat / fish / shellfish / poultry (53%).

FIGURE 14: FOOD EATEN BY WRA (AGED 15-49 YEARS) 2003 – 2016



The need to address the nutritional needs of WRA, including adolescent girls, is acknowledged in several Timor-Leste policies, including the National Nutrition Strategy, the National Food and Nutrition Security Strategy and PAN-HAM-TL. Yet very few nutrition-related activities have been implemented in support of this specific group. Adolescent girls represent a particularly acute service delivery gap: although a few programs exist to promote the sexual and reproductive health of girls, none has a nutrition focus. In order to comprehensively address the malnutrition among the population of Timor-Leste and halt the intergenerational cycle of malnutrition, it will be critical to prioritize the WRA-specific targets, goals and actions outlined in national policies.

As with the inadequate diets of children under two years, poor diets among the WRA in Timor-Leste are an important driver of malnutrition. Substantial and sustained efforts are required to continue the improvements made in the diets of WRA in recent years and to ensure that all women have access to diverse/adequate diets. It is encouraging that the policy landscape supports these efforts.

⁷³ Berti C., Cetin I., Agostoni C., Desoye G., Devlieger R., Emmett P.M., Ensenauer R., Hauner H., Herrera E., Hoesli I., et al. Pregnancy and infants' outcome: nutritional and metabolic implications. *Crit. Rev. Food Sci. Nutr.* 2016; 56:82–91. doi: 10.1080/10408398.2012.745477.

⁷⁴ Note: age difference category used in 2013 was 14-60 years, age group classification in 2016 was 15-49 years.

1.2.1.b. Disease

Infectious diseases, in particular diarrhoea and acute respiratory illness, are immediate causes of malnutrition, including wasting and stunting.⁷⁵ In a multi country analysis of data spanning 20 years, Checkley *et al.* (2008) found that the risk of stunting increases with a higher cumulative burden of diarrhoea.⁷⁶ The authors state that the “odds of being stunted increased multiplicatively with each diarrheal episode and with each day of diarrhoea before the age of 24 months.” Furthermore, malnutrition makes children more vulnerable to diarrhoea, and each diarrhoeal episode makes their malnutrition even worse, creating a vicious cycle and contributing to the alarmingly high global diarrhoea-related mortality rate.⁷⁷ Acute respiratory infections (ARIs) share a similar vicious cycle with malnutrition and are a leading cause mortality and morbidity among children under five years of age.

[Timor-Leste's National Health Sector Strategic Plan \(2011-2030\)](#) includes diarrhoea and pneumonia under the Control of Communicable Disease Strategy. National plans to address many of the underlying causes of diseases such as diarrhoea and ARI, including as poor hygiene and sanitation and access to health care (discussed below), are in place.

Nevertheless, the burden of diarrhoea and ARI in Timor-Leste remains substantial. A total of 300,000 cases of diarrhoea were recorded in 2017,⁷⁸ and the 2016 DHS reported that 11% of children aged 0-59 months had diarrhoea in the two weeks prior to the survey, while 2% had symptoms of ARI. Urban children were more likely to have suffered from diarrhoea (14.6%) than their rural counterparts (9.1%), and more likely to have displayed symptoms of ARI (2.6% compared to 1.7%). Rates of diarrhoea remained consistent between 2003 (10%) and 2016 (11%), while rates of ARI in the two weeks prior to the DHS decreased dramatically from 14% in 2003 to 2% in 2016.

Consistent with global evidence, the Timor-Leste Food and Nutrition Survey 2013⁷⁹ showed that children aged 0-59 months who had experienced diarrhoea, fever or fever with cough in the previous two weeks were significantly more likely to be stunted than those who had not. Being ill in the two weeks prior to the survey was significantly associated with a higher prevalence of stunting, irrespective of type of the disease (See Figure 15). Similar correlations were found between the incidence of illness and the prevalence of anaemia in children aged 6-59 months.

⁷⁵ Reinhardt, K., & Fanzo, J. 2014. Addressing chronic malnutrition through multisectoral, sustainable approaches: a review of the causes and consequences. *Frontiers in nutrition*, 1, 13. doi:10.3389/fnut.2014.00013

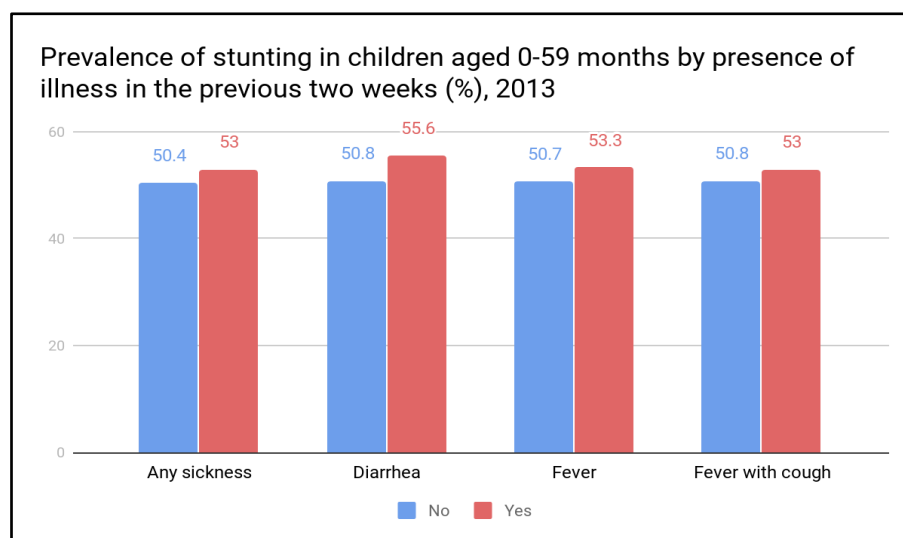
⁷⁶ Checkley, W., Buckley, G., Gilman, R.H., Assis, A.M.O., Guerrant, R.L., Morris, S.S., Mølbak, K. et al. Multi-country analysis of the effects of diarrhoea on childhood stunting." *International Journal of Epidemiology* 37, no. 4 (2008): 816-830.

⁷⁷ WHO. 2017. *Diarrhoeal disease*. <https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease>

⁷⁸ GBD Diarrhoeal Diseases Collaborators. 2017. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(17\)30276-1/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30276-1/fulltext)

⁷⁹ Democratic Republic of Timor-Leste, Ministry of Health. 2014. Timor-Leste Food and Nutrition Survey 2013.

FIGURE 15: PREVALENCE OF STUNTING IN CHILDREN AGED 0-59 THAT SUFFERED FROM ILLNESS IN THE TWO WEEKS PRIOR TO THE SURVEY, 2013



Although the nature of the relationship is less clear, an association between malarial infection and nutritional status is well established.⁸⁰ Bidirectional associations between malaria and nutritional status mean that malaria should be considered to be a driver of malnutrition and thus efforts to address malnutrition should include malaria control. In this regard, Timor-Leste has had tremendous success in recent years. Confirmed cases of malaria fell by 95% from nearly 20,000 in 2011 to just 95 in 2016. Not a single death from malaria was reported in 2015 or 2016.⁸¹ The National Strategic Plan for Malaria Elimination 2017-2021 (GoTL, 2015) credits a “well-funded program with a technically strong strategy built on the foundation of a rapidly evolving health system that is providing basic health services down to the household level” for this success, while the South East Asia Regional Office for the World Health Organization (SEARO) credits political commitment, advances in diagnostic testing and treatment, and financial support for the improvement.

The persistently high prevalence of diarrhoea indicates that the disease burden is an important driver of malnutrition in Timor-Leste. Impressive reductions in malaria control and ARI detection and treatment demonstrate that there is political will and institutional capacity to address disease burden, recognized by the inclusion of diarrhoea in the 2004 Integrated Management of Childhood Illness (IMCI) strategy, which has been successfully rolled out across all municipalities. Efforts to address the underlying causes of diarrhoea, such as hygiene and sanitation initiatives (discussed below) and the provision of insecticide-treated nets, are currently being implemented nationally. Yet the incidence of diarrhoea has not decreased in recent years, indicating that disease will remain a major cause of malnutrition in Timor-Leste until ambitions to further scale up these efforts are realized.

⁸⁰ Oldenburg, C. E., Guerin, P. J., Berthé, F., Grais, R. F., & Isanaka, S. 2018. Malaria and nutritional status among children with severe acute malnutrition in Niger: a prospective cohort study. *Clinical Infectious Diseases*.

⁸¹ WHO. Timor-Leste: Strong malaria control programme cuts cases. <http://www.searo.who.int/mediacentre/events/Timor-Leste-malaria-story/en/>

1.2.2. Underlying causes of malnutrition in Timor-Leste

1.2.2.a. Household food insecurity

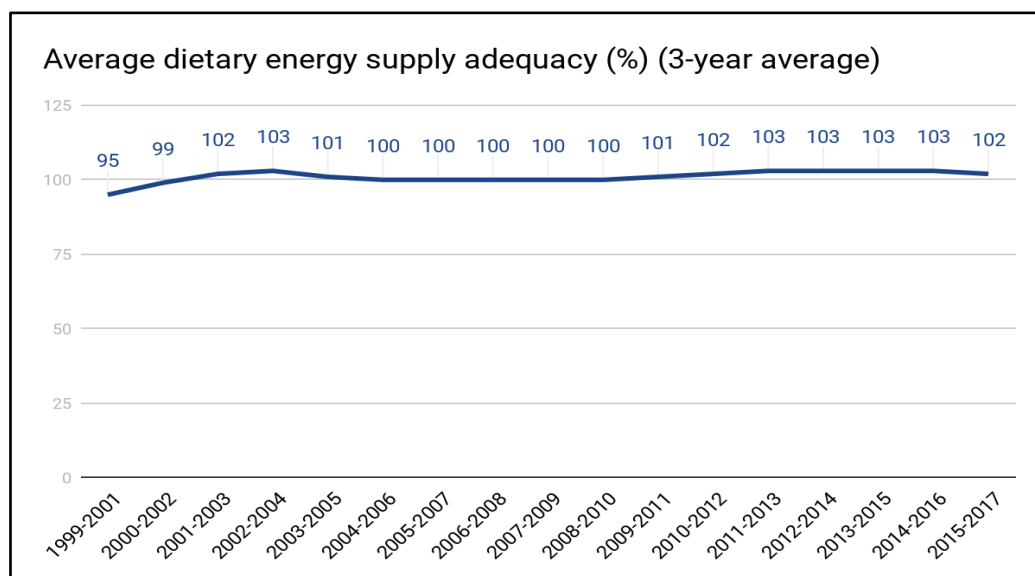
The dimensions of food security can be classified as: availability, access, utilization and stability.⁸² The following sections analyse trends and prospects for eradicating food insecurity in Timor-Leste through the lens of each of these four dimensions.

1.2.2.a.i. Household food insecurity: food availability

This dimension refers to “the availability of sufficient quantities of food of appropriate quality, supplied through domestic production or imports.”⁸³ Measures of food availability include average dietary energy supply adequacy, which assesses the availability of calories across the population; and average protein supply, which offers insight into the nutritional quality of the food supply. Data on the existing and potential food supply in Timor-Leste is limited, but the available information is presented below, followed by a discussion of domestic production.

Since the early 2000s, average dietary energy supply adequacy⁸⁴ has remained relatively constant, rising from 95% to slightly above 100% (see Figure 16).⁸⁵ This suggests that the food supply contains just enough dietary energy to meet aggregate population needs, and that under consumption of energy is a function of poorly distributed food.

FIGURE 16: AVERAGE DIETARY ENERGY SUPPLY ADEQUACY (%) (3 YEARS AVERAGE)



Despite the slight improvement, average dietary energy supply adequacy in Timor-Leste remains lower than in other countries in South East Asia (See Figure 17).⁸⁶

⁸² FAO. 2006. Food Security Policy Brief.

http://www.fao.org/fileadmin/templates/faoitally/documents/pdf/pdf_Food_Security_Cocept_Note.pdf.

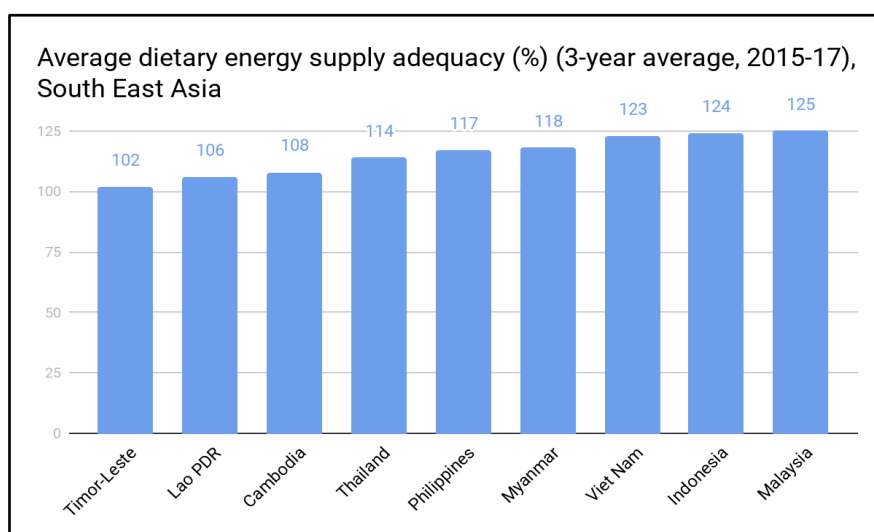
⁸³ *Ibid.*

⁸⁴ This indicator expresses the dietary energy supply (DES) as a percentage of the average dietary energy requirement (ADER). Each country's or region's average supply of calories for food consumption is normalized by the average dietary energy requirement estimated for its population to provide an index of adequacy of the food supply in terms of calories.

⁸⁵ FAOSTAT. <http://www.fao.org/faostat/en/#data/FS>

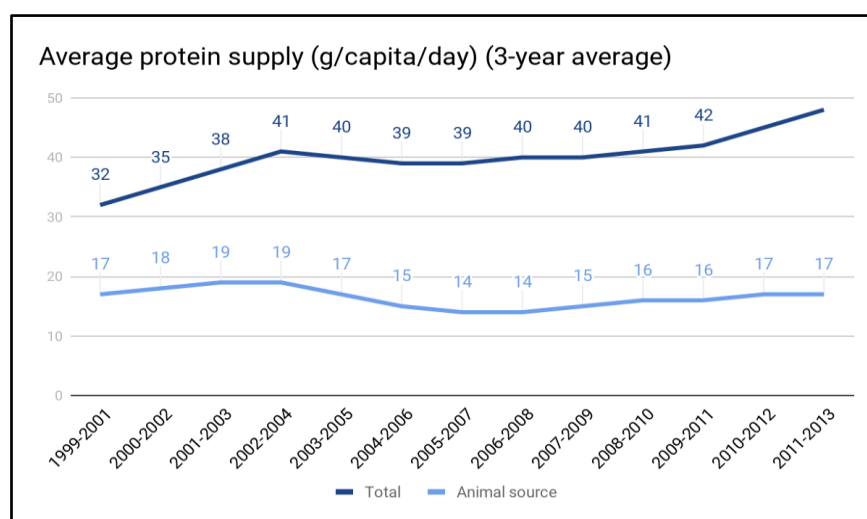
⁸⁶ *Ibid.*

FIGURE 17: AVERAGE DIETARY ENERGY SUPPLY ADEQUACY (%) (3-YEARS AVERAGE, 2015-17), SEA



The average protein supply (g/capita/day, 3-year average) increased from 32 grams per person per day in 1999-2001, to 48 grams in 2011-13,⁸⁷ suggesting a general improvement in the quality of food availability. The change is attributable to an increase in non-animal source proteins, since there has been no meaningful increase in animal source protein supply (See Figure 18).

FIGURE 18: AVERAGE PROTEIN SUPPLY (G/CAPITA/DAY) (3-YEARS AVERAGE)

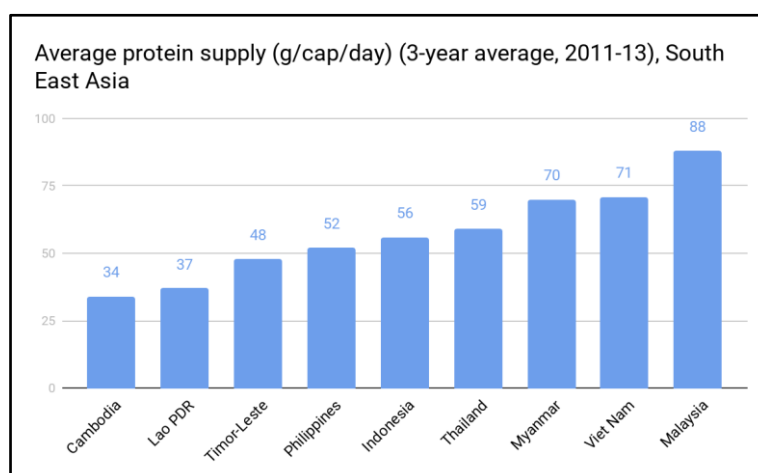


Despite this increase, Timor-Leste continues to have one of the lowest average protein supplies per capita in South East Asia, at just under half of the Malaysian rate of 88g/capita/day (See Figure 19).⁸⁸

⁸⁷ FAOSTAT. Timor-Leste Country Profile. <http://www.fao.org/countryprofiles/index/en/?iso3=TLS>

⁸⁸ *Ibid.*

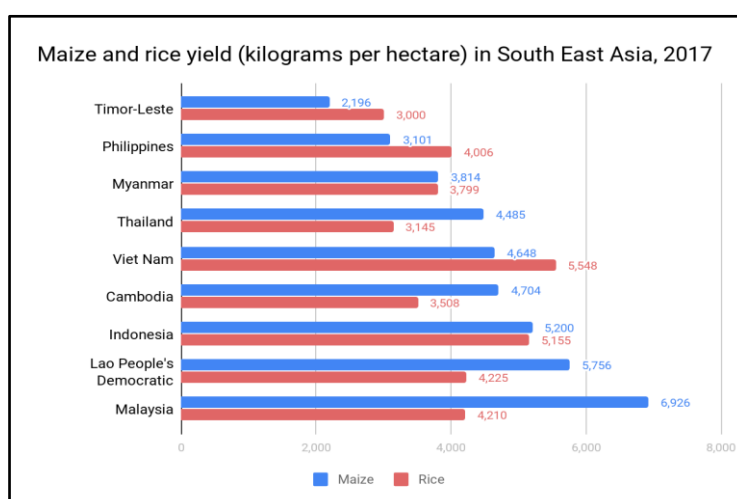
FIGURE 19: AVERAGE PROTEIN SUPPLY (G/CAPITA/DAY) (3-YEARS AVERAGE 2011-13), SOUTH EAST ASIA



The low availability of dietary energy and protein is a function of insufficient domestic production, with inadequate imports to make up the gap between production and optimal consumption.

The major food crops of Timor-Leste are maize, rice, sweet potato, cassava and beans. A wide range of vegetables and fruits are also produced locally, and a number of other crops, including neglected and underutilized species (NUS), make important contributions to dietary diversity. However, domestic production of food in Timor-Leste is impaired by low crop yields. As Figure 20 shows, maize yields in 2017 were much lower than elsewhere in South East Asia at 2,196 kg per hectare (kg/ha), less than a third of the productivity in Malaysia (6,922). Rice yields are also lower than any other country in the region at just over 3,000 kg/ha, compared to over 5,500 kg/ha in Vietnam.⁸⁹

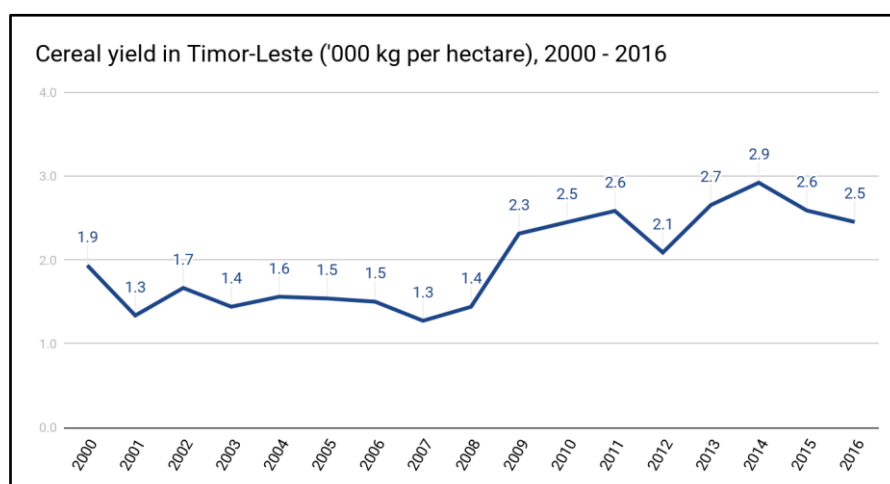
FIGURE 20: MAIZE AND RICE YIELD (KG/HA) IN SOUTH EAST ASIA, 2017



A general increase in cereal crop yield in Timor-Leste has been observed in recent years. Cereal production per hectare more than doubled between 2001 with a 2014 peak of 2,923 kg/hectare, before a slight decline to 2,454 kg/ hectare in 2016 (refer to Figure 21).

⁸⁹ FAOSTAT. <http://www.fao.org/faostat/en/#data/QC>

FIGURE 21: CEREAL YIELD IN TIMOR-LESTE ('000 KG PER HECTARE), 2000 - 2016



Despite these improvements, unpredictable weather patterns and poor soil quality have slowed the relative increases in agricultural productivity.⁹⁰ A 2012 study found that low yields are a consequence of infertile soil, limited use of fertilizers, low-yielding traditional crop varieties, and a lack of productivity-improving technologies.⁹¹ Increases in temperature and rainfall due to climate change in Timor-Leste over the next 40 years, while expected to be modest, may threaten further improvements to crop yields and will likely necessitate shifts in agricultural production methods.⁹²

Compounding the importance of increasing agricultural productivity is the country's high import dependency. Around 40 percent of cereal foods is imported, which leaves Timor-Leste's food prices largely determined by volatile global prices. Low agricultural productivity means that the country is unable to respond to high import prices by increasing domestic production.⁹³ While there is little that Timor-Leste can do to influence global food prices and insulate its citizens from price volatility, increasing domestic productivity would reduce import dependency and thus improve food security and food sovereignty.

The 2015 Population and Housing Census (PHC) found that almost 90 percent of Timor-Leste households engaged in some form of agricultural activity in 2015 less than 3 percent of which reported that their produce was mainly for sale⁹⁴. Over half reported that their produce was mainly for home consumption, with some put aside for sale. Most households involved in agriculture (almost two-thirds) cultivated an area less than one hectare, while less than 2 percent cultivated more than five hectares (PHC, 2015). The agricultural sector is also unstructured and very fragmented. Inadequate access to roads, as well as a shortage of suitable arable land prevent many farming households from reaching scale and accessing markets.

⁹⁰ Barnett J., Dessai, S. & Jones, R.N. 2007. Vulnerability to climate variability and change in East Timor. *AMBIO* 36, 372–377.

⁹¹ Lopes, M. & Nesbitt, H. 2012. Improving food security in Timor-Leste with higher yield crop varieties. In *56th Australian Agricultural and Resource Economics Society Annual Conference, Fremantle, Western Australia*.

⁹² Molyneux, N., Da Cruz, G.R., Williams, R.L., Andersen, R. & Turner, N.C. 2012. Climate change and population growth in Timor-Leste: implications for food security. *Ambio* 41, no. 8 (2012): 823-840.

⁹³ Future Directions International Pty Ltd. *Food and nutrition security in Timor-Leste: challenges and prospects*. 2018. <http://www.futuredirections.org.au/publication/food-and-nutrition-security-in-Timor-Leste-challenges-and-prospects/>.

⁹⁴ Government of Timor-Leste. 2015. *Population and Housing Census 2015*. Preliminary results. Ministry of Finance.

National policy infrastructure for improving agricultural output is in place. [The Ministry of Agriculture and Fisheries Strategic Plan \(2014-2020\)](#) specifically seeks to “sustainably increasing food production through improved crop varieties, forestry, livestock species, and fisheries;” while a [2010 National Adaptation Programme of Action \(NAPA\)](#) on Climate Change sets out strategies to protect and promote agricultural production in the face of rising temperatures and rainfall. In keeping with these policies, the government has made important strides in improving agricultural production, promoting access to improved staple crop seed by farming households. Research has demonstrated that farmers growing the improved varieties are generally more food-secure than those who continue traditional practices.⁹⁵ In addition, the Ministry of Agriculture and Fisheries (MAF) has increased its capacity to provide agricultural extension support with the employment of over 400 extension officers. The Ministry has supported three agricultural secondary schools with over 800 students, and greatly increased the availability of hand tractors and four wheel drive tractors for farmers. In an effort to reduce maize grain losses of up to 30%, the government also assisted in the provision of more than 5,000 silos to farmer groups.⁹⁶

Nevertheless, agricultural investment has mainly been dedicated to staple crop production, along with the development of infrastructure and heavy machinery. Furthermore, the MAF’s policy of providing productive inputs free-of-charge to farming communities limits the emergence of the private sector and creates biases that do not necessarily favour the most productive, sustainable and viable outcomes, despite frequent government statements supporting private sector involvement in agriculture. In addition, Timor-Leste’s liberal trade regime levies a tax rate of only 2.5% on all imported goods (agricultural or not),⁹⁷ entrenching the import dependency and further discouraging local production.

Compounding these disincentives to invest in agriculture is farmers’ lack of access to education. Seventy-seven percent of farm household heads have either not attended school or have not reached the secondary education level (PHC, 2015); this likely inhibits their potential understanding and adoption of new farming technologies and excludes many households from formal agribusiness opportunities.

Farmers also must grapple with poor market orientation and information systems, limited access to quality inputs and technologies; inadequate infrastructure for value addition, poorly coordinated efforts and weak links among public sector agencies, degradation of natural resources, and capacity constraints within MAF to address these constraints effectively.

Although constrained by a shortage of suitable arable land, opportunities to increase agricultural productivity do exist. The recent IPC recommended increasing the production of nutrient-rich foods by improving water systems and adopting climate-smart agricultural practices (e.g. conservation agriculture) to ensure the production of a range of food varieties year-round. Research is required to map food import trends and stakeholders, and to assess the consequences of the current trade regime on domestic production. Consideration should be

⁹⁵ **Spyckerelle, L. et al.** Advances in food availability in Timor-Leste. In *Food security in Timor-Leste through crop production*. H. Nesbitt, W. Erskine, C.J. da Cruz & A. Moorhead (eds). file:///C:/Users/heath/Downloads/2016_AdvancesinfoodavailabilityinTimor-Leste.pdf. (eds). file:///C:/Users/heath/Downloads/2016_AdvancesinfoodavailabilityinTimor-Leste.pdf.

⁹⁶ **Da Costa, M., Lopes, M., & Ximenes, Anita & do Rosario Ferreira, Adelfredo & Spyckerelle, Luc & Williams, Rob & Nesbitt, Harry & Erskine, W.** 2012. Household food insecurity in Timor-Leste. *Food Security* 5. 10.1007/s12571-012-0228-6.

⁹⁷ **World Trade Organization.** 2017. Tariffs and imports: Summary and duty ranges, Timor-Leste https://www.wto.org/english/res_e/statistics_e/daily_update_e/tariff_profiles/TL_E.pdf

given to adapting tariff and non-tariff trade barriers to protect Timor-Leste's emerging agricultural sector. In addition, reorienting government programmes away from subsidies and toward private sector development could encourage investment in the agricultural sector and improve the food security of farming families, communities and the country at large.

The progress toward developing infrastructure across Timor-Leste represents a tremendous gain in market access for farmers and will enhance agribusiness opportunities. Existing programmes, such as the USD 21 million Sustainable Agriculture Productivity Improvement Project (SAPIP), funded by the Global Agriculture and Food Security Program (GAFSP - World Bank), is making progress toward increasing smallholders' agriculture productivity and marketability. Yet further research is needed to identify how to best prioritize limited resources in order to improve consumption patterns. Future research areas should include the relative cost-efficiency of using diversified systems, equipment and fertilizers for sustainability; new cultivars and opportunities to equitably engage poor, minority and women farmers; and opportunities to further enhance infrastructure to protect and promote the availability of market access for farmers and consumers alike.

1.2.2.a. ii. Household food insecurity: food access

This dimension refers to the "access by individuals to adequate resources (entitlements) for acquiring appropriate foods for a nutritious diet."⁹⁸ Improving food access involves identifying and removing physical and economic barriers to acquiring an adequate diet.⁹⁹ The physical barriers to food security include a lack of market places and poor roads; while the economic aspects of this dimension include income, purchasing power and social safety nets.

Physical access to food sources is limited by constraints on households trying to reach markets. The infrastructure of Timor-Leste is poor and deteriorating, with most roads in poor condition and requiring repair or rebuilding. Around 90% of national roads are either in poor or very poor condition; only 10% are in fair condition.¹⁰⁰ Road infrastructure in many of the rural and mountainous municipalities is particularly underdeveloped, with many villages connected by unsealed roads, which are easily damaged during the wet season. On average, 60% of Timor-Leste's *aldeias*, or communities, are inaccessible by road during periods of the wet season.¹⁰¹ Furthermore, marketplaces themselves are substandard. A recent assessment of marketplaces in two municipalities¹⁰² highlighted their critical role in improving food access but found that the current levels of investment in markets do not reflect the economic value that they can bring to the local economy, noting that marketplace planning, governance and management arrangements are poor, unregulated and reinforce existing gender inequalities.

Infrastructure development is a major focus of the National Strategic Development Plan 2011-30, which recognizes that "an extensive network of quality and well-maintained roads is

⁹⁸ FAO. 2006. Food Security Policy Brief.

http://www.fao.org/fileadmin/templates/faoitally/documents/pdf/pdf_Food_Security_Cocept_Note.pdf.

⁹⁹ European Commission. *Food and nutrition security - access to food*. https://ec.europa.eu/europeaid/sectors/food-and-agriculture/food-and-nutrition-security/access-food_en

¹⁰⁰ Government of Timor-Leste. *Strategic Development Plan 2011-2030*. <http://Timor-Leste.gov.tl/wp-content/uploads/2011/07/Timor-Leste-Strategic-Plan-2011-20301.pdf>.

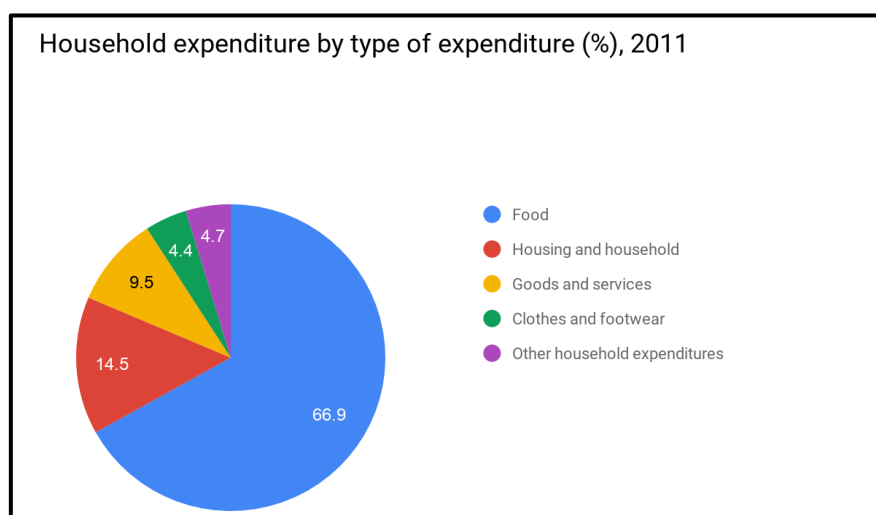
¹⁰¹ Future Directions International Pty Ltd. 2018. Food and nutrition security in Timor-Leste: challenges and prospects. <http://www.futuredirections.org.au/publication/food-and-nutrition-security-in-Timor-Leste-challenges-and-prospects/>.

¹⁰² UN Women and TOMAK. 2018. Gendered marketplace assessment: women vendors' voices and aspirations for change. http://tomak.org/wp-content/uploads/2019/02/Gendered-marketplace-assessment_Eng.pdf

essential to connect communities, promote rural development, industry and tourism, and provide access to markets.” Under this plan, the government aims to complete a programme of “rural urbanization” whereby people will have “better roads [and] access to markets.”¹⁰³ In addition, the GoTL has prioritized national budgets for rural roads through the Roads for Development programme, and other rural infrastructure through the National Programme for Village Development (PNDS).

Economic access to food is a major constraint to many families in Timor-Leste and the critical nexus where poverty and food insecurity meet. The 2018 KONSSANTIL perceptions of resource and capacity needs assessment, conducted within the framework of this policy effectiveness analysis, found that a lack of resources was perceived as one the most common causes of malnutrition in Timor-Leste. On average, households spend almost 70% of their income on food (see Figure 22), although “obviously food is an even larger component of the budget for the poorest segment of the population”¹⁰⁴ As noted above, 42% of the population live below the national poverty line, and access to food is a daily concern.

FIGURE 22: HOUSEHOLD EXPENDITURE BY TYPE OF EXPENDITURE (%), 2011



Poverty reduction is a major focus of the National Strategic Plan, whose economic vision includes the eradication of extreme poverty. National efforts to address poverty, and thus improve economic access to food, include improving social safety nets. The Bolsa da Mãe programme of conditional cash transfers to families with children is identified in several nutrition-related plans and policies. This, and other social poverty reduction programmes, are discussed later in this report.

1.2.2.a.iii. Household food insecurity: food utilization

This dimension refers to the “utilization of food through adequate diet, clean water, sanitation and health care to reach a state of nutritional well-being where all physiological needs are met.”¹⁰⁵ This section of the report focuses on the knowledge required for appropriate food use. Clean water, sanitation and health care are discussed in detail in later sections of the report.

¹⁰³ Government of Timor-Leste. *Strategic Development Plan 2011-30*.

¹⁰⁴ National Statistics Directorate, General Directorate for Analysis & Research, Ministry of Finance, Timor-Leste. 2011. Timor-Leste household income and expenditure survey. http://www.statistics.gov.tl/wp-content/uploads/2013/12/HIES2011_Report_20-20Final.pdf.

¹⁰⁵ FAO. 2006. Food Security Policy Brief. http://www.fao.org/fileadmin/templates/faitaly/documents/pdf/pdf_Food_Security_Cocept_Note.pdf

The 2018 KONSSANTIL Needs Assessment identified a lack of knowledge as a primary cause of malnutrition in Timor-Leste. Anecdotal evidence suggests that basic food-based nutrition knowledge is marginal and indicates that there is a need to promote behavioural change at the grassroots and community levels to make clear the importance of good nutrition and a diverse diet. A lack of knowledge is further entrenched by misinformation and myth, which play important roles in the use of food in Timor-Leste. A 2007 TAIS study¹⁰⁶ sheds light on the non-scientific beliefs that may influence diet for children, such as the belief that eating dark green leafy vegetables will cause diarrhoea in children; that breastfeeding is bad during child illness; and that nutritious foods are expensive and difficult to prepare. Another study found that food choices for children were largely based on texture, with parents and carers preferring to give foods they considered “soft” and withholding foods considered to be “hard” that required processing to alter the texture until children had enough teeth to consume ‘hard’ foods.¹⁰⁷ A 2013 identified a common perception that a full meal is a large quantity of rice, a belief that rice has more “status” than maize and a practice of reserving meat for ceremonial purposes.¹⁰⁸

Education to improve nutrition knowledge is a feature of many national policies and plans, including the National Nutrition Strategy (2014–2019), the 2017 National Food and Nutrition Security Policy, PAN-HAM-TIL and the [Timor-Leste National Strategic Plan for Education 2011-2030](#). Such educational efforts are underway, including the establishment of mother support groups to provide counselling on infant and young child feeding, and the roll out of the Specific Nutrition Intervention Package (SNIP) training.

1.2.2.a. iv. Household food insecurity: stability

To be food secure, a population, household or individual must have “access to adequate food at all times. They should not risk losing access to food as a consequence of sudden shocks (e.g. an economic or climatic crisis) or cyclical events (e.g. seasonal food insecurity). The concept of stability can therefore refer to both the availability and access dimensions of food security.”¹⁰⁹

The stability of food access in Timor-Leste is highly problematic. Many parts of the country have a distinct hungry season – generally falling between November and March – defined as the period prior to the maize and rice harvests, when root vegetables become the main staple.¹¹⁰ During this period, many families resort to foraging for wild foods, skipping meal, selling animals and other assets, and depending on social networks for their survival.¹¹¹ On average, rural households lack enough rice or maize to eat for 3.8 months each year, while urban households experience food shortages for two months each year¹¹².

¹⁰⁶ **TAIS (Timor-Leste Asistencia Integrada Saude)**. 2007. *Community consultation on child health practices in Timor-Leste*. <http://www.comminit.com/?q=early-child/node/277361>.

¹⁰⁷ **Wong J. et al.** 2019. *To feed or not to feed? Food texture and other barriers to increasing infant and young child dietary diversity in Timor-Leste*. In press

¹⁰⁸ **Castro A.F.** 2013. *An approach to the food habits of three communities in Timor-Leste*. Final report. Timor-Leste: Care International. <https://www.care.org.au/wp-content/uploads/2014/12/Timor-Leste-food-habits-report.pdf>.

¹⁰⁹ **FAO**. 2006. Food Security Policy Brief. http://www.fao.org/fileadmin/templates/faoitaly/documents/pdf/pdf_Food_Security_Cocept_Note.pdf.

¹¹⁰ **Spyckerelle, L. et al.** Advances in food availability in Timor-Leste. In *Food security in Timor-Leste through crop production*. H. Nesbitt, W. Erskine, C.J. da Cruz & A. Moorhead (eds). file:///C:/Users/heath/Downloads/2016_AdvancesinfoodavailabilityinTimor-Leste.pdf.

¹¹¹ **Da Costa, Marcelino & Lopes, Modesto & Ximenes, Anita & do Rosario Ferreira, Adelfredo & Spyckerelle, Luc & Williams, Rob & Nesbitt, Harry & Erskine, W.** 2012. Household food insecurity in Timor-Leste. *Food Security*. 5. 10.1007/s12571-012-0228-6.

¹¹² **Government of Timor-Leste**. *Strategic Development Plan 2011-30*.

A study of two *Sucos*¹¹³ in the eastern part of Timor-Leste found that child growth declined over the wet season, which roughly coincides with the hungry season,¹¹⁴ establishing a direct link between seasonal fluctuations in food availability and chronic malnutrition.

There are various ways in which the hungry season takes its toll. Households that rely on subsistence agriculture rather than on market-oriented production, most of whom are very vulnerable, simply run out of food between harvests. Farmers that sell their produce may not be able to access markets, due to damage to the transportation infrastructure. And the laws of supply and demand force prices up as supplies dwindle. Consequently, food sources are both physically and economically more difficult to access. Research has shown that sacks of rice cost an average of US\$2.50 more in February than in August, because transportation costs are higher during the wet season¹¹⁵.

Timor-Leste's import dependency compounds the instability of food security. Food prices are highly vulnerable to global fluctuations with the result that food security for poorer households faces increased pressure as food becomes less affordable during times of inflation.¹¹⁶ As noted above, Timor-Leste is powerless to smooth global food prices, but efforts to improve agricultural productivity, and thus reduce the country's import dependency will assist the nation to insulate its citizens from food instability due to global price fluctuations.

While it is clear that availability, access, utilization and stability all play important roles in the food security situation of households across Timor-Leste, major knowledge gaps remain. It is not known, for example, whether existing markets have sufficient diversity to meet the nutrition needs of all household members; and no major studies have investigated the relative importance of these pillars of food security at the household level. A Cost of the Diet (CoD) study has been commissioned to "estimate the amount and combination of local foods needed to provide a typical family with a diet that meets their averaged needs for energy and recommended intakes of protein, fat, and micronutrients." With financial support from a range of partners, including FAO, this study will be conducted by WFP in 2019 and will provide further insights into the food security challenges in Timor-Leste and opportunities to address these challenges.

1.2.2.b. Inadequate care and feeding practices

In addition to the feeding practices documented above in Section 1.2.1.a, the care and feeding of children can impact nutrient intake, growth and development.

Responsive feeding practices, by which a caregiver recognizes hunger and satiety cues and responds appropriately, are known to improve the dietary intake of children, while a supportive environment that allows children to explore different foods on demand is conducive to good feeding practices and improved intake of food. The 2013 TLFNS found that 57% of children in Timor-Leste are fed responsively, meaning they receive food when they show signs of hunger. and are assisted to eat during mealtimes¹¹⁷.

¹¹³ The administrative posts of Timor-Leste are subdivided into 442 sucos ("villages")

¹¹⁴ **Spencer, P.R., Sanders, K.A. & Judge, D.S.** Growth curves and the international standard: how children's growth reflects challenging conditions in rural Timor-Leste. *Am J Phys Anthropol* 2017;00:000–000. <https://doi.org/10.1002/ajpa.23350>.

¹¹⁵ **Future Directions International Pty Ltd.** 2018. Food and nutrition security in Timor-Leste: challenges and prospects. <http://www.futuredirections.org.au/publication/food-and-nutrition-security-in-Timor-Leste-challenges-and-prospects/>.

¹¹⁶ *Ibid.*

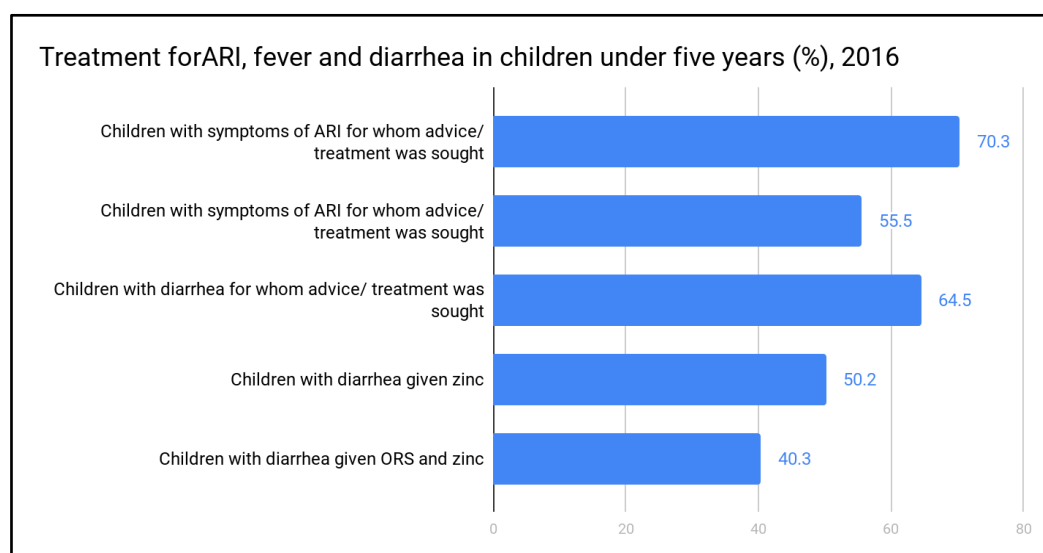
¹¹⁷ **Democratic Republic of Timor-Leste, Ministry of Health.** 2014. Timor-Leste Food and Nutrition Survey 2013.

Appropriate care and feeding practices during illness are important in helping the child to recover. WHO recommends that children as a rule be fed normally and given extra fluids to reduce the risk of dehydration and weight loss during illness.¹¹⁸ However, in Timor-Leste, only 7 percent of children aged 0-59 months receive additional fluids during bouts of diarrhoea and 5 percent are given additional food. A quarter (25 percent) received much less or no additional fluid or food when they had diarrhoea.¹¹⁹

Responsive feeding is not specifically mentioned in any major nutrition policies. However, the IYCF and SNIP training packages include information on appropriate feeding practices, and health staff and volunteers are encouraged to counsel women and families on these practices, although there is limited data on the effectiveness of such counselling.

Seeking appropriate treatment for infections is vital to reducing disease burden.¹²⁰ The 2016 DHS showed that treatment was sought for 70% of children with ARI symptoms,¹²¹ 56% of children with a fever, and 65% of children with diarrhoea. Seventy percent of children with diarrhoea received a rehydration solution from an oral rehydration salt (ORS) packet or pre-packaged ORS fluid; 50 percent were given zinc supplements; and 40 percent received both ORS and zinc supplements (See Figure 23).

FIGURE 23: TREATMENT FOR ARI, FEVER AND DIARRHOEA IN CHILDREN UNDER FIVE YEARS OLD (%), 2016



The ability of a family to provide optimal caring practices is influenced by the number of children in the household. Family planning “is essential to securing the well-being and autonomy of women, while supporting the health and development of communities” and can reduce infant and maternal mortality.¹²² As noted above, Timor-Leste has demonstrated one of the world’s

¹¹⁸ WHO. 2006. *Infant and young child feeding counselling. An integrated course*. ISBN: 9789241594745, 9789241594752, 9789241594769, 9789241594776. https://www.who.int/maternal_child_adolescent/documents/9789241594745/en.

¹¹⁹ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

¹²⁰ Alegana, V.A., Wright, J., Pezzulo, C., Tatem, A. J., & Atkinson, P. M. 2017. Treatment-seeking behaviour in low-and middle-income countries estimated using a Bayesian model. *BMC Medical Research Methodology*, 17(1), 67.

¹²¹ A cough accompanied by short, rapid breathing or difficulty breathing as a result of a chest-related problem.

¹²² WHO. 2018. *Family planning and contraception*. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>

most rapid declines in total fertility rate (TFR) in women of reproductive age¹²³, from 7.8 in 2003 to 4.2 in 2016. However, as discussed elsewhere in this report, a further decline in the TFR is threatened by a persistently high rate of unmet needs for contraception which was 25% in 2016.

Little is known about how and with whom children spend their days in Timor-Leste, although women have been found to dedicate more time to childcare than do men,¹²⁴ and there is evidence that older children are responsible for child care while their parents work outside of the home.¹²⁵ A 2016 report on women's use of their time before and after the implementation of a water system project hypothesized that child caring may be a "a well-integrated part within multitasking dynamic that women tend to undertake."¹²⁶ Further research is required to understand how and by whom infants and young children are cared for, in order to appropriately target programmes to improve caring and feeding practices.

1.2.2.c. Unhealthy household environments

Unhealthy household environments, such as those that lack hygiene and sanitation facilities, leave household members vulnerable to infectious diseases such as diarrheal diseases and respiratory infections, which (as discussed above) are implicated in malnutrition. Faecal contamination of the environment and through poor hygiene practices and sanitation remain a leading cause of child mortality, morbidity, undernutrition and stunting, and can potentially have negative effects on cognitive development. The availability of and accessibility to improved drinking water, water supply at source, sanitation and hand-washing with soap minimize the prevalence of waterborne diseases, including diarrhoea among household members, especially infants and young children.¹²⁷ Women and girls are often particularly vulnerable to the consequences of poor sanitation.¹²⁸

Consistent with the global evidence, the 2013 TLNFS found that children in households with improved drinking water, improved latrines or handwashing stations were less likely to be stunted than those in households in which these facilities were not available.¹²⁹

¹²³ Total fertility rate refers to total number of children born or likely to be born to a woman in her life time if she were subject to the prevailing rate of age-specific fertility in the population.

¹²⁴ TOMAK. 2016. *Gender equality and social inclusion analysis*. Technical Report 8 December 2016. <http://tomak.org/wp-content/uploads/2016/11/TOMAK-gender-and-social-inclusion-analysis.pdf>.

¹²⁵ Reghupathy, N., Judge, D.S., Sanders, K.A., Amaral, P.C., & Schmitt, L.H. 2012. Child size and household characteristics in rural Timor-Leste. *American Journal of Human Biology*, 24(1), 35-41.

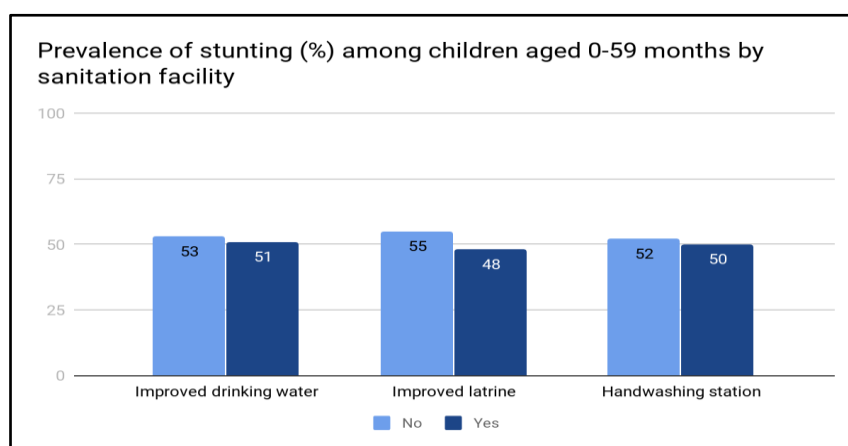
¹²⁶ BESIK. 2016. *Timor-Leste rural water supply and sanitation program*. BESIK Phase 2: Time use mapping study. https://riel.cdu.edu.au/sites/default/files/managed/downloads/public_time_mapping_study_eng.pdf

¹²⁷ Fewtrell L. & Colford, J.M. Jr. 2004. *Water, sanitation and hygiene: interventions and diarrhoea – a systematic review and meta-analysis*. Water Supply and Sanitation Sector Board and World Bank Health, Nutrition, and Population Family.

¹²⁸ UNICEF. 2018. *UNICEF's game plan to end open defecation*. https://www.unicef.org/wash/files/UNICEF_Game_plan_to_end_open_defecation_2018.pdf.

¹²⁹ Democratic Republic of Timor-Leste, Ministry of Health. 2014. Timor-Leste Food and Nutrition Survey 2013.

FIGURE 24: PREVALENCE OF STUNTING AMONG CHILDREN AGED 0-59 MONTHS BY SANITATION FACILITY, 2016



An analysis of DHS surveys from 65 developing countries concluded that open defecation accounts for 54 percent of the variations found in child height, demonstrating an important association between the practice of open defecation and child development and growth.¹³⁰ The 2015 Timor-Leste Census¹³¹ indicated that 21 percent of people practiced open defecation, a decline from 28 percent in 2009/10.¹³² Although the national level remains high, some municipalities have demonstrated remarkable success in reducing such practices. In 2018, the entire Ermera municipality was declared open defecation free (ODF) and in four other municipalities over 90% of *aldeias* have eliminated open defecation. These successes have been consistently attributed to ministry leadership, clarity of programming, sustained coordination, and deep community engagement¹³³.

Timor-Leste has demonstrated improvements in several water sanitation and hygiene (WASH) interventions over recent years. In 2010, 65.9% of households had access to an improved source of drinking water,¹³⁴ rising to 74.7% in 2015¹³⁵ and 79% in 2016.¹³⁶ While previous data is limited, in 2016 a handwashing station was observed in 90% of households, 28% of which included water and soap.¹³⁷ Yet while improvements in some areas of water and sanitation have been impressive, they have not been universal across Timor-Leste. In particular, rural households have not benefited to the same degree as their urban counterparts. A 2015 report on Water Supply and Sanitation in Timor-Leste found that “rural residents account for 92% of the 358,000 people nationally that do not have access to improved water supply [and] 86% of the 704,000 people nationally without access to an improved toilet.”¹³⁸

¹³⁰ Spears, D. 2013. *How much international variation in child height can sanitation explain?* (English). Policy Research working paper, no. WPS 6351. Washington, DC, World Bank.
<http://documents.worldbank.org/curated/en/449651468191643600/How-much-international-variation-in-child-height-can-sanitation-explain>.

¹³¹ Government of Timor-Leste. 2015. *Population and Housing Census 2015*. Preliminary Results. Ministry of Finance.

¹³² National Statistics Directorate - NSD/Timor-Leste, Ministry of Finance/Timor-Leste, and ICF Macro. 2010. *Timor-Leste Demographic and Health Survey 2009-10*. Dili, Timor-Leste, NSD/Timor-Leste and ICF Macro.

¹³³ Personal communication with Bobonaro Municipality President 2018.

¹³⁴ Government of Timor-Leste. 2015. *Population and Housing Census 2015*. Preliminary Results. Ministry of Finance.

¹³⁵ *Ibid.*

¹³⁶ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

¹³⁷ *Ibid.*

¹³⁸ International Bank for Reconstruction and Development/The World Bank. 2015. *Water supply and sanitation in Timor-Leste: service delivery assessment –turning finance into services for the future*.

National policies and plans relevant to nutrition in Timor-Leste acknowledge the importance of continuing to make strides in WASH. The National Food and Nutrition Policy (2017) has two strategies directly related to WASH infrastructure and behavioural change, while PAN-HAM-TIL includes four specific activities related to improving WASH. Improvements in WASH, both in households and in schools, were identified as key priorities during the extensive consultation and prioritization process held over the past two years in Timor-Leste.

The national recognition of unhealthy household environments in policies, plans and strategies is encouraging, and the successes to date demonstrate both political will to invest in WASH and social acceptance of the behavioural changes needed to improve WASH outcomes. Yet more investment and commitment are required to eliminate unhealthy household environments and their impact on malnutrition, particularly in rural areas.

1.2.2.d. Inadequate services

A lack of access to health and other services can cause longer and more severe disease episodes, leave children unvaccinated, prevent women from accessing antenatal care and inhibit access to family planning. Consequently, inadequate services are associated with a higher burden of malnutrition.

Timor-Leste operates a three-tier health care delivery system, with a national hospital in Dili providing tertiary care, five referral hospitals at the district level that provide secondary services and a network of 66 community health centres (CHCs) and 205 health posts delivering primary health care services located across the 13 districts in the country. In addition, the CHCs undertake special monthly outreach programmes known locally as *Servisu Integrado du Saude Comunidade* (SISCa). The national health system is publicly financed and provided free at the point of use,¹³⁹ as the government strives to meet the mission of the National Health Sector Strategic Plan (NHSSP) 2011- 2030 to ensure “available, accessible and affordable health care services for all Timorese people.”

Health expenditure per capita approximately tripled between 2005 and 2015, despite a slight decline between 2013 and 2015.¹⁴⁰ (See Figure 25) These investments are yielding results. Malaria deaths fell to zero in 2015 and 2016;¹⁴¹ the child mortality rate fell from 81 to 47 deaths per 1,000 live births between 2005 and 2017,¹⁴² and maternal mortality fell from 506 maternal deaths per 100,000 live births in 2005 to 215 deaths per 100,000 live births in 2015.¹⁴³ DHS data shows that these improvements have coincided with an increase in vaccination rates, a decrease in unmet need for family planning, an increase in uptake of pre- and post-natal services and an increase in treatment-seeking during illness.

¹³⁹ Guinness, L., Repon, C.P., Martins, J.S., Asante, A., Price, J.A., Hayen, A., Jan, S., Soares, A. & Wiseman, V. Determinants of health care utilisation: the case of Timor-Leste. *International Health* 10, no. 6 (2018): 412-420.

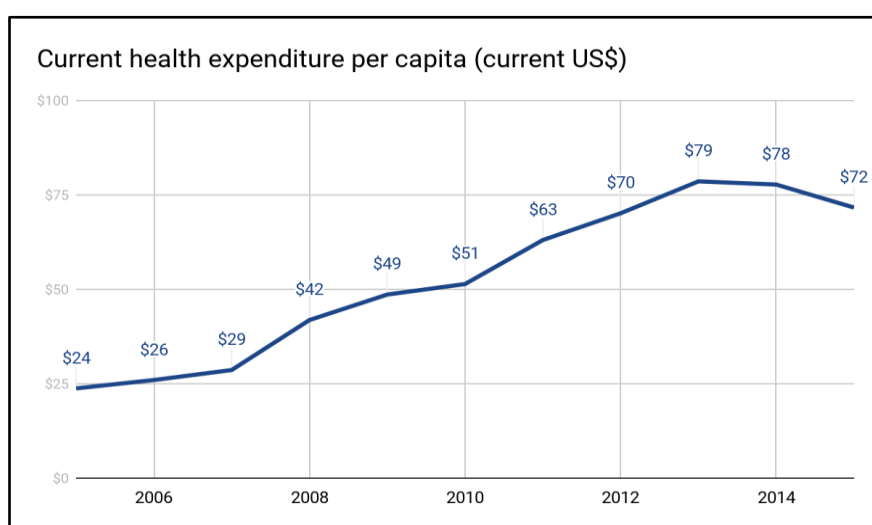
¹⁴⁰ World Bank Data. 2000-2016. <https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD>.

¹⁴¹ WHO. Timor-Leste: strong malaria control programme cuts cases. <http://www.searo.who.int/mediacentre/events/Timor-Leste-malaria-story/en/>

¹⁴² UNICEF. Country-specific under-five mortality rate. <https://data.unicef.org/topic/child-survival/under-five-mortality/>

¹⁴³ UNICEF. 1990-2015. Maternal Mortality Ratio (MMR; maternal deaths per 100,000 live births). <https://data.unicef.org/topic/maternal-health/maternal-mortality/>

FIGURE 25: HEALTH EXPENDITURE PER CAPITA



A 2016 study of the health-related Sustainable Development Goals index rated Timor-Leste as the most improved of 188 nations for the period 2000-2015.¹⁴⁴ The study notes that the implementation of a series of health sector rehabilitation and development projects, along with health-care reform and financing “including the Ministry of Health’s roll-out of a Basic Health Services Package and Hospital Services Package in 2007 under the pursuit of achieving UHC” may have contributed to this progress. While the Government of Timor-Leste celebrated this achievement, it also recognized that “there is still much to be done [as] Timor-Leste’s ranking on the index is now 122 of the 188 nations measured.”¹⁴⁵

Despite the increase, expenditure on health per capita remains in Timor-Leste among the lowest in South East Asia, at just US\$ 72 per year (see Figure 26). In addition, despite the availability of ‘free at the point of use’ health care, inequities exist in health care uptake.¹⁴⁶ A national study published in 2018 found urban populations were more likely to access hospital care than rural populations and the wealthiest quintile were more likely to access services than the poorest quintile. Non-financial costs, such as distance barriers, prevent many rural and poor households from accessing health services to the extent that their urban and wealthier counterparts do.¹⁴⁷ A lack of transportation forces many communities to “resort to carrying patients by porters or on horseback, walking or paying for (unaffordable) private arrangements to reach hospital, or opt for home-based care.”¹⁴⁸

¹⁴⁴ Lim, Stephen S., Kate Allen, Zulfiqar A. Bhutta, Lalit Dandona, Mohammad H. Forouzanfar, Nancy Fullman, Peter W. Gething et al. Measuring the health-related Sustainable Development Goals in 188 countries: a baseline analysis from the Global Burden of Disease Study 2015. *The Lancet* 388, no. 10053 (2016): 1813-1850.

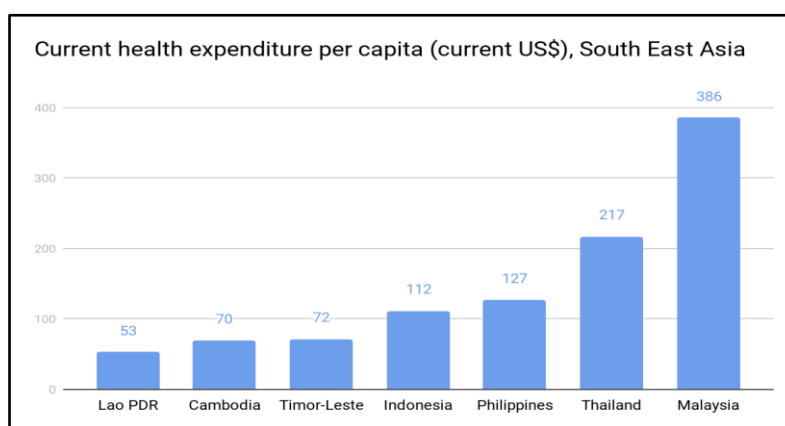
¹⁴⁵ Government of Timor-Leste. *Timor-Leste announced worlds ‘most improved’ in the health-related SDG index*. Media release. <http://Timor-Leste.gov.tl/?p=16239&lang=en>.

¹⁴⁶ ¹⁴⁶ Guinness, L., Repon, C.P., Martins, J.S., Asante, A., Price, J.A., Hayen, A., Jan, S., Soares, A. & Wiseman, V. Determinants of health care utilisation: the case of Timor-Leste. *International Health* 10, no. 6 (2018): 412-420.

¹⁴⁷ *Ibid.*

¹⁴⁸ Price, Jennifer A., Ana IF Sousa Soares, Augustine D. Asante, Joao S. Martins, Kate Williams, and Virginia L. Wiseman. “I go I die, I stay I die, better to stay and die in my house”: understanding the barriers to accessing health care in Timor-Leste. *BMC Health Services Research* 16, no. 1 (2016): 535.

FIGURE 26: CURRENT HEALTH EXPENDITURE PER CAPITA (USD), SOUTH EAST ASIA



The provision of publicly funded health care is widely lauded, and there is universal acknowledgement that Timor-Leste has made impressive progress toward establishing a functional health system in less than two decades. However, health expenditures remain low and inequities persist. In addition to increasing health expenditure, redressing inequity in health care utilization by, for example, improving patient transport services and providing travel subsidies to patients and their families, is critical to eliminating the negative impact that inadequate services have on malnutrition in Timor-Leste.

1.2.3. Basic causes of malnutrition in Timor-Leste

1.2.3.a. Household access to land

FAO recognizes that “land is the basis for shelter, food, and economic activities; it is the most significant provider of employment opportunities in rural areas [and] access to water and other resources, as well as to basic services such as sanitation and electricity, is often conditioned by access to rights in land.”¹⁴⁹ As such, access to land is critically important for both food security and for reversing other underlying determinants of malnutrition.

In Timor-Leste, children in households that own land are less likely to be stunted (42%) than children in households that do not own land (53%).¹⁵⁰ Yet land rights and tenure in Timor-Leste are complex, and households often face great insecurity in land tenure. Most Timorese in the countryside access and hold land through customary and informal systems, which have no legal recognition.¹⁵¹ Structural discrimination makes it harder for women to have land tenure.

Under a new land law (No. 13/2017) on the ownership of land titles, the GoTL has commenced handing out titles to land in great numbers. While this law theoretically ensures that women and men have the same right to be title holders of land, there are concerns that traditional practices, particularly in remote areas, will limit women’s actual ability to own land. The secretary of the Women’s Parliamentary Group has urged the government to take responsibility for “making the change in people’s attitude in society and to guarantee the adequate implementation of the law to safeguard the rights of Timorese women to land ownership.”¹⁵²

¹⁴⁹ FAO. *Gender and access to land*. <http://www.fao.org/docrep/005/Y4308E/y4308e04.htm>.

¹⁵⁰ Democratic Republic of Timor-Leste, Ministry of Health. 2014. Timor-Leste Food and Nutrition Survey 2013.

¹⁵¹ The Asia Foundation. 2017. Can a new law help Timor-Leste’s land rights crisis? <https://asiafoundation.org/2017/01/18/can-new-law-help-Timor-Lestes-land-rights-crisis/>

¹⁵² East Timorese Law and Justice Bulletin. Traditional barriers impede women from owning land in Timor-Leste. <http://www.easttimorlawandjusticebulletin.com/2018/11/traditional-barriers-impede-womenfrom.html?spref=bl>.

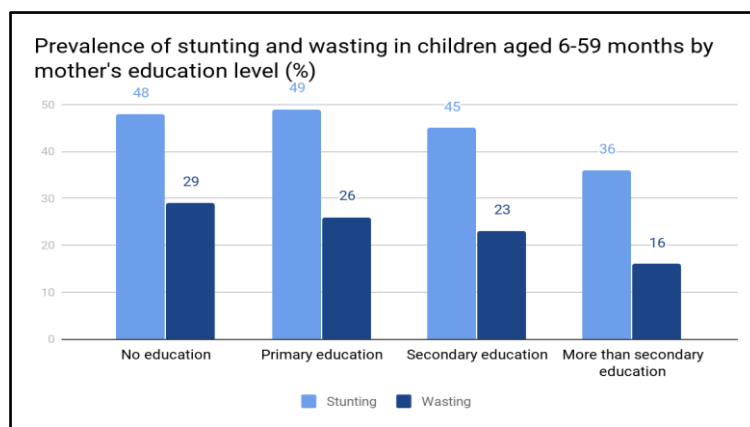
While it is not yet possible to determine the impact of the new land law on land tenure and malnutrition in Timor-Leste, a study conducted by the Asia Foundation urges caution in land titling at the risk of further disempowering and excluding vulnerable households and individuals (e.g. women) as well as endangering important social networks of communities and families.

1.2.3.b. Household access to education

The impacts of education on poverty cannot be overstated. The 2015 Census Education Monograph states that education is a path to “higher income and is correlated to many other components, which can enrich one's quality of life and contribute to happiness, health, mental well-being, civic engagement, home ownership and long-term financial stability.”¹⁵³ UNICEF cites education programs as having enormous potential “to enhance scale, coverage and effectiveness of nutrition-specific actions.”¹⁵⁴

While global evidence of a potential intergenerational education-malnutrition cycle is limited,¹⁵⁵ the 2016 DHS shows a clear association between the education level of caregivers and the risk of malnutrition.¹⁵⁶ Children born to mothers with no education or only primary education are more likely to be stunted or wasted than those born to mothers with more education (See Figure 27). Furthermore, analysis of the 2001 Timor-Leste Living Standard Measurement Survey and Vulnerability to Food Inadequacy Index found that education was closely associated with vulnerability to food inadequacy, with achievement of senior primary and tertiary education providing protection against malnutrition.¹⁵⁷

FIGURE 27: PREVALENCE OF STUNTING AND WASTING IN CHILDREN AGED 6-59 MONTHS BY MOTHER'S EDUCATION LEVEL (%)



In the violence and destruction that followed the referendum on Timor-Leste's independence from Indonesia, 95 percent of schools were damaged. The World Bank reported that “four out of five schools were destroyed, and almost all non-Timorese teachers left the country, precipitating

¹⁵³ Government of Timor-Leste. 2017. <http://www.statistics.gov.tl/category/publications/census-publications/2015-census-publications/census-monograph-2015/>

¹⁵⁴ Ruel, M.T., Alderman, A. and Maternal and Child Nutrition Study Group. 2013. Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? *The lancet* 382.9891 . 2013: 536-551.

¹⁵⁵ Alderman, H., & Headey, D.D. 2017. How important is parental education for child nutrition? *World Development*, 94, 448-464.

¹⁵⁶ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

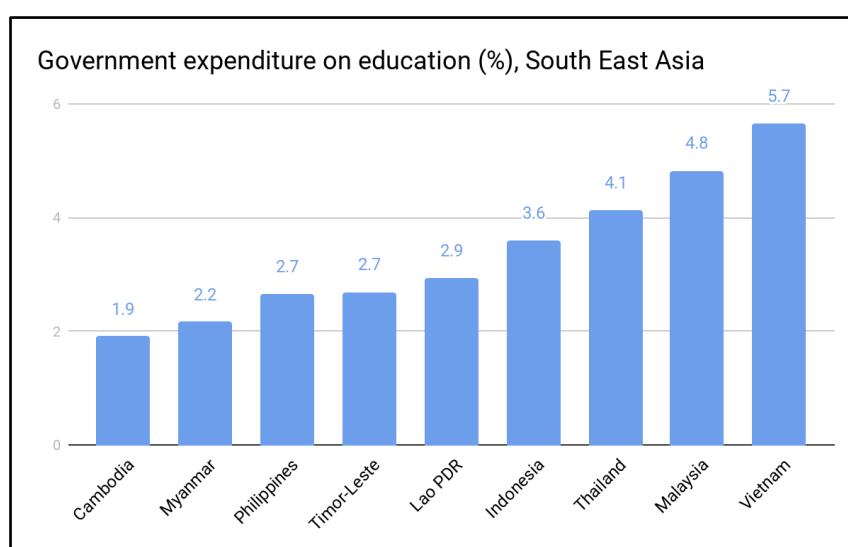
¹⁵⁷ Jha, R., & Dang, T. 2012. Education and the vulnerability to food inadequacy in Timor-Leste. *Oxford Development Studies*, 40(3): 341-457.

the collapse of the education system.”¹⁵⁸ Since then, Timor-Leste and its development partners have invested substantially in rebuilding education infrastructure, building over 300 new primary schools between 2006 and 2011 almost doubling the number of secondary schools from 150 in 2007 to 283 schools by 2015.¹⁵⁹

These investments are paying off. In 2007, only 14 percent of household heads had completed secondary school, with only 2 percent completing any form of tertiary education. By 2014, more than 20 percent of household heads had attained senior secondary or tertiary education. The households whose head has a senior secondary level of education are now considerably less likely to be poor.¹⁶⁰

Government expenditure on education is comparable to other poor countries in South East Asia such as Myanmar, the Philippines and Lao PDR, at 2.7 percent of GDP. However, this rate is substantially lower than Indonesia (3.6 percent) and less than half the rate of Vietnam (5.7 percent).¹⁶¹

FIGURE 28: GOVERNMENT EXPENDITURES ON EDUCATION (%), SOUTH EAST ASIA



According to the National Education Strategic Plan (2011-2030), basic education constituting both primary and secondary education should be universal, compulsory and free. Between 2010¹⁶² and 2015,¹⁶³ improvements were observed in the national net-attendance ratio (NAR) for primary, pre-secondary and secondary schools and tertiary education¹⁶⁴. Figure 29 shows that the NAR almost doubled to 80.8 percent for pre-secondary and to 44.2 percent for secondary education, and more than doubled to 16.3 percent for tertiary education.

¹⁵⁸ World Bank. 2004. *Timor-Leste: education since independence. From reconstruction to sustainable improvement*.

¹⁵⁹ World Bank. 2014. Timor-Leste systematic country diagnostic: pathways for a new economy and sustainable livelihoods. <http://documents.worldbank.org/curated/en/524131528837983427/pdf/TL-SCD-0228B-lowres-03212018.pdf>.

¹⁶⁰ *Ibid.*

¹⁶¹ World Bank, World Development Indicators.

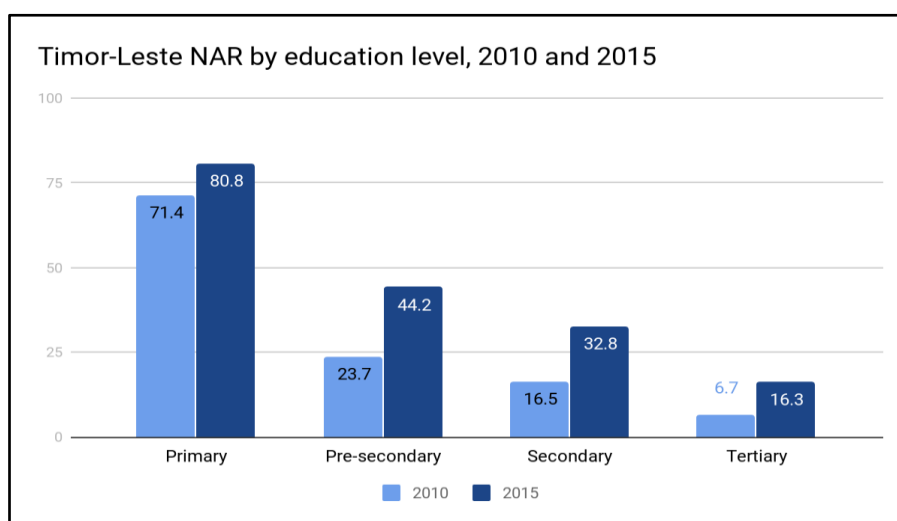
<https://databank.worldbank.org/data/reports.aspx?source=2&series=SE.XPD.TOTL.GD.ZS&country=#>

¹⁶² General Directorate of Statistics (GDS), UNICEF, UNFPA. 2017. http://www.statistics.gov.tl/wp-content/uploads/2013/12/Education_Monograph.pdf

¹⁶³ *Ibid*

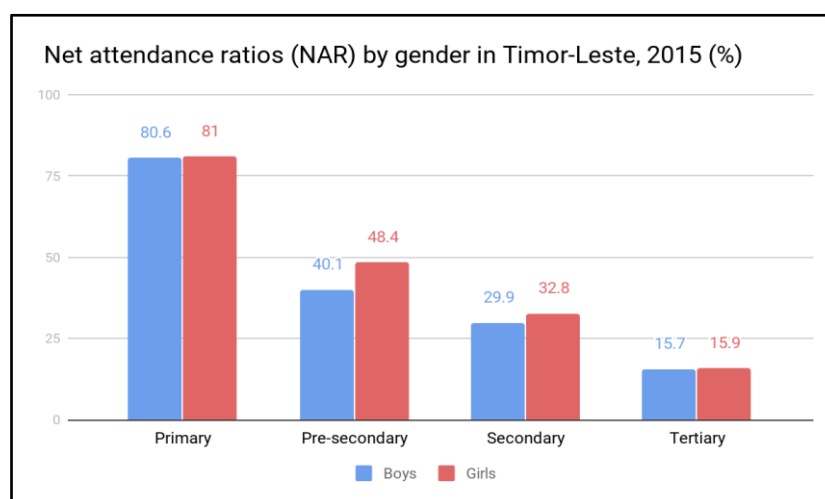
¹⁶⁴ The NAR measures the proportion of children of official school age who attend school.

FIGURE 29: TIMOR-LESTE NAR BY EDUCATION LEVEL (2010 AND 2015)



Boys and girls have very similar primary school NARs, while girls have higher NARs in pre-secondary and secondary education. The gap narrows again for tertiary education (See Figure 30). However, gross attendance ratios (GAR) are substantially higher than net attendance ratios, indicating that a large portion of students fall outside the bracket of appropriate ages, and rates of GAR are higher among boys than girls. This indicates that while girls are more likely to be enrolled in the age-appropriate grade level, boys are overall more likely to be enrolled in school. The 2015 Census Education Monograph noted that “although the gender gap has narrowed in recent years, in order to reach full equity in educational attainment, higher attendance rates for girls and young women should be further promoted”.

FIGURE 30: NAR BY GENDER IN TIMOR-LESTE, 2015 (%)



Improvements in NAR are evident in increases in the literacy rate. In 2015, just under two thirds (64.4 percent) of people aged over 15 years in Timor-Leste were literate.¹⁶⁵ Males were more likely to be literate than females (68.7 percent versus 60.2 percent).¹⁶⁶ This is a marked increase from 2010, at which time 57.8 percent of the population aged over 15 years were literate (63.1

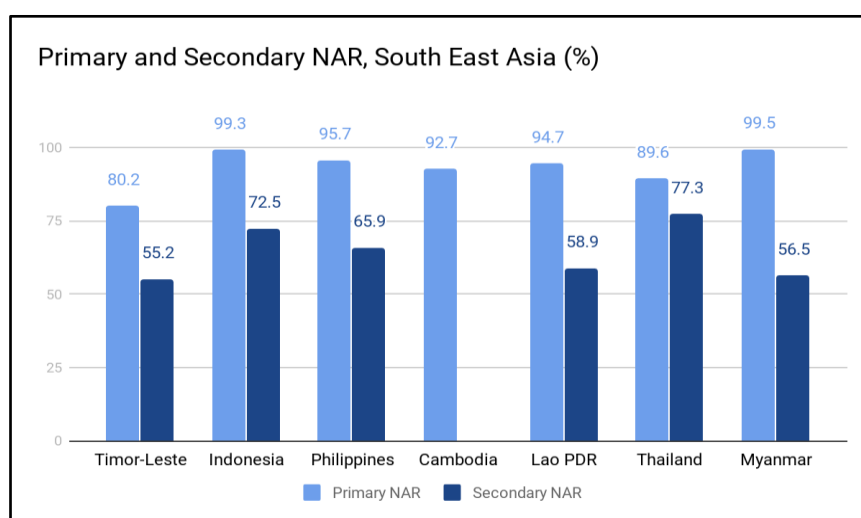
¹⁶⁵ Literacy was defined as able to read a write, with understanding, a short, simple sentence about one's everyday life in any of the four native languages (Tetum, Bahasa, Portuguese, English).

¹⁶⁶ General Directorate of Statistics (GDS), UNICEF, UNFPA. 2017. http://www.statistics.gov.tl/wp-content/uploads/2013/12/Education_Monograph.pdf

percent of males and 52.5 percent of females).¹⁶⁷ While gender disparity in literacy rates persists, the gap appears to be narrowing. In fact, youth literacy, which is a measure of how well the current school system is performing, does not display a gender disparity (literate males 84.7 percent; literate females 84.1 percent).¹⁶⁸ However, a persistent gap is evident between urban youth, 94.3 percent of whom are literate, and their rural counterparts, 77.8 percent of whom are literate.¹⁶⁹

Despite the improvements noted above, the NAR in both primary and secondary education lags behind other countries in the region, some of which have achieved near-universal primary NAR (See Figure 31)¹⁷⁰.

FIGURE 31: PRIMARY AND SECONDARY NAR, SOUTH EAST ASIA (%)



The 2015 Census Education Monograph identified vulnerable groups who are “serious disadvantage in terms of education” and whose educational attainments remain much lower than their peers. These include the following:

- People with disabilities have low literacy rates (just 15.3 percent of people with disabilities are literate). Disabled females have much lower literacy rates (10.5 percent) than males with disabilities (20.5 percent). Children and young people with a disability face a serious disadvantage in school attendance compared to their non-disabled counterparts.
- Young female farmers are much less likely to be in school (6.4 percent) than their non-farming counterparts (70.1 percent). Two thirds of young female farmers are literate, compared to 90 percent of young females who are not farmers.
- Children who are employed are less likely to be in school than their non-working counterparts. Just 31.6 percent of boys and 33.2 percent of girls who work attend school between the ages of 10 and 17 years.
- Young mothers are less likely to finish school. At age 19, 64.6 percent of young mothers reported that they had stopped school compared to 21.8 percent of non-mothers.

The need to improve education is well recognized in national policies and plans. The long-term goal of the Ministry of Education Strategic Plan (2011-2030) is to ensure that all children, boys

¹⁶⁷ *Ibid*

¹⁶⁸ *Ibid*

¹⁶⁹ *Ibid*

¹⁷⁰ World Bank. *World Development Indicators: participation in education*. <http://wdi.worldbank.org/table/2.8#>.

and girls alike, are able to complete a full course of quality basic education; while PAN-HAM-TL identifies a number of strategies focused on keeping students in school. Consistent with this, keeping girls and boys at school by promoting universal access, improving school feeding programmes and improving WASH school were among the 16 evidence-based priorities identified by KONSSANTIL in 2018.

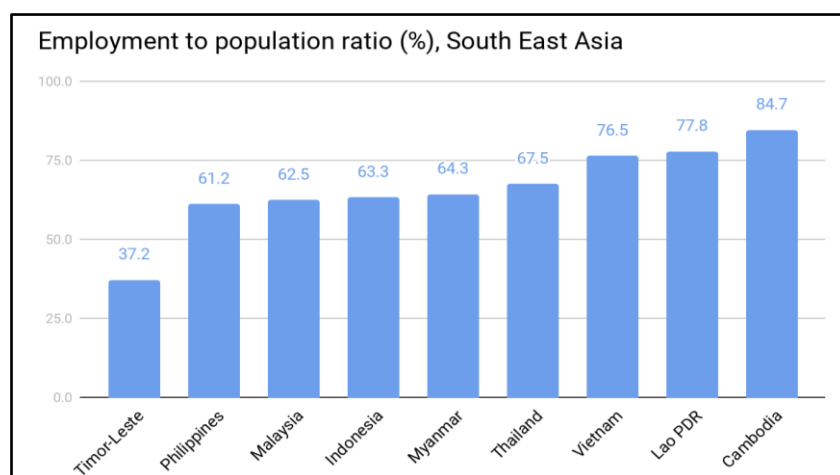
While progress toward establishing a functioning education system has been impressive, continued disparities between the education of boys and girls and in rural and urban areas necessitate further investment on the part of the government and development partners. Better access to education for all will ultimately reduce the rate of poverty across Timor-Leste and will therefore contribute to the elimination of food insecurity and malnutrition.

1.2.3.c. Household access to employment

The negative feedback loop between unemployment, food security and malnutrition is self-evident: households that lack income and purchasing power are less able to access food, health care, education and other determinants of immediate and long-term nutrition status.

The summary of the 2015 Census thematic report on Labour Force¹⁷¹ notes that employment opportunities are increasing in Timor-Leste: “There were 383,331 employed persons in 2015, compared to 341,694 in 2010, representing an average annual growth rate of 4.8 percent.” Yet the employment-to-population ratio (percentage of working age population that is employed) fell between 2010 (40.1 percent) and 2018 (37.2 percent) and lags behind other countries in South East Asia (See Figure 32).¹⁷²

FIGURE 32: EMPLOYMENT TO POPULATION RATION (%), SOUTH EAST ASIA



Men in Timor-Leste are much more likely to gain employment than women. A quarter of men (26 percent) reported that they were not employed in the 12 months prior to the 2016 DHS, compared to almost two thirds of women (63 percent). Structural and cultural barriers, including household responsibilities, are believed to contribute to this disparity,¹⁷³ although little formal research on this topic is available.

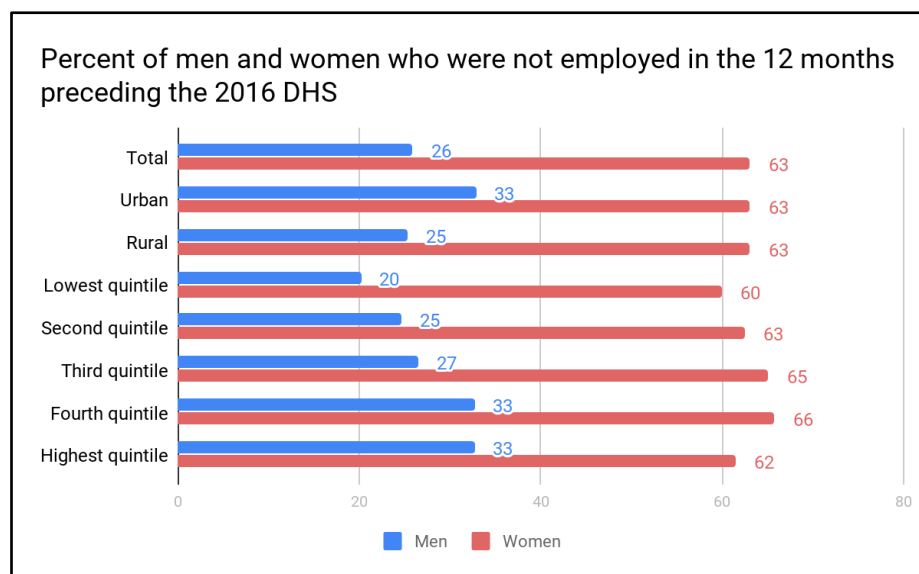
¹⁷¹ General Directorate of Statistics. 2015. *Summary of 2015 census thematic report on labour force*. <https://Timor-Leste.unfpa.org/en/publications/summary-2015-census-thematic-report-labour-force>.

¹⁷² World Bank Data. <https://data.worldbank.org/indicator/SL.EMP.TOTL.SP.ZS>.

¹⁷³ ILO. YEAR? *Structural transformation and jobs in Timor-Leste*. http://ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-jakarta/documents/publication/wcms_536580.pdf.

Urban men were more likely to report lacking employment over this period (33 percent) than rural men (25 percent), while there was no difference between urban and rural women (63 percent). Young people are much more likely than older people to have been unemployed in the 12 months prior to the survey: 37 percent of men and 71.3 percent of women aged 20-24 fell into this category. Wealth quintile data tells an unexpected story: both women and men in the poorest quintiles were less likely to report unemployment in the 12 months prior to the 2016 DHS than their wealthier counterparts (See Figure 33).¹⁷⁴

FIGURE 33: PERCENTAGE OF MEN AND WOMEN WHO WERE NOT EMPLOYED IN THE 12 MONTHS PRECEDING THE 2016 DHS



Agriculture accounted for the greatest proportion of jobs among both men (47.2 percent) and women (32.0 percent) in the 12 months preceding the survey.¹⁷⁵ Yet agricultural work by women was more likely to be unpaid (74.4 percent) than non-agricultural work (34.8 percent). Similar data was not available for men. This is particularly alarming considering the findings of the 2013 TLNFS, which found that the prevalence of stunting among children 0-59 months was “significantly higher among children under five years from households engaged in agriculture activities, and significantly lower among children from households where the adults had salaried work.”¹⁷⁶

The 2011-2030 Strategic Development Plan envisions that “productive employment shall be a central means of nation building and wealth creation,” and the [National Employment Strategy \(NES\) 2017 - 2030](#) “focuses on the need of creating new jobs to reduce unemployment and provide employment opportunities for the large population of young people entering the labour market in the next years; increasing formal jobs and addressing current productivity.” The NES acknowledges that Timor-Leste does not create enough formal sector jobs to absorb the current working population and that the additional 200,000 young people expected to join the labour force in the next ten years will increase pressure on the employment market.

¹⁷⁴ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

¹⁷⁵ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

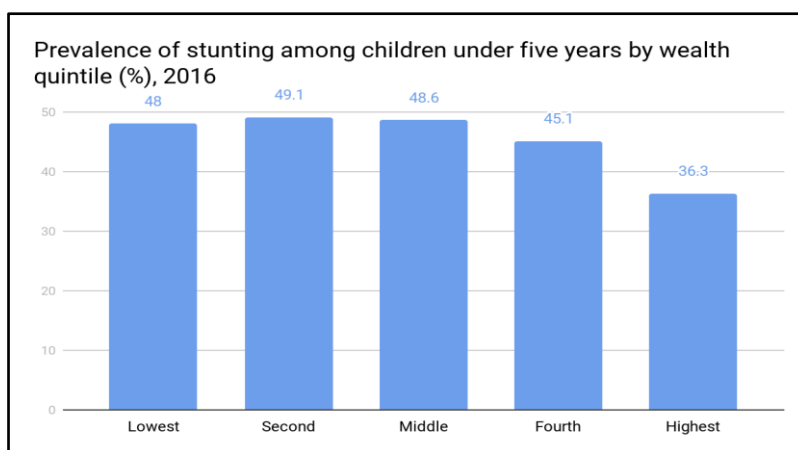
¹⁷⁶ Democratic Republic of Timor-Leste, Ministry of Health. 2014. *Timor-Leste Food and Nutrition Survey 2013*.

The NES is detailed, comprehensive and multisectoral. It specifically mentions the importance of nutrition in developing the labour market, reporting that “a combination of poor health and education limit job prospects of people. The NES will therefore need to consider aspects included in the Timor-Leste National Nutritional Strategy 2014-2019 and the National Health Sector Strategic Plan.” It is also encouraging to see that the plan includes strategies and targets specific to women, rural households and youth. The plan is in its early days, and implementation remains incomplete. Full, gender-sensitive implementation over the plan’s lifetime represents an opportunity to redress one of the important basic causes of malnutrition in Timor-Leste.

1.2.3.d. Household access to income

As with a lack of access to employment, a lack of income constrains households’ ability to make the purchases necessary to promote and protect their food security and nutrition. Using wealth as an approximation for income, it is evident that income and stunting in Timor-Leste are linked. The prevalence of stunting among children under five years of age in households in the wealthiest quintile (36.3 percent) is over 30 percent lower than the prevalence in the lowest three quintiles (See Figure 34).¹⁷⁷

FIGURE 34: PREVALENCE OF STUNTING AMONG CHILDREN UNDER FIVE YEARS BY WEALTH QUINTILE (%), 2016



Incomes in Timor-Leste are low, at just USD 377.73 per household per year (2011); this includes wage income, crop income, livestock, fishing and forestry income, other income and money transfers).¹⁷⁸ There is a large discrepancy between urban households, which earn an average of USD 633.53 per month, and rural households, which earn USD 291.97 each month. Furthermore, as noted above, 42 percent of the population in Timor-Leste lives below the national poverty line of USD 46.37 per person month, according to the 2014 Timor-Leste Survey of Living Standards.¹⁷⁹ People in rural areas (47.1 percent) were more likely to live below the poverty line than those in urban areas (28.3 percent).

Women in Timor-Leste have less access to income than do men. The Timor-Leste Household Income and Expenditure Survey 2011 found that “overall, only about 24 percent of income has

¹⁷⁷ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA; GDS and ICF.

¹⁷⁸ National Statistics Directorate, General Directorate for Analysis and Research, Ministry of Finance, Timor-Leste. 2011. *Timor-Leste Household Income and Expenditure Survey 2011*. http://www.statistics.gov.tl/wp-content/uploads/2013/12/HIES2011_Report_20-20Final.pdf.

¹⁷⁹ Government of Timor-Leste. 2014. *Poverty in Timor-Leste 2014*. <http://www.statistics.gov.tl/wp-content/uploads/2018/02/Poverty-Report-2014-final.pdf>.

been assigned to women” and acknowledged that “it is a known fact that in rural societies women’s contribution to the household income is generally underestimated.”¹⁸⁰ This is particularly concerning in light of global evidence that women are more likely than men to invest in their children’s nutrition.¹⁸¹

The Timor-Leste Household Income and Expenditure Survey 2011 demonstrated that the mean monthly household income was closely correlated with the education levels of the head of the household,¹⁸² as those with tertiary education earned substantially more than those with secondary education, who in turn earned well above those with primary or no education.¹⁸³ This hints at the complexity of the determinants of income, which can include education, gender, geographic location, language group, social status, etc.

The government of Timor-Leste is committed to improving income through social protection programmes. Timor-Leste is recognized by the International Labour Organization (ILO) as “an especially good example of what is possible even with limited resources [as it] outperforms many of its wealthier neighbours in social protection coverage.”¹⁸⁴ The ILO lauds Timor-Leste’s near universal coverage of older people and 21 percent coverage of people with severe disabilities, compared to a regional average of 9 percent. Also noted is Bolsa da Mãe, a conditional cash transfer for vulnerable households with children, which reaches only 30 percent of all children. A 2018 Assessment Based National Dialogue between government agencies, social partners, and United Nations Agencies concluded that the Bolsa da Mãe programme “shows immense potential to improve the lives of vulnerable children. However, low benefit levels, difficulties in reaching the eligible population, limitations in budget and operational capacity prevent the programme from achieving greater impacts.”¹⁸⁵ While the reach of the program compares well against other countries in the region, to achieve true impacts on poverty reduction it is estimated that the payment would need to be raised from USD 12 to USD 23 per family and the coverage increased to 95,000 households (currently 54,090).¹⁸⁶ KONSSANTIL identified strengthening Bolsa da Mãe and including a nutrition education component in the programme as priorities.

Contrary to expectation, several studies in Timor-Leste have found that increased income does not always result in improved household utilization of food. This has implications for the Bolsa da Mãe programme: even if the cash ceiling were increased, it might not have any impact on nutrition without social behaviour change communication embedded with the transfer. A study

¹⁸⁰ **National Statistics Directorate, General Directorate for Analysis and Research, Ministry of Finance, Timor-Leste.** 2011. *Timor-Leste Household Income and Expenditure Survey 2011*. http://www.statistics.gov.tl/wp-content/uploads/2013/12/HIES2011_Report_20-20Final.pdf.

¹⁸¹ **Quisumbing, Agnes R., ed.** 2003. *Household decisions, gender, and development: a synthesis of recent research*. Washington, D.C., International Food Policy Research Institute (IFPRI). <http://ebrary.ifpri.org/cdm/ref/collection/p15738coll2/id/129647>

¹⁸² **National Statistics Directorate, General Directorate for Analysis and Research, Ministry of Finance, Timor-Leste.** 2011. *Timor-Leste Household Income and Expenditure Survey 2011*. http://www.statistics.gov.tl/wp-content/uploads/2013/12/HIES2011_Report_20-20Final.pdf.

¹⁸³ *Ibid.*

¹⁸⁴ **International Labour Organization.** 2017. *Timor-Leste’s social protection is a good example for developing countries*. https://www.ilo.org/jakarta/info/public/pr/WCMS_606065/lang-en/index.htm.

¹⁸⁵ **UN/ILO/Ministry of Social Solidarity.** 2018. *Challenges and ways forward to extend social protection to all in Timor-Leste: assessment-based national dialogue report / United Nations/ International Labour Organization Indonesia and Timor-Leste/ Ministry of Social Solidarity of Timor-Leste*.

¹⁸⁶ http://www.ipc-undp.org/pub/eng/RR28_Social_Protection_in_Asia_and_the_Pacific_Inventory_of_non_contrib.pdf

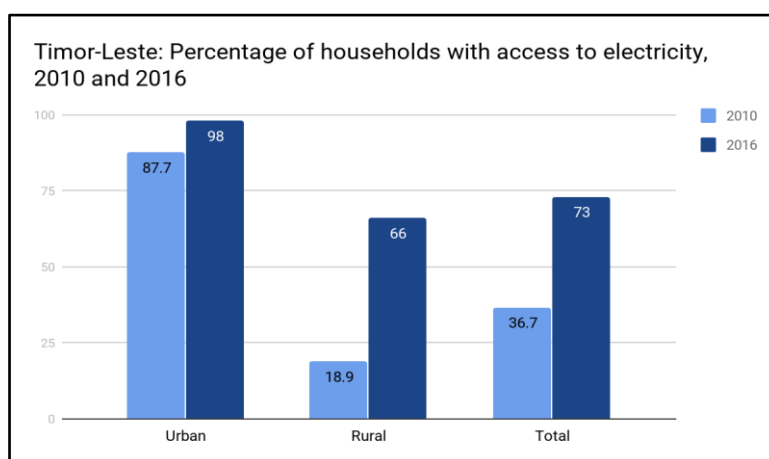
of the dimensions of poverty and agriculture found that when poorer families have access to increased income, they did not improve their utilization of food or nutrition; but when higher income families increased income, they did purchase and utilize a greater range of foods beyond staple foods.¹⁸⁷ This indicates that, although there is no doubt that income is an important driver of malnutrition in Timor-Leste, further research is needed to understand how families allocate their income and how income can best be allocated to ensure positive gains in nutrition.

1.2.3.e. Household access to technology

‘Household access to technology’ is a very broad term, and, in terms of nutrition, it has been interpreted to relate to electricity, telecommunications, transport, human capital (e.g., food preparation knowledge), physical capital (e.g., kitchen equipment),¹⁸⁸ technological inputs to food production, such as light machinery, and new crop varieties.¹⁸⁹ For the purposes of this report, we narrow the focus to the national technologies of electricity and telecommunications as a proxy for Timor-Leste’s progress toward improving technology.

Timor-Leste’s electricity supply was extremely underdeveloped throughout its occupation, and largely destroyed during Indonesia’s chaotic retreat. Consistent with the priorities set out in the Strategic Development Plan (SDP) 2011-2030, the Government of Timor-Leste has made substantial strides in improving household access to electricity through the National Electrification Project. Household access to electricity increased from 36.7 percent in 2010 to 77 percent in 2016.¹⁹⁰ In urban areas, the SDP target of 100 percent access to electricity has almost been met (98 percent). However, just 68 percent of rural households had access to electricity in 2016 (See Figure 35).¹⁹¹

FIGURE 35: PERCENTAGE OF HOUSEHOLDS WITH ACCESS TO ELECTRICITY (2010 AND 2016)



¹⁸⁷ Inder, B., Brown, A., & Datt, G. 2014. *Poverty and the agricultural household in Timor-Leste: some patterns and puzzles*. Research Paper, Monash Centre for Development Economics and Sustainability.

¹⁸⁸ National Research Council. 2013. *Supplemental nutrition assistance program: examining the evidence to define benefit adequacy*. National Academies Press.

¹⁸⁹ The Leverhulme Centre for Integrative Research on Agriculture and Health. The creation of a comprehensive conceptual framework linking agriculture and food system policies to nutritional status. <https://www.lcirah.ac.uk/sites/default/files/Kanter%20final.pdf>.

¹⁹⁰ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

¹⁹¹ *Ibid.*

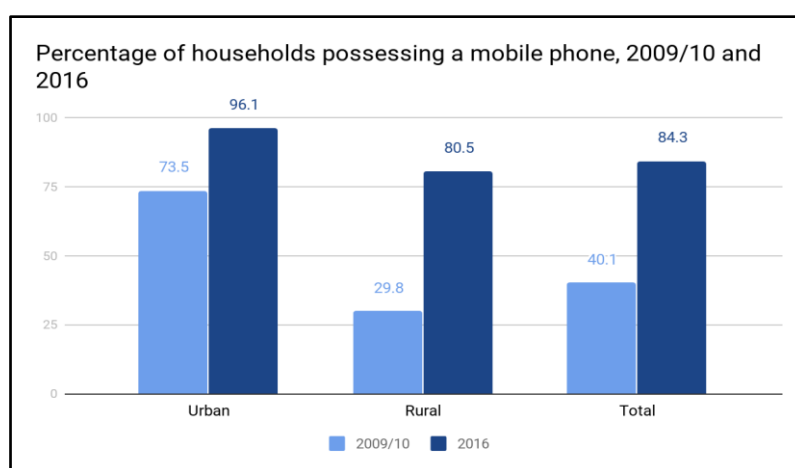
The 2013 TLNFS found that the rate of stunting among children aged 0-59 months was significantly lower in households with access to electricity (48.8 percent) than in households without access to electricity (56.9 percent). This discrepancy was even greater between households that use electricity for cooking (41.0 percent) and those who use charcoal/wood/other fuel (52.8 percent).

The Government of Timor-Leste has recognized that “access to electricity is a basic right and the foundation for our economic future”¹⁹² and progress toward universal access to electricity continues, albeit at a slower pace than in recent years. The [Program of the Eighth Constitutional Government](#) commits to the expansion of the National Electrification Program.¹⁹³ As the government has noted, sustained improvement in access to electricity is a critical factor in poverty reduction and improved health conditions.¹⁹⁴

Similar strides have been made toward establishing and regulating a national telecommunications industry. Until 2012, Timor-Leste had a single telecommunication operator providing all telecommunication services, including internet access. The cost of accessing telephone and internet in Timor-Leste was comparatively high and coverage was limited, particularly in rural areas. The recent liberalization of telecommunications has led to a rapid increase in ICT access, transforming communications in the country.

The 2016 DHS¹⁹⁵ found that 84.3 percent of households in Timor-Leste owned a mobile phone in 2016, which was twice as high as in 2009/10 (40.1 percent),¹⁹⁶ While discrepancies still exist in the prevalence of mobile phone ownership between rural households (80.5 percent) and urban households (96.1 percent), the gap has dramatically narrowed between 2009 and 2016 (29.8 percent and 73.5 percent respectively; (See Figure 36).

FIGURE 36: PERCENTAGE OF HOUSEHOLDS POSSESSING A MOBILE PHONE, 2009, 2010 AND 2016



¹⁹² Government of Timor-Leste. 2011. Timor-Leste Strategic Development Plan 2011-2030. <http://Timor-Leste.gov.tl/wp-content/uploads/2011/07/Timor-Leste-Strategic-Plan-2011-20301.pdf>.

¹⁹³ Government of Timor-Leste. 2018. Programme of the Eighth Constitutional Government. <http://Timor-Leste.gov.tl/?p=19915&lang=en&lang=en#prog1.2>.

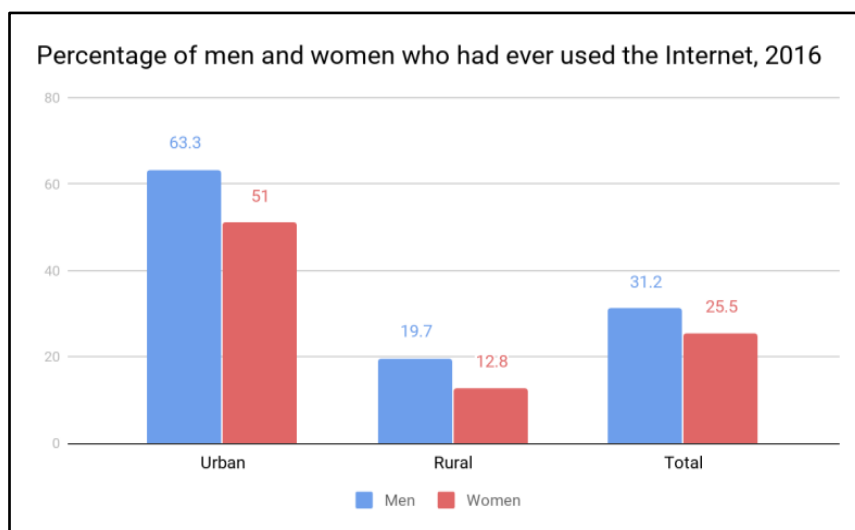
¹⁹⁴ Government of Timor-Leste. 2011. Timor-Leste Strategic Development Plan 2011-2030. <http://Timor-Leste.gov.tl/wp-content/uploads/2011/07/Timor-Leste-Strategic-Plan-2011-20301.pdf>.

¹⁹⁵ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. Timor-Leste Demographic and Health Survey 2016. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

¹⁹⁶ National Statistics Directorate - NSD/Timor-Leste, Ministry of Finance/Timor-Leste, and ICF Macro. 2010. Timor-Leste Demographic and Health Survey 2009-10. Dili, Timor-Leste, NSD/Timor-Leste and ICF Macro.

However, internet usage remains low. Just 31.2 percent of men and 25.5 percent of women reported that they had ever used the internet in the 2016 DHS.¹⁹⁷ Figure 37 shows that urban internet use is much higher than rural use among both men and women.

FIGURE 36: PERCENTAGE OF MEN AND WOMEN WHO HAVE EVER USED INTERNET, 2016



The 2018 UNDP Timor-Leste National Human Development Report 2018 notes that strengthened technological efforts to accelerate the development of knowledge, skills and talent, particularly among young people, is critical to Timor-Leste's continued development.¹⁹⁸ The government is committed to "the necessary infrastructures for widespread Internet access throughout the country, including in rural areas, through the creation of Internet Spaces or Information and Communication Technology Centers."¹⁹⁹

1.2.3.f. Financial capital

Timor-Leste's economy depends heavily on oil and gas revenues, all of which are transferred to a Petroleum Fund and invested abroad in financial assets. The Fund's only outgoings are transfers back to the central government budget, pursuant to parliamentary approval.²⁰⁰ Dwindling reserves, tepid oil prices and a desire to 'front load' the financing of core infrastructure projects have caused the government to withdraw funds from the National Petroleum Fund at a rate that the government acknowledges is not sustainable.²⁰¹ While the government maintains that the short term drawing down of the Fund to invest in productive infrastructure is fiscally prudent, there is concern that excessive spending is "raising the likelihood of a damaging fiscal cliff when the National Petroleum Fund resources are depleted."²⁰²

¹⁹⁷ *Ibid.*

¹⁹⁸ United Nations Development Programme. 2018. *National Human Development Report 2018*. <http://www.tl.undp.org/content/dam/timorleste/docs/reports/HDR/2018NHDR/TL-NHDR-2018.web.pdf>.

¹⁹⁹ Government of Timor-Leste. 2018. *Programme of the Eighth Constitutional Government*. <http://Timor-Leste.gov.tl/?p=19915&lang=en&lang=en#prog1.2>

²⁰⁰ Government of Timor-Leste. Ministry of Finance. *Petroleum Fund of Timor-Leste*. <https://www.mof.gov.tl/budget-spending/petroleum-fund/>

²⁰¹ Government of Timor-Leste. 2017. *State Budget 2017, budget overview: book 1*. https://www.mof.gov.tl/wp-content/uploads/2018/08/BB1_Eng-2018.pdf.

²⁰² World Bank. 2018. *Timor-Leste Economic Report, October 2018*. <http://documents.worldbank.org/curated/en/756821542739478616/pdf/132202-WP-P168251-PUBLIC-Disclosed-11-25-2018.pdf>.

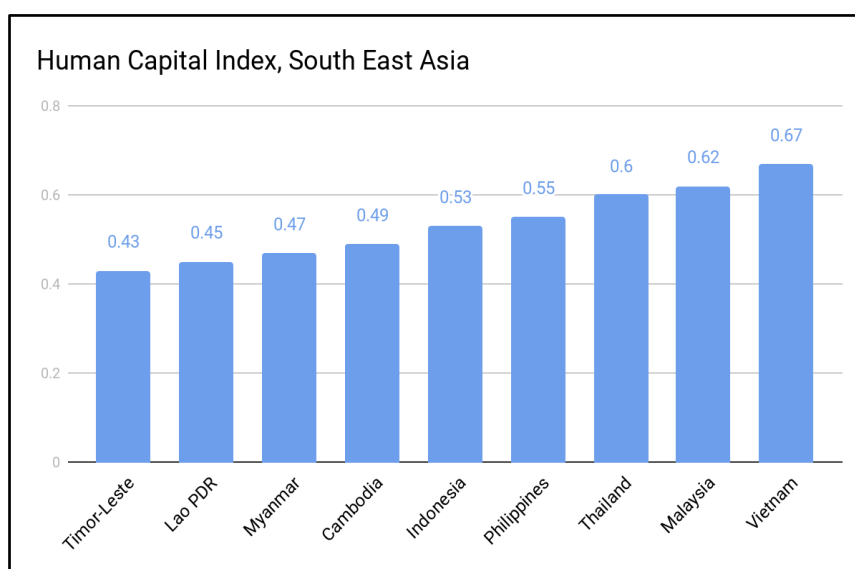
The World Bank's 2018 Timor-Leste Economic Report²⁰³ noted that the economic outlook remains uncertain, but “economic growth is expected to recover by 2019 underpinned by stronger investments and renewed consumer and business confidence.”

1.2.3.g. Human capital

Human capital “consists of the knowledge, skills, and health that people accumulate throughout their lives, enabling them to realize their potential as productive members of society.”²⁰⁴ This measure is a function of a society's education level, culture, health and productivity.

A recently-released World Bank Human Capital Index “measures the amount of human capital that a child born today can expect to attain by age 18, given the risks of poor health and poor education that prevail in the country where she lives.”²⁰⁵ By this measure, Timor-Leste has a human capital index of 0.43, the lowest in South East Asia (See Figure 38).

FIGURE 38: HUMAN CAPITAL INDEX, SOUTH EAST ASIA



In the immediate term, the GoTL recognizes that strengthening human capital in terms of workforce capacity is essential to achieving strategic areas of development, including economic progress, promoting wellbeing and reducing poverty. To this end the Human Development Capital Fund (HDCF) was established in 2011 to support training programmes and scholarships for young Timorese and civil servants.²⁰⁶ By 2015, approximately 4,000 people had received benefits from this state fund.

Nevertheless, human capital deficits persist and skills received through education are not meeting the demands of the labour market.²⁰⁷ The World Bank identified a need to develop credible assessments of the demand for skills, considering the country's economic prospects,

²⁰³ World Bank. 2018. *Timor-Leste Economic Report*, October 2018. <http://documents.worldbank.org/curated/en/756821542739478616/pdf/132202-WP-P168251-PUBLIC-Disclosed-11-25-2018.pdf>

²⁰⁴ World Bank. *About the Human Capital Project*. <https://www.worldbank.org/en/publication/human-capital/brief/about-hcp>.

²⁰⁵ World Bank. *Human Capital Index*. <https://datacatalog.worldbank.org/dataset/human-capital-index>

²⁰⁶ <http://Timor-Leste.gov.tl/?p=17933&lang=en>.

²⁰⁷ ILO. 2016. *Structural transformation and jobs in Timor-Leste*. http://ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-jakarta/documents/publication/wcms_536580.pdf.

along with improved vocational and in-service training,²⁰⁸ while Timorese youth identified a disconnect between the education and the labour market.²⁰⁹

Of particular concern is the limited human capital of women, particularly farming women. In 2015, 21 percent of young women in Timor-Leste between the ages of 15-24 were farmers. By age 24, over one third of young women were working in agriculture. Over half (57.5 percent) of all women were involved in the sector. As noted above, young female farmers are much less likely to be in school (6.4 percent) than their non-farming counterparts (70.1 percent). Two thirds of young female farmers are literate, compared to 90 percent of young females who are not farmers²¹⁰.

Supporting the women of Timor-Leste, especially young women involved in agriculture, is a critical pathway to addressing undernutrition and food insecurity when women make up such a large percentage of the agricultural labour market²¹¹ and combine several vulnerabilities because of their gender, age and area of residence. They are often the primary caregivers in the household, yet face discrimination in terms of access to education, health and employment opportunities. Farming as an occupation is often seen as a last resort.²¹²

Recent consultations and research recommend supporting young women in agriculture should be done through promoting better access to education, health and agricultural opportunities (technology, innovation, marketing, leadership), as well as addressing domestic violence and discrimination. Numerous national plans and strategies, including the National Employment Strategy, the National Education Strategic Plan, the Strategic Development Plan and PAN-HAM-TIL recognize the importance of investing in the human capital development of women. Yet women continue to face entrenched and structural discrimination and cultural barriers to accessing the inputs to human capital.

The low level of human capital is a strong indicator that this is an important driver of poverty and malnutrition in Timor-Leste. While investments in health and education are paramount, these must be delivered in a gender-sensitive manner to ensure that both women and men achieve their potential. In addition, the structural and cultural barriers that prevent women from full participation in education and the labour force must be urgently addressed as part of programmes to build human capital.

1.2.3.h. Physical capital

Physical capital, including roads, marketplaces, electricity generators, schools, ports and health centres are extremely important in enabling service delivery, supporting economic growth, and ultimately securing the food security and nutrition of the population of Timor-Leste.

As described above, much of Timor-Leste's physical infrastructure was destroyed following the 1999 independence referendum. According to some estimates, as much as 70 percent of the

²⁰⁸ **World Bank.** 2013. *Systems approach for better education results.* http://wbfiles.worldbank.org/documents/hdn/ed/saber/supporting_doc/CountryReports/WFD/SABER_WfD_TimorLeste_CR_Final_2013.pdf

²⁰⁹ **Government of Timor-Leste.** 2016. *National Youth Policy.* <https://Timor-Leste.unfpa.org/sites/default/files/pub-pdf/NYP%20English.pdf>

²¹⁰ **General Directorate of Statistics (GDS), UNICEF, UNFPA.** 2017. http://www.statistics.gov.tl/wp-content/uploads/2013/12/Education_Monograph.pdf

²¹¹ **UN Women and TOMAK.** 2018. *Gendered marketplace assessment women vendors' voices and aspirations for change.* http://tomak.org/wp-content/uploads/2018/12/TOMAK-UNWomen_Gendered-marketplace-assessment.pdf

²¹² **Belun.** 2018. *Policy Brief 1. Leaving no youth behind in Timor-Leste. Young female farmers.*

country's previous stock of physical assets had been destroyed or was unusable by the early 2000s. A World Bank review noted that "in the six years following Independence, much key infrastructure was rehabilitated [...]. In particular, the airport, seaport, telecommunications network and electrical network were reconstructed and rehabilitated during this period."²¹³

The SDP recognizes that Timor-Leste lacks the core infrastructure required to support a modern and productive economy and that improving infrastructure is necessary to drive economic growth. The Infrastructure Fund was established by the Government of Timor-Leste in 2011 as "a vital financial instrument for the infrastructure development to support the country in achieving its national goals." The Fund covers the following strategic areas:

- transport infrastructure, including roads, bridges, ports, and airports;
- social infrastructure, including hospitals, school, and universities;
- flood control and landslides protection infrastructure;
- water and sanitation facilities;
- power generation and distribution;
- telecommunication;
- logistic facilities, including storage infrastructure;
- public building and public facilities;
- other infrastructure that promotes strategic development.²¹⁴

Infrastructure expenditure has been very high, peaking in 2011 at USD 534 million - a value equivalent to nearly half of total expenditures and non-oil GDP and one of the highest rates of infrastructure spending in the world. This expenditure reflects the government's commitment to an economic policy of frontloading infrastructure, expenditure, whereby the unsustainably high investment in infrastructure over the short term will lead to economic growth, increased domestic revenue and declining expenditure.²¹⁵ A total allocated budget for the Infrastructure Fund for 2019 is USD 367.506 million²¹⁶, representing a decline from peak spending consistent with the plan to taper investment as infrastructure projects are completed.²¹⁷

Nevertheless, physical infrastructure is still inadequate across much of the nation. As shown above, almost a quarter of all households (23 percent) and a third of rural households (32 percent) did not have access to electricity in 2016.²¹⁸ Around 90 percent of national roads are either in poor or very poor condition, with only 10 percent in fair condition.²¹⁹ Road infrastructure in many rural and mountainous municipalities is particularly underdeveloped, with many villages connected by unsealed roads, which are easily damaged during the wet

²¹³ Beck, H.A., Wilde, D., Carvalho, M.d.J. & Epifanio Alarico, E. 2015. *Timor-Leste - Public expenditure review: infrastructure* (English). Washington, D.C. , World Bank Group.
<http://documents.worldbank.org/curated/en/303931468113953119/Timor-Leste-Public-expenditure-review-infrastructure>.

²¹⁴ Government of Timor-Leste. 2019. *Ministry of Finance state budget book 3A – Infrastructure Fund 2019*.
http://www.laohamutuk.org/econ/OGE19/PropBooks/BB3A_Eng.pdf.

²¹⁵ Government of Timor-Leste. 2017. *State Budget 2017, budget overview: book 1*. https://www.mof.gov.tl/wp-content/uploads/2018/08/BB1_Eng-2018.pdf

²¹⁶ Government of Timor-Leste. 2019. *Ministry of Finance, state budget book 3A – Infrastructure Fund 2019*.
http://www.laohamutuk.org/econ/OGE19/PropBooks/BB3A_Eng.pdf

²¹⁷ As discussed later in this report, the 2019 budget remains uncertain as of January 2019 following a presidential veto.

²¹⁸ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

²¹⁹ Government of Timor-Leste. 2011. *Strategic Development Plan 2011-30*

season. On average, 60 percent of Timor-Leste's *aldeias*, or communities, are inaccessible by road during periods of the wet season.²²⁰

In 2013, an Asian Development Bank (ADB) report on the private sector assessment of Timor-Leste²²¹ recommended that economic planning and analytical capacity be strengthened to ensure that sector strategies and infrastructure projects are integrated and deliver positive economic returns. This includes the use of competitive procurement processes when awarding government contracts, and exploring the use of public-private partnerships (PPPs) to deliver core infrastructure services.

The challenges to providing adequate physical infrastructure to ensure that all people have access to the facilities and services they need to escape poverty, food insecurity and malnutrition are great. Further development, along with improved maintenance, through well-planned and sustainable and cost-effective investment in the physical infrastructure of Timor-Leste is therefore critical. The government has invested heavily in infrastructure, and despite declining budgetary allocations, continues to do so.

1.2.3.i. Socio cultural, economic and political context

Many of the socio cultural, economic and political contexts of food insecurity, malnutrition and poverty are considered in depth in Section 6 of this report. However, the extent of gender disparities observed in Timor-Leste and the degree to which these influence malnutrition, food insecurity and poverty demands that the socio-cultural dimension of gender is discussed separately. Gender is also included in the discussion of many of the factors relevant to malnutrition, food security and poverty throughout this report (including education, livelihoods, caring practices, fertility and health seeking).

Timor-Leste remains a strongly patriarchal and traditional society with an entrenched system of customary law (*adat*) in which traditional discriminatory attitudes toward women persist.²²² Timor-Leste scores 0.855 in the Gender Development Index (GDI), which represents significant inequality in favour of men.²²³ Marriage exchange practices “dominate and set gender role expectations that cascade down to other aspects of life, including inheritance of resources, domicile, domestic/productive roles and household decision-making practices.”²²⁴ However, Timor-Leste has a highly heterogeneous population, and while all locations included in a 2016 Gender Equality and Social Inclusion Analysis (GESIA)²²⁵ experienced high rates of gender disparity, it is important to note that there is no single set of gender norms that are applicable across the nation.

Gender roles in Timor-Leste directly affect the nutrition of women and girls. In general, men eat first at each meal, followed by the women and older children. In some rural areas, according to

²²⁰ **Future Directions International Pty Ltd.** 2018. Food and nutrition security in Timor-Leste: challenges and prospects. <http://www.futuredirections.org.au/publication/food-and-nutrition-security-in-Timor-Leste-challenges-and-prospects/>

²²¹ **ADB.** 2013. Growing the non-oil economy. A private sector assessment of Timor-Leste.

²²² **Gerry, F. & Sjölin, C.** 2018. Timor-Leste and the empowerment of women: access to justice and the future for domestic, family and sexual violence survivors (Part 3): key issues.

²²³ **UNDP.** 2018. *Human Development Indices and Indicators: 2018 statistical update*. Briefing note for countries: Timor-Leste. http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/TLS.pdf.

²²⁴ **TOMAK.** 2016. *Gender equality and social inclusion analysis*. Technical Report 8 December 2016. <http://tomak.org/wp-content/uploads/2016/11/TOMAK-gender-and-social-inclusion-analysis.pdf>.

²²⁵ **TOMAK.** 2016. <http://tomak.org/wp-content/uploads/2016/11/TOMAK-gender-and-social-inclusion-analysis.pdf>

the 2016 (GESIA), women reported that children ate after the men, and women ate last.²²⁶ While there is “widespread belief among international development workers” that this results in women and children not being “fed as well as men”, a 2013 study contends that portions are already divided before the meal begins based on “age/gender and the social capital held by each individual,”²²⁷ suggesting that the factors that influence intra household allocations are highly complex. While details are scarce, the GESIA also noted that “avoiding household conflict is impacting negatively on nutrition and use of food resources” and that women take care to avoid conflict while making food and resource allocation decisions.

Many women marry early in Timor-Leste. The median age at first marriage among 25-49 year-old women was 21.7 years, compared to 26.8 years for men aged 30-59.²²⁸ Twenty-four percent of married women were married between the ages of 15 to 19, compared to only 5 percent for men (based on 2015 Census figures). In a culture where age is a source of status, the differences in age between husband and wife further reinforce the superior status of the husband.²²⁹ Furthermore, girls are often expected to leave school to work or to assist with household chores upon marriage, entrenching the disadvantages they face throughout their lives.

There is global consensus that pregnancy should be delayed until at least 20 years of age. Early pregnancy is dangerous for both an adolescent girl and her child. Furthermore, pregnancy (and early marriage) typically denotes the end of formal education, restricts opportunities for employment, heightens poverty, and might limit growth in undernourished girls. According to the [2016 DHS](#), 7 percent of 15-19-year-old women in Timor-Leste have started childbearing, with 5 percent having already given birth and an additional 2 percent pregnant with their first child. Fertility rates among adolescents are higher among women who have less education (15 percent among girls aged 15-19 years with no education compared to 0 percent among girls of the same age with more than secondary education). Although the rate of teenage pregnancy has fallen since the 2009-2010 DHS, when 24 percent of women aged 20 had already given birth, the rate of teenage pregnancy remains high.

Gender-based violence (GBV) is pervasive in Timor-Leste. The 2016 DHS found that 29 percent of women aged 15-49 had experienced physical violence within the 12 months preceding the survey. Thirty-three percent of all married women had experienced spousal physical violence within the 12 months preceding the survey. Seventeen percent of these were injured as a result. The prevalence of violence steadily increases as education and wealth levels drop. Women who reported having experienced violence overwhelmingly reported that it had occurred at the hands of their current or former spouse (87 percent). Sexual violence was reported to be less common: 4 percent of women aged 15-49 experienced sexual violence within the 12 months preceding the survey. Over three quarters (76 percent) of women who reported experiencing sexual violence had experienced such violence at the hand of their current husband. Just 20

²²⁶ *Ibid.*

²²⁷ **Castro, A.** 2013. *An approach to the food habits of three communities in Timor-Leste*. Final Report. CARE International in Timor-Leste, 1-50.

²²⁸ **General Directorate of Statistics (GDS), Ministry of Health and ICF.** 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

²²⁹ **TOMAK.** 2016. Gender equality and social inclusion analysis. Technical Report 8 December 2016. <http://tomak.org/wp-content/uploads/2016/11/TOMAK-gender-and-social-inclusion-analysis.pdf>.

percent of women who have experienced physical or sexual violence sought help, and family support following violence was not available to almost two thirds of women (63 percent).²³⁰

Attitudes toward domestic violence are changing, but the belief that violence is justified is still entrenched among both men and women. The 2016 DHS reports that the proportion of women who agree with one or more of the justifications for wife beating (she burns the food, she argues with him, she goes out without telling him, she neglects the children, and she refuses to have sex with him) has declined from 86 percent in 2009-10 to 74 percent in 2016. For men, the decline has been even greater, from 81 percent in 2009-10 to 53 percent in 2016.²³¹ Agreement with wife beating was not found to vary greatly based on wealth or education for women; but among men, agreement with wife beating *increases* with both education and wealth.

A 2016 World Bank Working Paper on Malnutrition in Timor-Leste²³² cited extensive evidence that “structural and cultural violence” against girls and women in Timor-Leste likely manifests in stress and depression, which in turn, have been shown to worsen nutrition outcomes for women and their children. The Working Paper cites a study by Meikin *et al.*, who “attribute the high prevalence of marital control and Gender-Based Violence (GBV) to: (i) the patriarchal society organized around strict gender roles and norms of male dominance and a lower status of women, (ii) the tradition of a bride price where the grooms family feels ownership over the woman after paying the price, (iii) cultural violence that validates the practice of wife-beating as a way to educate or control women, (iv) the history of violence in a society full of conflict.”²³³

Women in Timor-Leste are often not empowered to refuse sex or negotiate safer sex. Thirty-four percent of women and 39 percent of men believe a wife is justified in refusing sex if her husband has other partners; while 23 percent of women and 42 percent of men agree that she is justified in asking her husband to wear a condom if he has an STI. Forty-one percent of currently married women said they could say no to their husbands if they did not want to have sex, but only 25 percent said they could ask their husband to use a condom.

The total fertility rate (TFR) in Timor-Leste remains among the highest outside of Africa, at 4.2 live births per woman (3.5 in urban areas and 4.6 in rural areas).²³⁴ The TFR decreased significantly from 7.8 in 2003²³⁵ (reported to be the highest in the world) to 4.2 in 2016. However, there remains an unmet need for contraception: in 2016 12 percent of all women and 25.3 percent of currently married women had an unmet need for family planning. The threats this poses to the eradication of malnutrition and poverty reduction are discussed in detail later in this report.

²³⁰ **General Directorate of Statistics (GDS), Ministry of Health and ICF.** 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

²³¹ **Ibid.**

²³² **Provo, A., Atwood, S., Sullivan, E. & Mbuya, N.** 2016. *Malnutrition in Timor-Leste: a review of the burden, drivers, and potential response*. World Bank Working Paper.

²³³ **Meiksin, R., Meekers, D., Thompson, S., Hagopian, A., & Mercer, M.A.** 2015. Domestic violence, marital control, and family planning, maternal, and birth outcomes in Timor-Leste. *Maternal and Child Health Journal*, 19(6), 1338-1347.

²³⁴ **General Directorate of Statistics (GDS), Ministry of Health and ICF.** 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

²³⁵ **Timor-Leste Ministry of Health, the National Statistics Office and the University of Newcastle, Australian National University, ACIL Australia.** 2004. *Timor-Leste Demographic and Health Survey, 2003*.

The 2016 DHS showed that the proportion of currently married women ages 15-49 that participates in decisions about their own health care was 93 percent while major household purchases and visits to the woman's family or relatives was 94 percent. This represented improvement from 2010: "participation in decisions about their own health care increased from 87 percent in 2009-10 to 93 percent in 2016; in the same period, participation in decisions about making major household purchases increased from 86 percent to 94 percent and in making decisions about visits to her family or relatives increased from 91 percent to 94 percent." Only 2 percent of currently married women do not participate in any of the three decisions.

The 2014 Asian Development Bank (ADB) Timor-Leste: Country Gender Report²³⁶ found that although women are well represented in parliament, their influence is limited and they have "almost no voice at the local level where decisions of the greatest relevance to rural women are made." Almost all of the 442 *suco* (village) and 2 336 *aldeia* (hamlet) chiefs are men (98 percent) and there has been little change over the past decade. However, there is reason for cautious optimism that gender inequities in Timor-Leste may be slowly receding. The 2016 GESIA noted "a growing knowledge, acceptance and even pride in the pursuit of human rights and equality" in Timor-Leste and lauded "important shifts in gender equality since independence, in particular national political representation, a law on domestic violence, increased education enrolment and completion rates for girls, some reduction in the country's high fertility, maternal and child mortality rates, and the adoption of a law against domestic violence."²³⁷

²³⁶ Asian Development Bank. 2014. *Timor-Leste country gender assessment*. Mandaluyong City, Philippines, Asian Development Bank.

²³⁷ TOMAK. 2006. *Gender equality and social inclusion analysis*. Technical Report 8 December 2016. <http://tomak.org/wp-content/uploads/2016/11/TOMAK-gender-and-social-inclusion-analysis.pdf>.

2. Current policies and strategies

Is the current set of policies and strategies sufficiently focused and well-designed to adequately address the immediate and underlying causes of food insecurity and malnutrition in the most impactful way, both at a national scale and at the level of specific socio-economic groups, geographic areas, agro-ecological zones and/or administrative areas that are facing “stubborn” or more pervasive problems of food insecurity and malnutrition?

2.1.1. Major food security and nutrition policies and strategies in Timor-Leste

Three key policies and strategies drive the food security and nutrition agenda in Timor-Leste:

- [The National Nutrition Strategy \(2014–2019\) \(NNS\) \(GoTL, 2014\)](#) is focused on the multisector dimensions of nutrition, including the roles of the health, public works, education, agriculture and social solidarity sectors. It contains nutrition-specific and nutrition-sensitive interventions and approaches. The broad goals of the strategy are to (1) increase nutrient intake in mothers, adolescent girls, and children; (2) improve healthcare for mothers and children; (3) improve household, community, and national food security; (4) improve water supply and sanitation access and hygiene practices; (5) promote optimal nutrition practices; and (6) improve capacity for nutrition action. The strategy has been fully costed but the costing is yet to be endorsed by the Council of Ministers. The NNS is going to be reviewed and updated in 2019.
- [The 2017 National Food and Nutrition Security Policy \(NFNSP\) \(GoTL, 2017\)](#) aims to eliminate hunger and malnutrition through actions that consider nutrition, livelihoods and sustainability. The policy’s eight goals are: (1) increasing nutritious local food production and the links between producers and consumers; (2) increasing sustainable food production and climate change resilience; (3) making safe, nutritious, high-quality food consistently available throughout the country; (4) increasing rural incomes; (5) improving nutritious food access for the most vulnerable; (6) improving women's and children's health status; (7) improving food and nutrition education; and (8) creating effective food and nutrition information systems.
- [The 2015-2025 Zero Hunger National Action Plan \(PAN-HAM-TIL\) \(GoTL, 2014\)](#) is a multisectoral plan that includes five pillars with targets: (1) equitable access to food year-round for everyone; (2) reducing stunting to zero; (3) creating sustainable and climate-resilient food systems; (4) increasing smallholder productivity and income; and (5) zero food waste. The action plan identifies responsible government agencies, coordinating agencies and development partners for each of 170 actions; however it has never been officially costed or formally endorsed by all Ministries.

While the NNS was developed under the auspices of the Ministry of Health (MOH) and the NFNSP under the Ministry of Agriculture and Fisheries (MAF) both recognize the multisector nature of food insecurity and malnutrition and the role to be played by other ministries. PAN-HAM-TIL is Timor-Leste's first comprehensive multisector FSN plan and provides an umbrella document to the NNS and NFNSP, with the NNS forming the second pillar of PAN-HAM-TIL.

2.1.2: Food security and nutrition - sensitive policies and strategies in Timor-Leste

While the Ministry of Health is the technical home for malnutrition and the Ministry of Agriculture and Fisheries for food security, other sectors acknowledge the critical role they must play in addressing these issues in their strategies, policies, and guidelines. These sectors, including Social Solidarity (MSS), Education, Youth and Sport (MoEYS), Tourism, Commerce and Industry (MTCI), and the Ministry of Finance (MoF) together with the Ministry of Health and the Ministry of Agriculture and Fisheries (MAF), form the leadership of the National Council on Food Security, Sovereignty and Nutrition (KONSSANTIL),²³⁸ whose mandate is to guide the national multisectoral response to food insecurity and malnutrition. Under the council sits a permanent technical group, which includes a number of other sectors and development partners. Across the relevant sectors, several policies, strategies, plans and decrees include actions to address one or more of the immediate and underlying causes of malnutrition and food insecurity, including:

- [The Strategic Development Plan 2011-2030 \(SDP\) \(GoTL, 2010\)](#) sets out strategies aimed at transitioning Timor-Leste from a low income to an upper middle-income country. The SDP identifies food security and nutrition and the management of water resources as fundamental to enhancing economic development. Relevant targets include reaching food security by 2020, self-sufficiency in food staples by 2020, self-sufficiency in all foods and access to clean water and improved sanitation for all citizens by 2030.
- [Decree-law No. 4/2004 on water supply for public consumption](#) was developed to “create and establish conditions for water distribution for domestic use” and continues to guide the water sector. Key commitments contained in the law relate to appropriate, secure, and sustainable urban water supplies.
- [The National Health Sector Strategic Plan \(2011–2030\) \(GoTL, 2011\)](#) seeks to “reduce the incidence and prevalence of macro- and micronutrient deficiencies and associated malnutrition among vulnerable groups.” The plan contains several nutrition targets, including 60% of infants under six months being exclusively breastfed by 2015; 50% of infants under one year receiving appropriate complementary foods (in addition to breastfeeding) by 2015; 50% of schools implementing recommended feeding programmes by 2015 and community engagement in food security and nutrition programs increased by 30%.
- [The Ministry of Agriculture and Fisheries Strategic Plan \(2014 - 2020\) \(GoTL, 2014\)](#) outlines nine main goals including: (1) increasing rural incomes and reduce poverty; (2) increasing household food and nutrition security; (3) supporting the transition from subsistence to commercial farming; (4) promoting environmental sustainability and conservation of natural resources; (5) sustainably increasing food production through improved crop varieties, forestry, livestock species, and fisheries; (6) improving market access and market value addition; (7) improving the enabling environment including legislation, policies, institutions and infrastructure; (8) strengthening the MAF; and (9) conserving, managing, and utilizing natural resources.

²³⁸ Following the KONSSANTIL dialogue and consultation process and the review and update of the KONSSANTIL statutes, a recommendation will be presented in 2019 to the Council of Ministers to include the Ministry of Public Works and State Administration as official members of KONSSANTIL.

- [Timor-Leste National Strategic Plan for Education 2011-2030 \(GoTL, 2011\)](#) seeks to ensure that “by 2030 all children, boys and girls alike, will be able to complete a full course of quality Basic Education.” The long-term correlations between education and nutrition render the policy relevant to food security and nutrition, although the plan includes limited direct reference to nutrition, except for school feeding programmes as a part of efforts to improve the quality of education.
- [The National Youth Policy \(GoTL, 2016\)](#) identifies five priority areas to support youth across the whole of government. These priority areas are: 1) education; 2) healthy lifestyles; 3) employment and employability; 4) violence and crime; and, 5) civic participation. There are many links and commonalities between the National Youth Policy and National Food and Nutrition Security Policy, which were analysed and documented through a study on sustainable livelihood opportunities for rural youth in Timor-Leste, supported by FIRST in 2018.
- [The National Aquaculture Development Strategy \(2012-2030\) \(GoTL, 2013\)](#) strongly emphasizes the role of fisheries in reducing malnutrition and poverty. The 2020 goal is to increase fish consumption from 6 to 15 kilograms per capita/year leading to a reduction by 2020 in malnutrition rates and improved nutrition security.
- [The Reproductive Maternal, Neonatal and Child Health \(RMNCH\) Strategy \(GoTL-MOH\)](#) includes several targets related to nutrition, all of which are aligned with the targets outlined in the National Nutrition Strategy (2014-2019).
- **The National Basic Sanitation Policy (GoTL, 2014)** was endorsed in 2012 and comprehensively covers urban and rural areas as well as household, institutional, and community sanitation. The policy establishes MoH as the lead agency for rural sanitation and states that demand-led approaches, in particular CLTS, lead the implementation of rural sanitation with technical guidance from the MoPTC. It outlines policy principles, policy instruments, and financing rules. It clarifies the roles and responsibilities of the various actors in the system and sets out an integrated and staged approach to achieving a healthy environment, with open defecation free (ODF) *sucos* being the first target.
- **Timor-Leste Rural Water, Sanitation and Hygiene Sector Strategy (2008-2011)** although out of date, this strategy had a vision that healthy rural communities would have sustainable access to improved water supplies, sanitation and environmental health for poverty reduction and rural economic development that would be achieved by community action, aligned with government policy and customary law. The strategy promoted gender and social equity, supported by an integrated and enhanced government, civil society and private sector and while maintaining a balance with environmental and natural resource management.
- **A draft Strategic Sanitation Plan (2020)** establishes priorities and actions to achieve sanitation targets. Initially covering rural areas, the plan provides sanitation targets, identifies priority groups and geographic areas, determines the best use of sub-sector resources and capacity, and proposes tracking *suco* sanitation using five levels of achievement – the first being ODF.
- [The 2010 National Adaptation Programme of Action \(NAPA\) on Climate Change](#) sets out strategies to protect and promote food security and nutrition in the context of climate change and opportunities to mitigate the impact of this threat.

- **Ministry of Social Solidarity Long-Term Strategic Plan, 2011-2030** (this document could not be accessed).
- [National Action Plan on Gender Based Violence 2017-21](#) established four areas of strategic priority: (i) the prevention of gender-based violence, (ii) the provision of services to victims, (iii) access to justice, and (iv) coordination, monitoring and evaluation. It aims “reduce and ultimately eliminate” gender-based violence in Timor-Leste.
- [The National Strategy for Prevention and Control of Non-communicable Diseases \(NCDs\), Injuries, Disabilities, and Care of the Elderly and NCD Action Plan 2014-18](#) acknowledges the role that nutrition plays in NCDs and includes strategies to promote healthy diets.
- **The Road map for Nutrition (2017) (GoTL, 2017):** Aligned with the SDP, nutrition aspirations have been articulated through the framework of the 2015 Sustainable Development Goals (SDGs). In May 2017, under the former government, Timor-Leste hosted a meeting of the G7+ to develop a road map for SDGs in fragile and conflict-affected states. Timor-Leste committed to monitoring 20 priority SDG indicators and selected three priority SDGs for 2017, including four outcomes under SDG 2 as the basis of a road map. The status of the road map and the unit overseeing it remains unclear under the new government.

The policy environment in Timor-Leste is highly centralized. Few nutrition-specific or nutrition-sensitive plans have been developed at the district level. Although the [Constitution of Timor-Leste](#) enshrines the “principle of decentralization” and specifically notes that “the national health service shall have, as much as possible, a decentralised participatory management,”²³⁹ most programming is managed centrally. In recent years, steps have been taken to decentralize the nation’s governance, but these efforts have been constrained by a lack of institutional capacity at every level of government. Consequently, nutrition-specific and nutrition-sensitive programming continues to be guided exclusively by national plans.

2.2.1. Adequacy of national policies and strategies to address the immediate and underlying causes of food insecurity and malnutrition at the national level

The number of policies and strategies that include actions and strategies to address the immediate and underlying causes of malnutrition is a testament to the GoTL’s recognition of the multisectoral nature of malnutrition and food insecurity and its commitment to alleviating this burden. Without exception, each of the underlying and immediate causes of malnutrition identified in Question 1 is addressed in one or more national documents.

Yet the number of strategies and policies still in draft, the sheer number of documents, as well as the size and scope of many of these documents precludes streamlined implementation and inhibits coordination. In addition, several of the strategies are extremely ambitious in scope and thus implementing their activities and monitoring and evaluating their progress is incompatible with the resource-constrained environment of Timor-Leste.

To be fully operational and ensure a truly coordinated response, the policies and strategies need to be supported by relevant legislative frameworks and laws. Unfortunately, in Timor-Leste

²³⁹ **Government of Timor-Leste.** 2002. Constitution of the Democratic Republic of Timor-Leste. http://Timor-Leste.gov.tl/wp-content/uploads/2010/03/Constitution_RDTL_ENG.pdf

many of these important statutes are still in draft (some have been for many years) and are yet to be realized. Examples include the IYCF Strategy (drafted in 2012), the Salt Iodization Law (drafted in 2013) and also the Behavior Change Communication Strategy, the International Code of Marketing of Breast Milk Substitutes, and the Food Fortification Strategy/Policy.

Indeed, the statutes for KONSSANTIL are still in draft, which in theory means that PAN-HAM-TIL has no formal 'home' and is not the responsibility of any sector.

While the alignment of targets across policies is improving, inconsistencies remain. For example, the Timor-Leste SDG 2 target for wasting (WHZ<-2) is <5 percent by 2025, while the PAN-HAM-TL target is 9 percent by the same year; the Timor-Leste SDG 2 stunting (HAZ<-2) target is a 40 percent reduction by 2025 while the NFNSP stunting target is ≤ 40 percent by 2020; and the National Nutrition Strategy stunting target is < 40 percent by 2019 and the PAN-HAM-TL stunting target is 0 percent by 2025. The need for greater harmonization and consistency across policies is clearly apparent.

Furthermore, in some instances, the policies are not always consistent with international targets. For example, the PAN-HAM-TL target of *zero stunted children under 2 years of age by 2025* is neither aligned with the World Health Assembly-endorsed global maternal infant and young child nutrition target for the same period of time (a 40 percent reduction),²⁴⁰ nor does it appear to be feasible for *any* country to achieve.

In addition, some policies directly conflict with national ambitions. For example, the GoTL aims to reach rice self-sufficiency, yet subsidies create market distortions that discourage the production of local rice. Consequently, the rice balance remains severely negative, and yields have not increased significantly, despite increasing public investments in irrigation since 2007.

2.2.2. Adequacy of national policies and strategies to address the immediate and underlying causes of food insecurity and malnutrition at the level of specific socio-economic groups, geographic areas, agro-ecological zones and/or administrative areas

The NNS, the NFNSP and PAN-HAM-TL all focus on improving nutrition during the 1,000 days from conception to two years of age when women and children are particularly vulnerable to malnutrition and the consequences are most severe and long-lasting. However, although mentioning specific targets, the documents do not meaningfully disaggregate actions for socio-economic or demographic groups that are at particular risk of malnutrition. General activities like “engaging school children and youth groups as change agents” (NNS) and “increase(ing) women’s access to income-generating opportunities and control on household income to maximize impact of household income on the family’s nutrition” (NFNSP) are common and belie an absence of meaningful or tangible actions that might benefit these groups. An exception is the PAN-HAM-TL, which includes actions that are highly specific to groups such as “youth and women,” “fisherfolk” and “women farmers” and “rural youth.”

The PAN-HAM-TIL is ambitious in its attempts to target vulnerable groups with a wide-ranging set of initiatives that reflect many of the underlying causes of undernutrition and food insecurity. Its 170 actions have been costed at 1.7 billion over 10 years. This is widely considered to be unfundable based on national budgetary constraints and has never been funded in its entirety.

²⁴⁰ <https://www.who.int/nutrition/global-target-2025/en/>

Furthermore, the inclusion of such a large number of activities reflects a lack of prioritization and consequent operation as a “strong advocacy tool but a weak guide for implementation.”²⁴¹

Using the three main food security and nutrition policies as a foundation, the former president of Timor-Leste supported two national roundtable dialogues on nutrition and food security in 2015 and 2017. The aim of the dialogues was to raise awareness of the issues and begin the process of prioritizing activities to combat malnutrition and food insecurity. The EU-FAO FIRST program assisted KONSSANTIL to continue this dialogue and consultation process at national and subnational levels, reaching consensus on a select, but broad, range of priorities. The policy effectiveness analysis further strengthened this process by supporting a participatory, fully inclusive review of each of the priorities based on global evidence and the local context. These processes provided a greater understanding and ownership of the priorities by respective ministries, which mitigated some of the concerns around the country’s ambitious plans and formed the basis for a new, more realistic and targeted direction for nutrition programming. It also provided an opportunity for development partners to align their work in a more targeted and measured way.

None of the country’s food security and nutrition policies target specific geographic areas. The NFNSP includes *Outcome 5: Improved access to nutritious foods and nutrient intake by vulnerable people* and *Strategy 2.5: Developing appropriate risk management systems for vulnerable people and improving safety net programmes through better targeting and delivery mechanisms, including use of food aid and food distribution to vulnerable households and communities*. However, there is no indication of where these households and communities might be found or how they might be identified. The NFNSP does, however, note in Strategy 5.1 that a *method and capacity to assess and map communities that are vulnerable to food and nutrition insecurity for effective targeted intervention* should be strengthened. The recently developed Integrated Food Security Phase Classification (IPC) will support this process. Using a set of standard food security indicators, the IPC is a tool that can be used to map vulnerable communities at the national and subnational levels. IPC can be used by governments and development partners to better target food security and nutrition interventions to the most vulnerable.

The Timor-Leste strategies do not reference the areas that are most exposed to emerging threats, such as climate change, in any meaningful way, nor do they mention agroecological zones. PAN-HAM-TIL states its aim to improve climate resilience through sustainable and climate-resilient farming and fishery practices and the improvement of early warning systems, but does not identify areas or target groups in which such programmes are particularly critical.

The lack of meaningful consideration of vulnerable socio-economic groups and geographical zones has led to criticism that Timor-Leste’s food and nutrition security policies are “context-insensitive in planning and implementation and lack an inclusive and participatory approach.”²⁴²

²⁴¹ Provo, A., Atwood, S., Sullivan, E. & Mbuya, N. 2016. *Malnutrition in Timor-Leste: a review of the burden, drivers, and potential response*. World Bank. Working Paper.

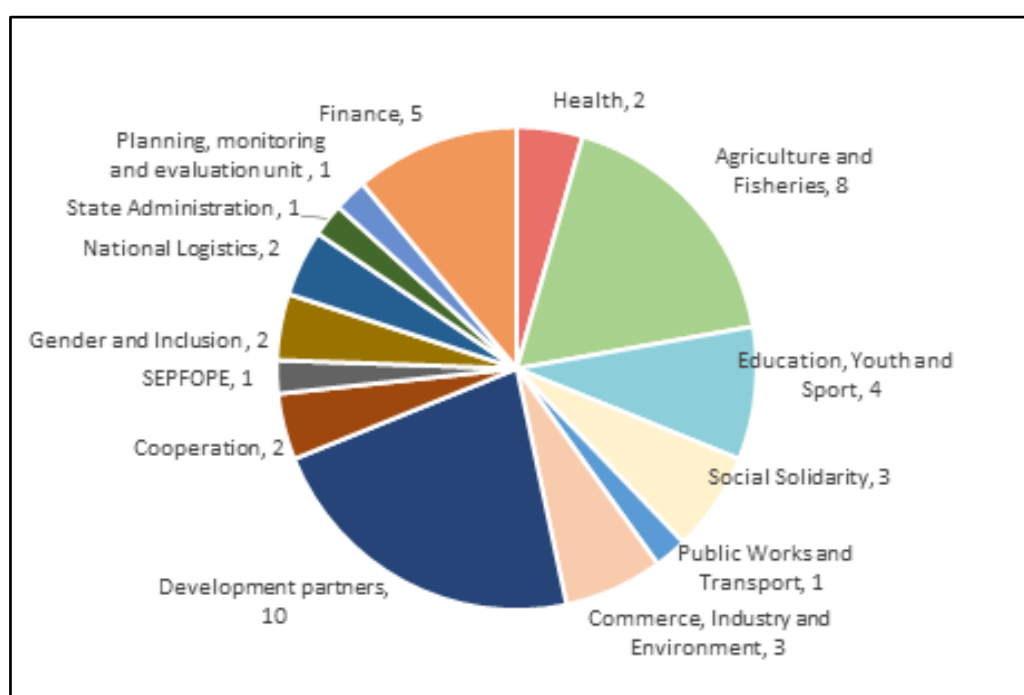
²⁴² Fanzo, J., Boavida, J., Bonis-Profumo, G., McLaren, R. & Davos, C. 2017 *Timor-Leste Strategic review: progress and success in achieving the Sustainable Development Goal 2*. Timor-Leste and Johns Hopkins University. Centre of Studies for Peace and Development (CEPAD).

2.3. Policies and strategies in practice: implementing Timor-Leste's food security and nutrition policies and strategies

The truism that a strategy is only as good as its execution demands that the implementation capacity of Timor-Leste's food security and nutrition policies and strategies be considered when assessing their strength. In the words of a respondent to a 2018 KONSSANTIL needs assessment, "the important thing is what we DO with the policies."

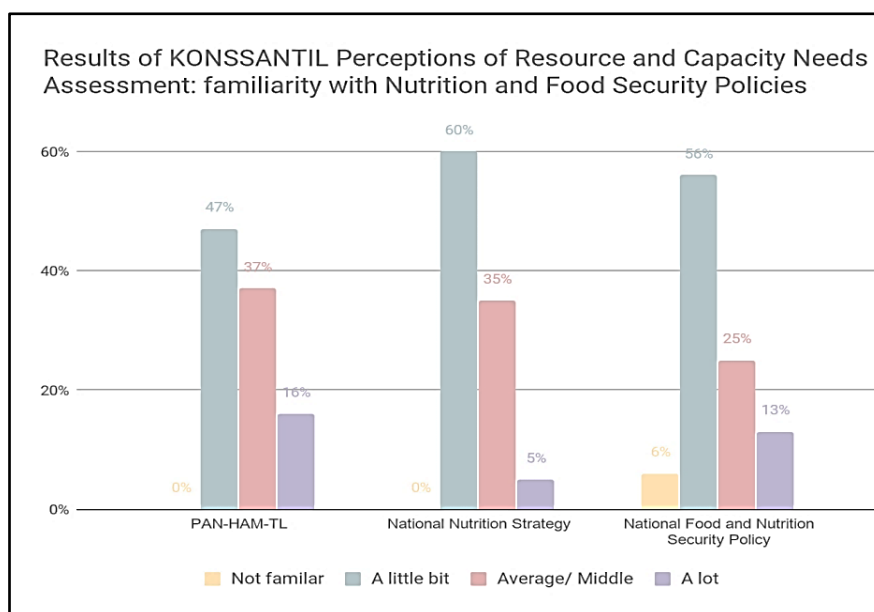
This needs assessment aimed to assess KONSSANTIL members' perceptions of the capacity and resources needed to implement national food security and nutrition policies and plans. It used a standard questionnaire with a mix of qualitative and quantitative questions to conduct face to face sessions with 43 key informants (See Figure 39). The questions were adapted for development partners, some of whom chose to respond in writing rather than orally. Due to time constraints, interviews were only conducted at the national level. The results were presented and discussed at a KONSSANTIL seminar on multisectoral programming for nutrition held in Dili on December 6, 2018.

FIGURE 39: PARTICIPANTS IN THE SURVEY ON KONSSANTIL MEMBERS' PERCEPTIONS OF CAPACITY AND RESOURCES



The survey found that the food security and nutrition work force in Timor-Leste had some general familiarity with the goals, targets and interventions outlined in the country's three major nutrition policies. However, as can be seen in Figure 40 most reported being just "a little bit" familiar with the policies. Just 16%, 5% and 13% of respondents said they had "a lot" of familiarity with the PAN-HAM TL, the NNS and the NFNSP policies respectively. This indicates a lack of knowledge, skills and human resource capacity among the public sector, undermining the potential efficacy of the policies and strategies.

FIGURE 40: RESULT OF KONSSANTIL MEMBERS' PERCEPTIONS OF RESOURCE AND CAPACITY NEEDS: FAMILIARITY WITH FSN POLICIES



The hypothesis that a lack of human capacity is a major constraint to the implementation of the national strategies and policies was corroborated by participants in this needs assessment, all of whom reported that they would like to receive more training on each of the ten areas of nutrition²⁴³ covered in the assessment.²⁴⁴ While a similar response was reported at every level of government, from front line workers across sectors to director generals of divisions, policy-makers and ministry leaders, the need for more training was reported to be particularly acute for those close to communities.

While respondents overwhelmingly believed that the three major nutrition policies were achievable (See Figure 41), they generally qualified this belief with recommendations for improving operationalization and implementation of the policies. Respondents identified factors within each of the four UNDP capacity development drivers of change as being critical to the achievement of the PAN-HAM-TIL, including:

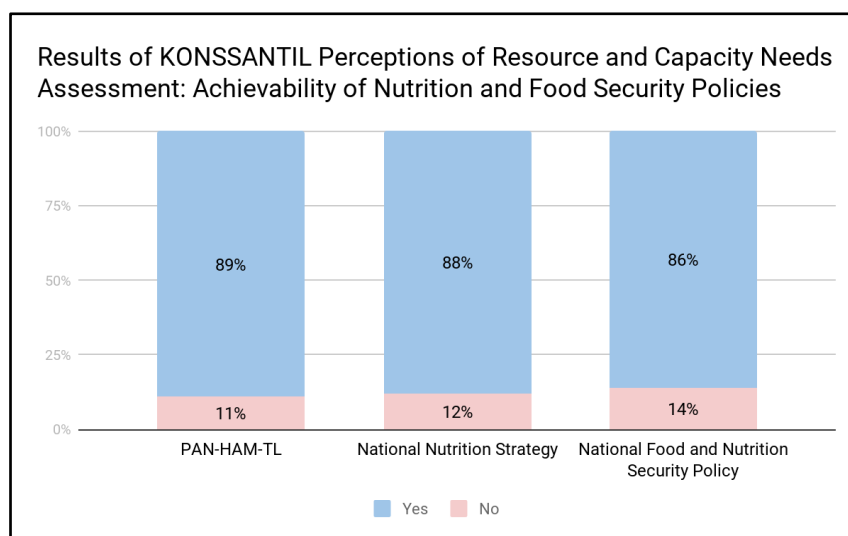
1. institutional arrangements: increasing budget;
2. leadership: improving coordination;
3. knowledge: socializing the policies at every level of implementation;
4. accountability: simplification of priorities and targets.

Similarly, suggestions for achieving the NNS included increasing the budget, improving monitoring and evaluation, and strengthening commitment and coordination. Suggestions for achieving the NFNSP included greater socialization, increased leadership commitment, political involvement and improved coordination.

²⁴³ Includes: Basic nutrition concepts and definitions, Importance of good nutrition during the first 1000 days, Nutrition for various groups of people, Under-nutrition, Micronutrient deficiencies, Nutrition profile of Timor-Leste, Food safety, Nutrition specific and nutrition sensitive interventions.

²⁴⁴ As a single exception, one participant reported that he or she would not find training on “nutrition from any sector perspective” useful.

FIGURE 41: RESULT OF KONSSANTIL MEMBERS' PERCEPTIONS OF RESOURCE AND CAPACITY NEEDS: ACHIEVABILITY OF FSN POLICIES



A survey of development partners also identified major constraints to the successful implementation of the food security and nutrition agenda in Timor-Leste. Respondents identified resource and capacity limitations, as well as a lack of harmonization and coordination in programme implementation, with one respondent noting that existing policies cannot be achieved until they are realigned to be “relevant to the real situation and condition in this country.”

Each of the suggestions made by respondents of these surveys is borne out by analysis of Timor-Leste’s food security and nutrition programming landscape, and these are discussed in greater detail later in this report.

2.4. Summary

While the food security and nutrition policy landscape in Timor-Leste is comprehensive, it lacks the alignment and context-specificity needed to drive the country’s food security and nutrition agenda in an effective and coordinated way. While most of the nutrition workforce has at least minimal familiarity with the major policies, there is broad agreement between the government workforce and development partners that implementation of these policies is suboptimal and needs greater coordination and targeting.

The prioritization work currently taking place in KONSSANTIL aims to develop consensus on interventions that are most likely to have a meaningful impact on FSN outcomes in Timor-Leste. Building consensus is a critical first step in enhancing coordination and developing a realistic and evidence-based road map for multisector nutrition programming in line with existing policies. A set of tools (e.g. IPC) and resources will be needed to support the selection of appropriate target groups and implementation of the road map across sectors.

3. Emerging problems

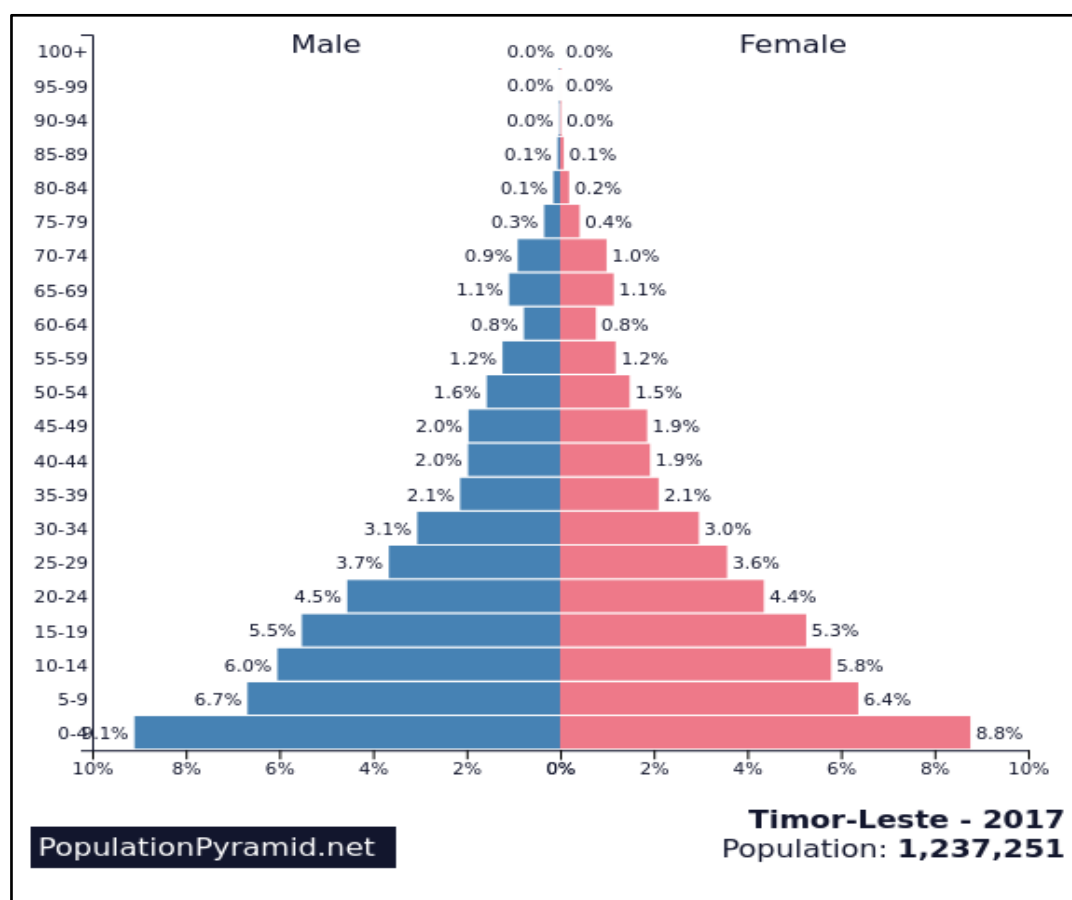
Are current policies and strategies sufficiently forward looking to address the food security and nutrition impacts of emerging problems related to migration, youth unemployment, climate change, population growth, urbanization?

As anticipated in Question 1, Timor-Leste faces a set of challenges that pose looming threats to the food and nutrition security of the nation. These include education, unemployment and migration, climate change and food price volatility. This section of the report assesses the extent to which current policies and strategies are equipped to mitigate these challenges.

3.1. A demographic transition

The population of Timor-Leste is extremely young (see Figure 42). According to the UNDP, Timor-Leste has “one of the youngest populations in the Asia and Pacific region, with a median age of just 17.4 years. This makes Timor-Leste the 15th youngest country in the world, behind only Afghanistan and a group of African nations. The population below age 35 accounts for 74 percent of the total population.”²⁴⁵ As such, challenges that affect young people are particularly acute in Timor-Leste.

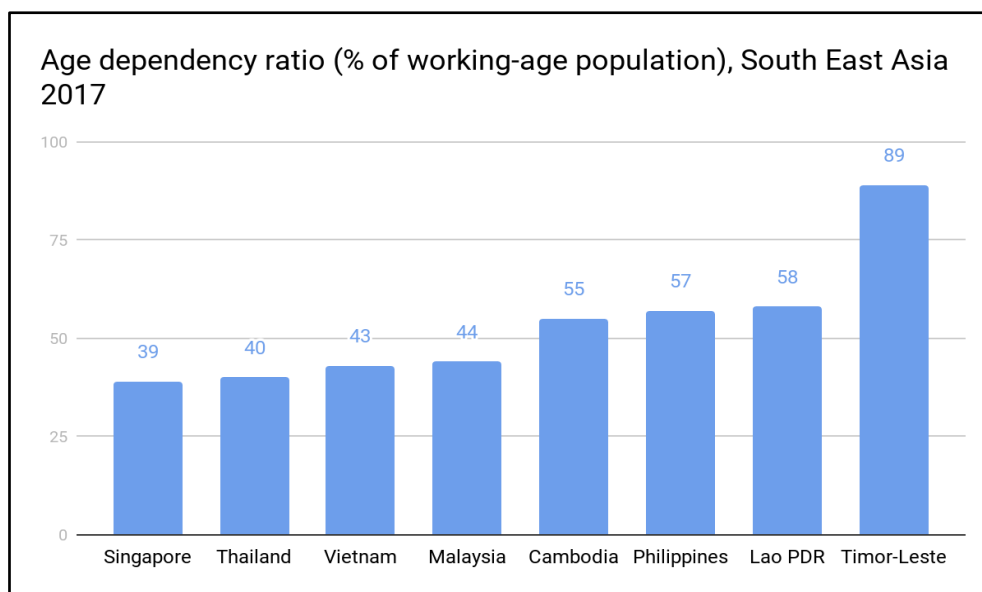
FIGURE 42: TIMOR-LESTE POPULATION, 2017



²⁴⁵ UNDP. 2018. *National Human Development Report. Planning the opportunities for a youthful population.*
<http://www.tl.undp.org/content/dam/timorleste/docs/reports/HDR/2018NHDR/TL-NHDR-2018.web.pdf>.

According to World Bank data, Timor-Leste's dependency ratio is 89, meaning that for every 100 persons of working age (15-64 years) 89 people are below 15 or over 64 years.²⁴⁶ This effectively means that every 100 people of working age must support 89 people that are either too young or too old to be in the workforce, in addition to themselves. This is much higher than the global dependency rate average of 54 and higher than other in countries in South East Asia (See Figure 43). A high dependency rate creates a substantial economic burden for individuals, households and the community, forcing people of both working and non-working ages further into poverty, and reinforcing the cycle of food insecurity and malnutrition.

FIGURE 43: AGE DEPENDENCY RATION (% OF WORKING-AGE POPULATION), SOUTH EAST ASIA.



As noted in Question 1, the total fertility rate (TFR) decreased from 7.8 to 4.3 children per female of reproductive age between 2003 and 2016, meaning that a “demographic window of opportunity” will open in the next three decades.²⁴⁷ If managed appropriately, this window will allow greater resource generation by the economically active population for investment in education, health care and other productive sectors for sustainable development.²⁴⁸

To ensure that this demographic window does indeed remain open, the decline in TFR must persist. However, women in Timor-Leste continue to have unmet needs for family planning. In 2016, 12 percent of all women and 25.3 percent of married women had an unmet need for family planning. Contraceptive use increased from 13.6 percent to 16.1 percent among all women and from 22.3 percent to 26 percent among currently married women between 2009/10 and 2016 but the rates still remain very low. The use of modern contraception methods²⁴⁹ was slightly lower at just 14.8 percent and 24.1 percent among all women and married women respectively. Although there is little difference based on wealth quintiles, the use of modern

²⁴⁶ **World Bank Data.** 2017. *Age dependency ratio (% of working-age population).*
<https://data.worldbank.org/indicator/SP.POP.DPND?end=2017&start=2017>.

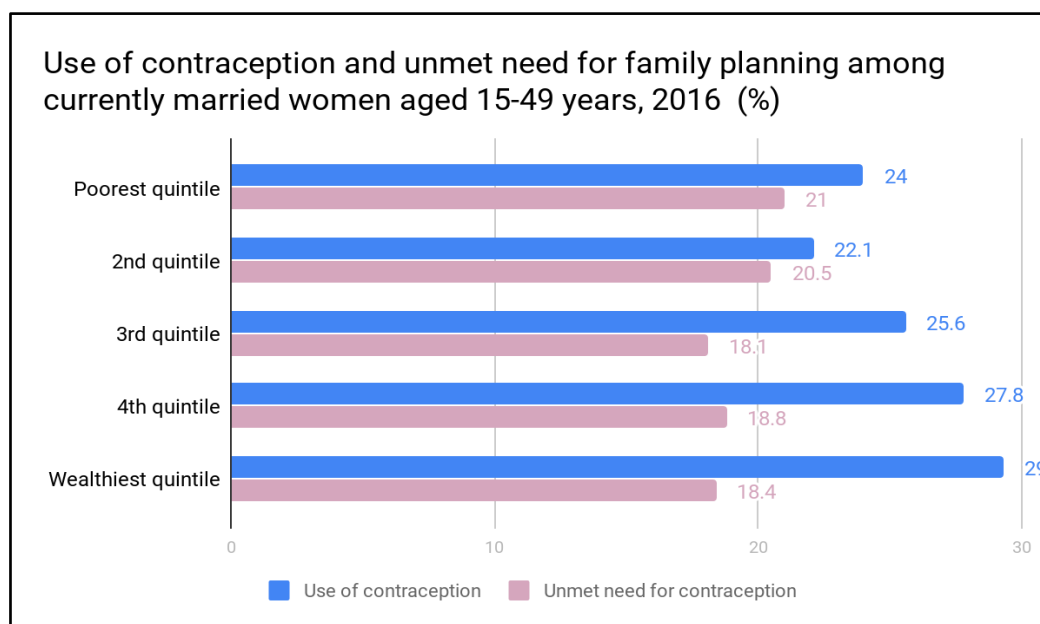
²⁴⁷ **UNDP.** 2018. *National Human Development Report. Planning the opportunities for a youthful population.*
<http://www.tl.undp.org/content/dam/timorleste/docs/reports/HDR/2018NHDR/TL-NHDR-2018.web.pdf>.

²⁴⁸ **World Bank Data.** 2017. *Age dependency ratio (% of working-age population).*
<https://data.worldbank.org/indicator/SP.POP.DPND?end=2017&start=2017>.

²⁴⁹ Includes female sterilization, IUD, injectables, implants, the pill, and male condom; natural methods of family planning including standard days method (SDM), the Billings method, the lactational amenorrhea method (LAM); and other methods, including male sterilization, female condom, and emergency contraception.

contraceptives generally increases with household wealth, indicating that access to family planning services is less common for poorer and more vulnerable households than for their wealthier counterparts. This is borne out by data indicating that wealthier women have lower rates of unmet need for contraceptives than do those in lower wealth quintiles, although again, the differences are small (See Figure 44).

FIGURE 44: USE OF CONTRACEPTION AND UNMET NEED FOR FAMILY PLANNING AMONG MARRIED WOMEN, AGES 15-49 YEARS, 2016 (%)



Family planning decisions in Timor-Leste involve a complex set of factors, including “culture, tradition, religion and colonisation.” Barriers to accessing contraception include “status, level of education, geographical location, cultural practices and familial obligations.”²⁵⁰ This necessitates a comprehensive and multisectoral approach to increase access to appropriate family planning. Yet none of the three major nutrition policies include strategies for addressing fertility or family planning despite mentioning a need to strengthen the links between maternal and child nutrition and maternal reproductive health (i.e. addressing the issue of birth spacing, fertility control, etc.).

A Reproductive Maternal Neonatal Child Health Policy with a section on improving access to appropriate family planning, proposed in 2017, threatened this progress by granting contraception access only to married couples, despite high rates of teenage pregnancies (19 percent of girls married before 18 and 24 percent of women have had a baby by the time they are 20).²⁵¹ The strong opposition to the policy was lauded as a welcome development in a country in which “it remains largely taboo to speak about contraceptive methods”, and the regressive policy was ultimately quashed.²⁵²

²⁵⁰²⁵⁰ Wallace, H.J. 2014. *Understanding family planning and contraceptive choices in Timor-Leste-an exploration of perceptions, misconceptions and realities*.

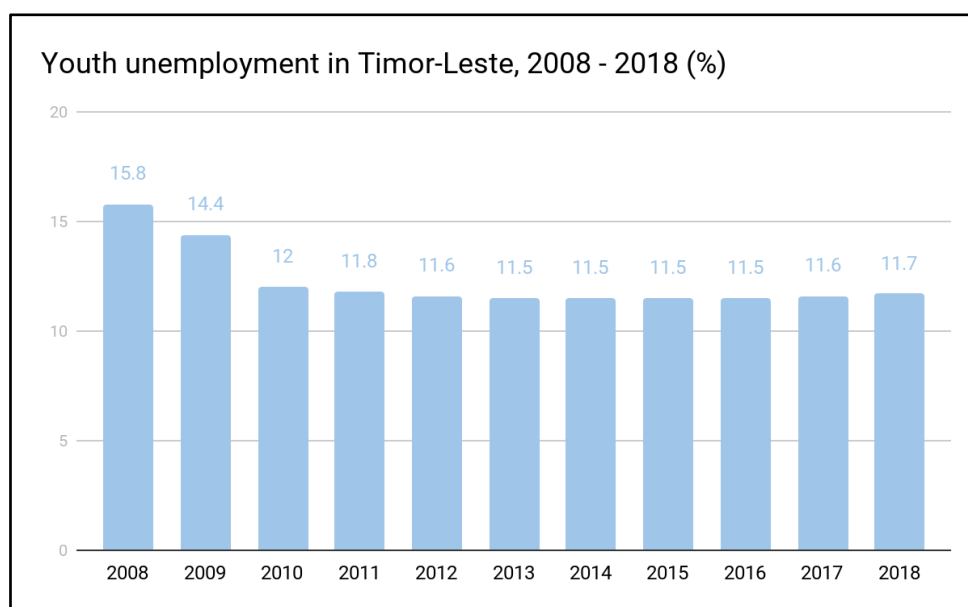
²⁵¹ Cummings, D. 2017. *Teenage pregnancies and early marriage: research on the decision-making pathways of young women in the municipalities of Covalima, Aileu and Dili*. UNFPA.

²⁵² Rogers, K. 2017. How a policy scare galvanized a small island's family planning sector. <https://www.devex.com/news/how-a-policy-scare-galvanized-a-small-island-s-family-planning-sector-91238>.

3.2. Youth unemployment

Compounding the economic burden of this demographic imbalance is a high rate of unemployment, particularly among young people. More than one in ten (11.7 percent) people aged 15-24 years is “without work but available for and seeking employment”.²⁵³ While the current youth unemployment rate has declined from 15.8 percent in 2008, there has been little improvement in this indicator since 2010 (See Figure 45).

FIGURE 45: YOUTH UNEMPLOYMENT IN TIMOR-LESTE, 2008-2018 (%)



An analysis of 2015 census data found that 47,505 young people ages 15-24 were not currently engaged in employment, education, or training (NEET), equivalent to 20 percent of the youth population. Youth aged 15-19 are less likely to be NEET (14 percent) compared to youth aged 20-24 (28 percent); young women (24 percent) are more likely to be NEET than young men (7 percent).²⁵⁴ NEET portrays a “broad array of vulnerabilities among youth, touching on issues of unemployment, early school leaving, labour market discouragement, [resulting in] exclusion and marginalization,” and NEET youth become ever more vulnerable to long-term poverty and thus food insecurity and malnutrition. According to a 2018 United Nations education policy brief, “policy makers need to understand these various elements in the Timorese context and how it translates in young people being left behind in terms of education, employment and equal participation.”²⁵⁵

Municipal youth conferences, organized in 2018 in the framework of a FIRST-funded study on sustainable livelihood opportunities for rural youth in Timor-Leste, found that young people believe that a lack of employment opportunities exists and that they often lack the confidence to compete with other workers. In addition, the conferences found that young people have insufficient capital to start their own businesses and do not have access to high quality teaching and training. There is a disconnect between the country’s education policy and the labour

²⁵³ **World Bank.** 2018. *Youth unemployment rate for the Democratic Republic of Timor-Leste* [SLUEM1524ZSTLS]

²⁵⁴ **United Nations.** 2017. *Leaving no youth behind in Timor-Leste*. Policy Brief #3: Young people neither in education, employment nor training. https://Timor-Leste.unfpa.org/sites/default/files/pub-pdf/03_NEET_ENG_PRINT%20%281%29.pdf

²⁵⁵ *Ibid.*

market. Timor-Leste has a school curriculum that doesn't strengthen self-reliance in students, a weak labour law that does not provide adequate protection for workers, a lack of investment in productive sectors, and an economy that is highly dependent on the oil and gas sector.²⁵⁶

The links between unemployment, poverty, food insecurity are clear and do not need to be expounded here. Yet of the three major nutrition policies, only PAN-HAM-TIL seeks to address the issue of youth unemployment as an underlying cause of malnutrition. PAN-HAM-TIL includes numerous actions designed to promote the income earning potential of women and youth by providing training, business management, financial planning and the development of support networks. Specific industries in which PAN-HAM-TIL seeks to strengthen youth participation include agriculture, fisheries and agro-tourism.

The 2016 National Youth Policy specifically includes an objective to "reduce youth unemployment through the promotion of self-employment" and acknowledges that "young people have the right to decent employment." The strategic interventions under this objective include:

1. Increase opportunities and resources so that young people can practice their skills and knowledge and create more opportunities for decent work for young women and men in rural and urban areas.
2. Improve and further develop formal and non-formal education systems with the objective of increasing labour market-responsive knowledge and skillsets and fostering youth entrepreneurial skills.
3. Increase financial and human resource capacity of youth organizations and/or non-governmental organizations that are working with or for youth to provide entrepreneurship promotion programmes.
4. Strengthen laws and policies to protect young workers within the country and establish cooperation with overseas institutions to protect youth labourers who are working overseas.

The feasibility of these interventions is unknown, and no tangible actions toward implementing them have been noted.

In addition to interventions designed to improve the wellbeing and socio-economic status of young people, the youth policy recognizes that young people, in particular young women, are critical to addressing the burden of malnutrition and states that, in recognition of the "profound and specific challenges of girls and young women, programmes and activities [...] need to focus on balancing young women's participation and increase their role so that they are better able to contribute to form a society which upholds gender equity and equality."

As well as highlighting the need to strengthen the involvement of women and youth in food security and nutrition dialogues, the recent KONSSANTIL prioritization process identified *keeping boys and girls at school* as a preventative measure against unemployment and a national priority. The secretary of state on youth and sport is now a regular member of the KONSSANTIL Permanent Technical Group (through the involvement of the director of youth).

²⁵⁶ Government of Timor-Leste. *National Youth Policy*. 2016. <https://Timor-Leste.unfpa.org/sites/default/files/pub-pdf/NYP%20English.pdf>

3.3. Urban migration

Dili city has long been a destination for internal migration. Census data indicate that 30 percent of the population of Dili in 2015 were not native to the city and that over 70 percent of people who moved between municipalities between 2004 and 2010 had moved to Dili. In 2010, 43 percent of migrants were between 15-29 years old and 28 percent were between 15 and 24, comprising young people seeking better economic opportunities and services than their home municipalities could afford.²⁵⁷ Slightly more women than men migrate to Dili²⁵⁸. A recent survey on rural youth found that young people prefer jobs in Dili or abroad.²⁵⁹ This is consistent with global trends, whereby high unemployment and an absence of opportunities push youth to migrate to urban areas, “where the pull of demand for labour and skills mobility is permanent, structural and growing, driven by technological changes, evolving markets, and spreading demographic transitions.”²⁶⁰

Youth migration brings a range of challenges for both the departure and destination locales. The departure locale is left with fewer people of working age, and thus a higher dependency ratio. This is particularly important for Timor-Leste’s agriculture sector, in which only 10 percent are under the age of 30. This creates a vicious cycle: as the increasing dependency ratio begins to erode quality of life and economic opportunities, more young people depart, leaving the less mobile community members (including children and the elderly) with an ever-worsening dependency ratio and a greater risk of malnutrition and food insecurity. In the destination locale, an influx of youth can lead to housing shortages, increased competition for employment, increase in unemployment rates and potential unrest.

Notably, seeking education was the most commonly cited reason for moving to Dili in both 2005-10 and 2010-15 (See Figure 46). This indicates that an absence of quality education opportunities, rather than a lack of employment opportunities, may be driving youth migration. A United Nations Population Fund (UNFPA) report on youth migration in Timor-Leste found that while many women came to Dili City to follow family or due to marriage in 2015, “there were also slightly more women than men moving to Dili City to seek education and employment.”²⁶¹ The report found that this contrasted with “the situation in 2010, where young women were less likely to move for education and employment purposes than young men” and suggested that “young women increasingly seek opportunities for upward mobility.”

It is therefore encouraging to note that the Timor-Leste’s National Youth Policy seeks to “develop and improve the education system and provide trainings that [...] favours equal opportunity for young people in rural and urban areas so that they are able to access a modern quality education, which is inclusive and accessible” and that “young women and men in rural areas” are a priority target group. The National Education Strategic Plan 2011-2030, however, does not contain specific provisions on developing higher education facilities in rural areas, although the government has stated its intention to strengthen higher education outside of Dili

²⁵⁷ **United Nations.** 2017. *Timor-Leste, leaving no youth behind in Timor-Leste*. Policy Brief #2: Migrant Youth in Dili City. <https://Timor-Leste.unfpa.org/en/publications/leaving-no-youth-behind-Timor-Leste-policy-brief-2-migrant-youth-dili-city>

²⁵⁸ *Ibid.*

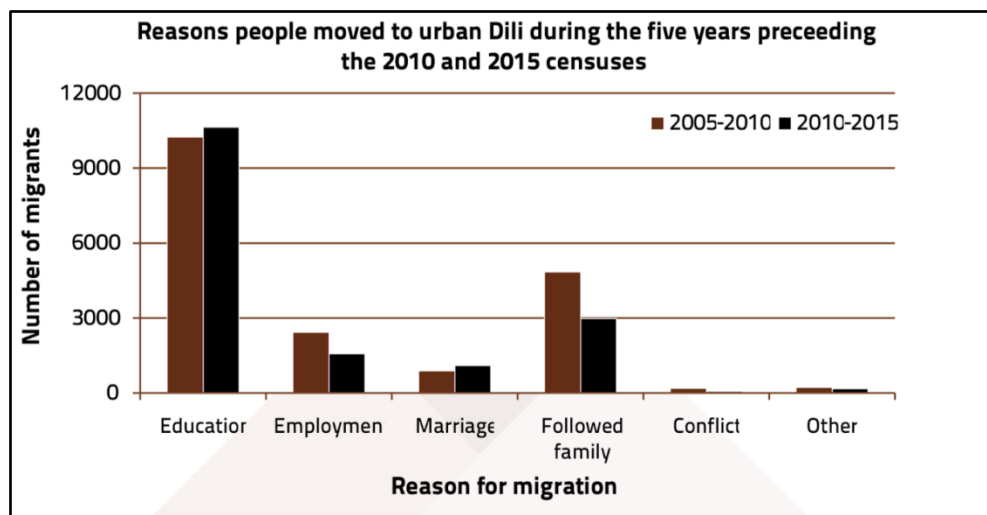
²⁵⁹ **FAO.** 2018. *A study on sustainable livelihood opportunities for rural youth in Timor-Leste*.

²⁶⁰ **Cortina, J., Taran, P., Elie, J., & Raphael, A.** 2014. *Migration and youth: challenges and opportunities*. Global Migration Group, United Nations, New York, NY.

²⁶¹ **United Nations.** 2017. *Leaving no youth behind in Timor-Leste*. Policy Brief #2: Migrant Youth in Dili City. <https://Timor-Leste.unfpa.org/en/publications/leaving-no-youth-behind-Timor-Leste-policy-brief-2-migrant-youth-dili-city>.

through initiatives such as “promoting the improvement of the Polytechnic Institute of Betano and the creation of a Polytechnic Institute for Hospitality and Tourism in Lospalos and an Academy for Fisheries and Marine Studies, in Manatuto.”²⁶²

FIGURE 46: REASONS PEOPLE MOVED TO DILI DURING THE FIVE YEARS PRECEDING THE 2010 AND 2015 CENSUSES



None of the three main nutrition policies directly address the challenge of youth migration, although the PAN-HAM-TIL does seek to reduce some of the ‘push’ factors driving the absence of opportunities in rural areas by increasing employment opportunities and income earning potential of rural women and youth by offering training, capacity building, credit and financial planning to these groups, particularly in the areas of farming, fisheries and agro-tourism.

A 2018 FAO study on sustainable livelihood opportunities for rural youth in Timor-Leste set out 23 specific recommendations for engaging youth in rural livelihoods. The report acknowledged that these recommendations should be implemented with a multidimensional strategic focus on improving rural development, including investments in education, health, water and sanitation, information and communication technology and transport infrastructure.²⁶³

3.4. Climate change

When asked their opinion as to the main emerging or future threats to efforts to improve nutrition in Timor-Leste, most participants in the KONSSANTIL needs assessment agreed that climate change presents a major threat (76 percent).

Anecdotal evidence that climate change is already affecting farmers and constraining household nutrition is abundant. The United Nations Development Program identified communities in Timor-Leste in which families eat only cassava and sweet potato, because “corn doesn’t grow anymore.”²⁶⁴ Following climatic events in Timor-Leste, such as the 2015 -2016 El Nino effect, which resulted in significant delays of predicted rain for planting and a destroyed harvest, coping mechanisms included seeking alternative food and water resources, selling assets, taking

²⁶² Government of Timor-Leste. 2017. Prime Minister speaks of the problems of education and employment in international seminar. <http://Timor-Leste.gov.tl/?p=19120&lang=en&n=1>

²⁶³ FAO. 2018. A Study on sustainable livelihood opportunities for rural youth in Timor-Leste.

²⁶⁴ UNDP. 2010. A small country with a big climate change plan. http://www.tl.undp.org/content/timor_lesote/en/home/stories/TL_NAPA_aileu_farmers.html

on debt for food, reducing food portions and skipping meals. In the worst impacted areas, 70 percent of respondents did not have adequate water for their crops and three-quarters reported the disruption of regular food sources. The drought led to the loss of 70,000 head of livestock.²⁶⁵ This demonstrates the importance of preparing in advance for major climate events and determining ways to mitigate climate change.²⁶⁶

Evidence suggests that the climate in Timor-Leste will become about 1.5°C warmer and about 10 percent wetter on average by 2050.²⁶⁷ While the impacts of climate change and their implications for food security and nutrition cannot be accurately predicted,²⁶⁸ even slight changes to the variability of rainfall, a shift in the onset of the rainy season, and an increase in average temperatures could threaten agricultural productivity. In a country where more than 70 percent of people are engaged in the agricultural sector, this threat is particularly alarming because the majority of people rely directly on the land for their livelihoods.

Substantial changes to farming practices will likely be required. A 2012 study on the potential impacts of climate change in Timor-Leste found that “current varieties and species may no longer be able to thrive and will eventually need to be phased out and new crops brought in. Climate change will likely change the type and extent of crop damage due to disease and the locations in which individual crops can be successfully cultivated. In addition, increased rainfall on the steep slopes of Timor-Leste will exacerbate the problem of erosion on the steeply sloping, slash-and-burn managed agricultural lands, while doing little to increase water availability.”²⁶⁹

Households that rely on horticulture for subsistence or partial-subsistence (estimated at 65 percent to 75 percent of the population),²⁷⁰ as well as farmers engaged in commercial agriculture will see their ability to grow food decrease, unless they are able to quickly adapt. Consequently, there is an urgent need for policies and strategies to mitigate the impact of climate change on household food and nutrition security by providing training, conservation agriculture, seeds, equipment and other inputs needed to produce more climate-resilient crops.

Climate change is recognized by GoTL as a threat to the country’s economy, food security, peace and stability, and the environment. Timor-Leste has ratified the three Rio Conventions: the United Nations Framework Convention on Climate Change (UNFCCC), the United Nations Convention on Biological Diversity (UNCBD) and the United Nations Convention to Combat Desertification (UNCCD), and has developed national strategies and action plans for implementing them, namely the National Adaptation Programme of Action (NAPA) on Climate Change, approved in 2010, the National Biodiversity Strategy and Action Plan, and the National Action Plan for Sustainable Land Management. The latter two plans are still awaiting approval by the Council of Ministers.

²⁶⁵ **Care, Oxfam, Plan International and World Vision.** 2016. *Humanitarian Partnership Agreement (HPA) agency assessment on El Nino impacts in Timor-Leste as of February 2016.*

²⁶⁶ *Ibid.*

²⁶⁷ **Molyneux, N., Da Cruz, G. R., Williams, R. L., Andersen, R. & Turner, N. C.** 2012. Climate change and population growth in Timor-Leste: implications for food security. *Ambio*, 41(8), 823-840.

²⁶⁸ **Kirono D.** *Climate change in Timor-Leste—a brief overview on future climate projections.* Aspendale, CSIRO National Research Flagships, 2010. p. 28.

²⁶⁹ **Nicholas Molyneux, Gil Rangel da Cruz, Robert L. Williams, Rebecca Andersen and Neil C. Turner.** 2012. Climate Change and Population Growth in Timor-Leste: Implications for Food Security

²⁷⁰ **TOMAK.** <http://tomak.org/wp-content/uploads/2016/11/1.-Guiding-Program-Strategy- FINAL.pdf>

The NAPA on Climate Change seeks to “reduce the vulnerability of farmers and pastoralists to increased drought and flood events” in order to protect food security. Adaptation measures are focused on reducing the adverse effects of climate change and promoting sustainable development, building on existing strategies and plans in all sectors. Policy reform is recommended to ensure that climate change and disaster management principles are integrated into sectoral policies across GoTL.

Among the three main food security and nutrition policies, both PAN-HAM-TIL and the National Food and Nutrition Security Policy have specific strategies pertaining to climate change. Outcome 3.2. in PAN-HAM-TIL calls for sustainable climate-resilient agriculture, capacity building, incentives for farmers and fisherfolk, disaster risk management programmes and integrated approaches to natural resource management. As with many of the outcomes under PAN-HAM-TIL, this is extremely ambitious, and the national capacity to fund, implement and monitor these activities is limited. Outcome 2 of the National Food and Nutrition Security Policy, *enhanced stability and resilience in food production and supply*, has seven specific strategies aimed at ensuring that the environment and natural resources are protected and sustained and that resilience to climate change and natural disasters is established to achieve food and nutrition security in Timor-Leste.

3.5. Food price volatility

The population of Timor-Leste is highly vulnerable to volatile global food prices, due to a heavy reliance on food imports to offset domestic production deficits. Around 40 percent of cereals are imported. Because of the country’s low agricultural productivity, there is no capacity to increase domestic production to respond to high import prices.

The Economist Intelligence Unit forecasts stability in the price of food, feedstuffs and beverages in 2019, but a 4 percent increase in 2020, leaving poorer households and people with limited means of home production at greater risk of food insecurity as food becomes less affordable.²⁷¹

The term ‘food sovereignty’ is found in a number of key policies, including PAN-HAM-TL and the NNFSP. However, the pathway to achieving food sovereignty is limited to staple food self-sufficiency. A shift to a food’s system approach, considering environmental protection, markets, diversification and the economy would lend itself to food sovereignty in the future.

Outcome 2 of the NFNSP (*enhanced stability and resilience in food production and supply*) includes a comprehensive list of strategies, some of which are aimed at mitigating the risk of food price volatility. Including Strategy 2.6: *examining the effectiveness of strategic food reserve systems for possible improvement, which would provide a food-based safety nets enabling immediate relief to disadvantaged groups during times of natural and human made disasters including food price volatility* and Strategy 2.7: *better manage the use of food aid and improve the food distribution to vulnerable households and communities*.

²⁷¹ Economist Intelligence Unit. Country report: Timor-Leste, 2018

3.6. Summary

The potential impact of emerging threats to food and nutrition security in Timor-Leste cannot be overstated. Many of these threats are recognized in national policies and strategies and, in some cases, comprehensive guidance is provided on how they might be mitigated.

Yet policy alignment is still lacking. The 2017 NNFSP calls for Timor-Leste to reorient the focus of its national policies from ‘crisis management or response’ to ‘risk reduction and resilience-building,’ including the development of better monitoring systems and more detailed practical disaster preparedness and management plans that indicate how food and agricultural systems will be effectively managed and protected in times of crisis.

Apart from the NNSFP, the major nutrition plans do not generally provide meaningful strategies for threat mitigation. There is a risk that, in a resource-constrained environment with limited capacity, efforts to set priorities will not be forward thinking and the focus will be on addressing more immediate (though less severe) threats.

Opportunities to mitigate emerging threats exist. Multisectoral policy alignment, budgeting and coordination are urgently needed to allow Timor-Leste to successfully capitalize on these opportunities and to protect its food security and nutrition into the future.

4. Adequacy of implementation mechanisms and capacities

Are the implementation mechanisms and capacities that are in place adequate to reach the people and areas most affected by food insecurity and malnutrition?

Timor-Leste presents a complex picture of malnutrition and food insecurity without a consistent pattern to determine ‘vulnerability.’ While chronic undernutrition (stunting) is more common in rural areas and in poorer, less-educated households, all forms of malnutrition are widespread across all municipalities, socio-economic groups, in urban and rural areas.²⁷²

While the Integrated Food Security Phase Classification (IPC) analysis categorized the municipalities of Ermera, Manufahi and the Special Administrative Region of Oecusse Ambeno (SARAO) as being most at risk of chronic food insecurity (IPC4), food insecurity is widespread in Timor-Leste, with only 25 percent of the population (301,000 people) considered as food secure (IPC 1).²⁷³

The complex nature of malnutrition in Timor-Leste, and the consequent difficulties involved in classifying those most affected by food insecurity and malnutrition, has meant that policies and implementing mechanisms are not targeted to particular ‘at risk’ groups.

As raised in Question 1 and 2, Timor-Leste has a range of comprehensive policies and plans in place, with ambitious aspirations to reach the people who are most affected by food insecurity and malnutrition. Taking programmes to scale is a challenge when budgets are limited, capacity low, quality data rare and underutilized, and physical access to the most vulnerable people difficult and expensive.

Implementation mechanisms are discussed in the sections of this report devoted to Questions 2 and 3, therefore this section will focus on human resource capacity to implement programmes that reach the people and areas most affected by food and nutrition insecurity.

4.1. Human resource capacity

Improving human resource capacity in Timor-Leste has been a government focus since Independence and is clearly articulated as a priority in the Strategic Development Plan 2011-2030.²⁷⁴ Given the cross-sectoral nature of food security and nutrition, and a relative lack of data, it is difficult to assess human resource capacity across all relevant sectors. For this reason, this section will focus mostly on KONSSANTIL and the health (including nutrition) and agriculture sectors.

²⁷² **General Directorate of Statistics (GDS), Ministry of Health and ICF.** 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, Maryland, USA, GDS and ICF.

²⁷³ **Timor-Leste National Directorate of Food Security and Corporation Ministry of Agriculture and Fisheries in collaboration with country IPC Partners.** 2018. *The first report of IPC (integrated phase classification) chronic analysis on food insecurity situation in Timor-Leste*.

²⁷⁴ **Government of Timor-Leste.** *Strategic Development Plan 2011-2030*. <http://Timor-Leste.gov.tl/wp-content/uploads/2011/07/Timor-Leste-Strategic-Plan-2011-20301.pdf>.

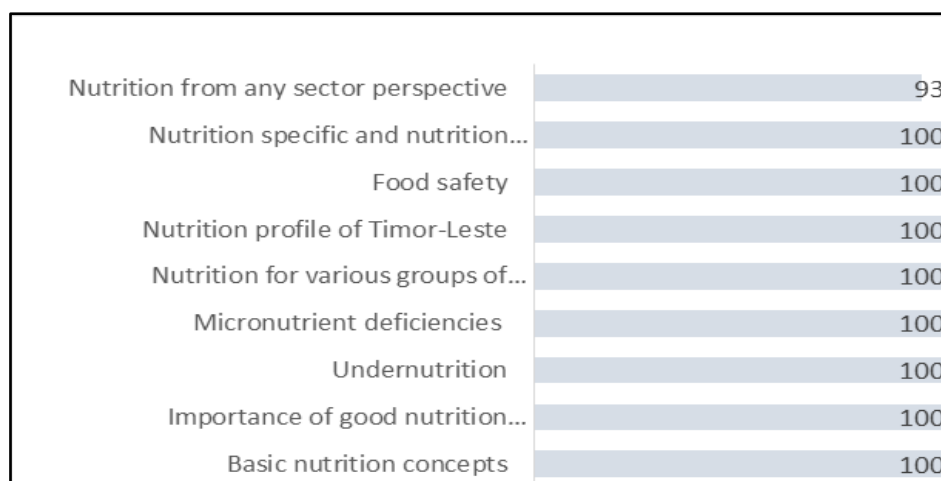
4.1.1. KONSSANTIL

The National Council on Food Security, Sovereignty and Nutrition (KONSSANTIL) is an important government-led cross-ministerial governance mechanism whose mandate is to guide the national response to food insecurity and malnutrition.

While progress has been made, the unique role of KONSSANTIL in driving the food security and nutrition agenda in Timor-Leste remains underutilized. KONSSANTIL statutes remain in draft and, without a legal basis, a realistic common results framework, appropriate financing, capacity and high-level leadership, KONSSANTIL is not able to attain the momentum needed to coordinate activities across sectors and to create sustained impact.

Respondents to the 2018 KONSSANTIL needs assessment were asked to identify capacity and training necessary for improving the ability of their staff to support the implementation of the food security and nutrition policies. Almost 100 percent of respondents stated a need for more capacity development in the key areas identified in Figure 47.

FIGURE 47: PERCENTAGE OF RESPONDENTS WHO IDENTIFIED TRAINING OR INFORMATION ON THIS TOPIC AS USEFUL FOR THEIR WORK



4.1.2. Health

The Government has demonstrated a strong commitment to improving human resources in the health sector, as evidenced by the increased numbers of health professionals.

For example, from a workforce of only 233 physicians in 2010 (including 169 expatriate doctors), constituting a ratio of 0.20 doctors /1,000 people, it was predicted that the number of physicians would be almost 800 in 2018 (a ratio of 0.68/1,000 people). In 2010, the ratio of nurses/midwives per 1,000 people was 1.08. This ratio was expected to grow to 1.79/1,000 people in 2018.²⁷⁵ This represents a near doubling of the ratio of health workers (nurses, physicians and midwives)/1,000 people in just eight years,²⁷⁶ which has resulted in rural and remote areas having improved access to healthcare.

²⁷⁵ Cabral J., Dussault G., Buchan J. & Ferrinho P. Scaling-up the medical workforce in Timor-Leste: challenges of a great leap forward. *Social Science & Medicine* 1982; 96: 285-9. 2013. ISSN: 1873-5347. <https://www.sciencedirect.com/science/article/pii/S0277953613004073>.

²⁷⁶ *Ibid.*

While workforce numbers have increased in the health sector, a 2016 review²⁷⁷ indicated that much more effort is needed to attract and retain health workers, particularly in rural areas. The review recommended that more work needs to be done to promote access to quality in-service training, improve the work environment, including basic facilities in health centres (such as water and electricity), and ensuring compliance with clinical protocols through training and supportive supervision.

4.1.3. Nutrition

The nutrition workforce has grown substantially over the past few years, with the government validating permanent positions and creating new positions at national and subnational levels. Currently, there are 13 district public health officers (DPHO) who supervise nutrition coordinators based at every community health centre (CHC) in every sub-municipality (63 in total), and 17 nutrition assistants based at selected municipality health services.

There is some concern, however, that the current proposed budget allocation for health will be insufficient to fund the full cohort of sub-municipality personnel.²⁷⁸

In an effort to reach a greater number of remote households, the MOH developed guidelines in 2016 for the establishment of volunteer mothers support groups (MSG) in every *suku* as an extension to the SISCa health outreach services.²⁷⁹ This model is gradually being taken to scale but again, is under threat due to current budget restrictions.²⁸⁰

Strengthening capacity in the nutrition workforce is highlighted in the National Nutrition Strategy (2014-2019) under a number of outputs (including 1.2, 1.3 and 1.4) and the National Health Sector Strategic Plan (2011-2030)²⁸¹ under the strategy for *improving access and quality of nutrition services at facility and community levels for all live cohorts* which includes the following activities:

- 1) establishing a national training centre for food security and nutrition in coordination with the agriculture and education sectors;
- 2) developing university level curricula (bachelor and master's degree) and faculty position in FSN;
- 3) developing and incorporating FSN education in school curricula.

A formal review of workforce capacity in nutrition has never been undertaken at any level. In a country with one of the highest burdens of malnutrition in the world, this should be a priority.

There are no accredited, pre-service trained clinical nutritionists/dietitians in Timor-Leste. Some staff received a diploma 3 in nutrition from Timor-Leste or Indonesia during the late nineties or early 2000s (18/102).

Two of the national cohorts have medical degrees, which included limited nutrition training; three are qualified nurses or midwives and the majority hold a public health degree from Timor-

²⁷⁷ Hou X., Witter S., Zaman R.U., Engelhardt, K., Hafidz, F., Julia, F., Lemiere, C., Sullivan, E.B., Saldanha, E., Palu, T. & Lievens T. *What do health workers in Timor-Leste want, know and do: findings from a national health labour market survey.* Human Resources for Health 2016

²⁷⁸ Personal communication with Ministry of Health Nutrition Department staff, November 2018.

²⁷⁹ SISCa is one of three Ministry Health platforms for providing health and nutrition services. The other two are mobile clinics and health facilities. SISCa is a community-based platform.

²⁸⁰ Personal communication with national nutrition staff.

²⁸¹ Government of Timor-Leste. Ministry of Health. *National Health Sector Strategic Plan (2011-2030).*

Leste (65/102). One district public health officer (DPHO) in nutrition has a diploma 3 in environmental health only and the recently employed nutrition facilitators have just completed secondary school (17/17).²⁸²

Mother support group members (volunteers) and PSFs (family health promotion volunteers) receive some *ad hoc* nutrition training, but this is mostly delivered by NGOs working with these groups and individuals.

If job descriptions do exist, they are typically overly ambitious and are not always aligned with available knowledge, skill sets and resources. For example, the roles and responsibilities for the CHC nutrition focal points include everything from “developing and implementing the nutrition program based on MOH existing nutrition strategy, nutrition interventions and MAM guidelines” to “coordinating and organising nutrition events,” to “improving the quality and coverage of nutrition services at the CHC and HP level through the implementation of a quarterly plan.”²⁸³

Access to in-service training for nutrition staff is limited to short courses covering multiple modules, volumes of information and limited resources for providing supportive supervision and follow up after training.²⁸⁴ Medical staff receive training on inpatient care of acute malnutrition, but this training has only been delivered in six health centres to date.

4.1.4. Agriculture

Recognizing the important role that agriculture contributes to growing the economy and pursuing sustainable reductions in poverty, the Ministry of Agriculture and Fisheries was established in 2002. In 2008, the public extension service was put into place,²⁸⁵ together with three agricultural secondary schools.²⁸⁶

Agriculture is the largest employer in Timor-Leste.²⁸⁷ Over 125,000 people are engaged in the sector, which includes fisheries²⁸⁸. Just over 40 percent of the employed population are engaged in agricultural production.²⁸⁹ It is estimated that nearly 90 percent of the poor in rural areas depend on agriculture for their livelihoods.²⁹⁰ The agricultural extension service is essential to supporting activities in these areas.

While the ratio of extension workers to farmers varies widely throughout the country (from 1:55 to 1:500), MAF directorate was established with the mandate to reach the entire national farming community. It also provides a unique nation-wide platform for the delivery of targeted nutrition messages. However, there are still significant capacity gaps in the system, including in the areas of management, operational resources and training. Furthermore, extension workers have not been trained to engage with poor and young people, and certain subsistence farmers

²⁸² Personal communication with Dr Orlinda dos Reis Albino, Ms Epifania Marques and Mr Mario Moreira, Department of Nutrition, MOH.

²⁸³ Hard copy shared by MOH Nutrition Department.

²⁸⁴ Personal communication with sub-national nutrition staff.

²⁸⁵ **Lopes, M. & Nesbitt, H..** 2012. *Improving food security in Timor-Leste with higher yield crop varieties*. <https://ageconsearch.umn.edu/bitstream/125077/2/2012AC%20Lopes%20CP.pdf>

²⁸⁶ *Ibid.*

²⁸⁷ <http://www.tl.undp.org/content/dam/timorleste/docs/reports/HDR/2018NHDR/TL-NHDR-2018.web.pdf>.

²⁸⁸ **FAO.** FAO Country profile. 2017. <http://www.fao.org/countryprofiles/index/en/?iso3=TLS>.

²⁸⁹ SEPFOPE, Ministry of Finance and General Directorate of Statistics. 2013. *Labour force survey*. ILO. http://www.statistics.gov.tl/wp-content/uploads/2015/04/LFS_2013_ENGLISH_VERSION.pdf.

²⁹⁰ **Molyneux, M. et al.** 2014. Climate change and population growth in Timor-Leste: implications for food security.

who often have objectives that are different from those of the MAF. Finally, the lack of staff accountability and operational funds limit the process of technology delivery. As a result, many DPs and projects work in parallel to MAF when delivering goods and services to farmers.

A World Bank report described the current state of agricultural extension services as “nascent; with potential but impeding agribusiness and other investments.” Among other constraints, a lack of skills and knowledge in intensive agriculture practices and value chains were identified.²⁹¹ Recently, the Ministry of Agriculture launched a nutrition-sensitive agriculture curriculum targeting agricultural extension workers. As with the health sector, national execution of this coursework has yet to take hold²⁹² and largely depends on development partners to deliver and/or fund.

With only 10 percent of farmers under the age of 30,²⁹³ there has been a national emphasis on ways to engage youth in agriculture. A study commissioned by FAO in 2018²⁹⁴ found that very few young people were interested in the sector because it was ‘hard work’ with low financial gain; many aspired to jobs in Dili or abroad. Young people already working in agricultural sector focused more on products that are quick to grow (e.g. horticultural crops) so financial turnover would be more rapid. The study found that it was harder for female youth to engage in the sector than males because of education levels and home duties.

In Timor-Leste, almost the same number of women as men considers themselves to be farmers (77 percent vs 76 percent respectively)²⁹⁵. Yet female farmers produce – on average – 15 percent less per hectare of land than do male farmers. According to a policy brief by the World Bank and UN Women, this difference can be “almost entirely explained by gender differences in factors of production, the most important of which are female farmers’ lack of access to hired labor and farming tools, such as axes, hoes and shovels, their lower literacy, as well as their limited involvement in cash crop production and farmers’ groups.”²⁹⁶

There has been a concerted effort to strengthen the role of women in agriculture and across the value chain. For example, a recent study by TOMAK project and UN Women highlighted the critical role of women in the market and the need to make long-term economic and social investments in gender-responsive marketplaces.²⁹⁷ Work toward this end could ensure that women, as primary vendors of agricultural products, feel safe and have the fundamental resources they need (such as security, and water and sanitation facilities) to be part of this workforce.

The 2018 Human Development Report for Timor-Leste recommended that general education should be geared toward benefiting the workforce in the agricultural sector and called for new

²⁹¹ Chamber of Commerce in Timor-Leste. 2011.

<http://documents.worldbank.org/curated/en/892061468172743332/pdf/662460Revised00teGuidelines0English.pdf>.

²⁹² Personal communication with DNSAC personnel.

²⁹³ IADE (Instituto De Apoio Ao Desenvolvimento Empresarial). 2017. *Farmers as entrepreneurs survey*.

²⁹⁴ FAO. 2018. *A study on sustainable livelihood opportunities for rural youth in Timor-Leste*. Funded by the European Union and conducted by Agora Food Studio.

²⁹⁵ Government of Timor-Leste. *Population and Housing Census 2015*. Preliminary Results. Ministry of Finance. Government of Timor-Leste.

²⁹⁶ World Bank and UN Women, *Women Farmers in Timor-Leste: bridging the Gender Gap in Agricultural Productivity*.

2018. <http://documents.worldbank.org/curated/en/726521543604414240/pdf/132608-BRI-EAPWomenFarmersinTimorLesteSINGLEPAGEFINAL.pdf>.

²⁹⁷ TOMAK, UN Women and Australian Ais. 2018. *Gendered marketplace assessment women vendors’ voices & aspirations for change*. http://tomak.org/wp-content/uploads/2018/12/TOMAK-UNWomen_Gendered-marketplace-assessment.pdf

and innovative approaches to enable people to learn about rural livelihoods. The report recommended approaches that are oriented toward problem-solving and intensifying subsistence agriculture to produce reliable food surpluses, create markets for local foods and address nutrition issues. In addition, the report also recommends that “new vocational teaching units be offered that have practical relevance for economic opportunities in rural areas, such as tourism, fishing, clean energy solutions, crafts, and dressmaking.”²⁹⁸

Along the same lines, one of the eight recommendations of Timor-Leste’s first Integrated Food Security Phase Classification was to improve human capital by “creating targeted, youth and young farmer’s literacy programs, vocational formation, entrepreneurship and management trainings. Improve school facilities and invest in strengthening teachers’ specific skills on main subject matters applicable in Timor-Leste (e.g. agriculture, food processing, marketing, etc.).”²⁹⁹

4.1.5. Institutional bottlenecks that stand in the way of workforce development progress

In 2013, the World Bank Group used the diagnostic tool ‘Systems Approach for Better Education Results (SABER) Workforce Development (WfD)’ to assess the institutional bottlenecks standing in the way of workforce development progress in Timor-Leste. The assessment found that there were several areas needing priority attention, including:

- 1) *improving coordination among the different relevant ministries and agencies;*
- 2) *developing, with the help of the private sector, credible assessments of the demand for skills in light of the country’s economic prospects;*
- 3) *clearly defining the role of the Technical Secondary Schools and how they can benefit from the reforms that have been implemented for oversight of training providers;*
- 4) *determining the best way to expand the capacity of the quality control system to reach out to informal training providers and help them meet the requirements to join the formal structure of training delivery; and*
- 5) *strengthening monitoring and evaluation by establishing instruments and indicators for assessing the system’s performance.*³⁰⁰

With a political deadlock similar to the 2015-2016 ‘crisis’ looming,³⁰¹ of major concern now is the capacity of the state to maintain current human resources. Without an agreed and executed budget, it is likely that key positions will remain unfunded, contracts will expire, and public servants will be paid irregularly, as has often been the case in 2017 and 2018.

²⁹⁸ UNDP. <http://www.tl.undp.org/content/dam/timorleste/docs/reports/HDR/2018NHDR/TL-NHDR-2018.web.pdf>.

²⁹⁹ Timor-Leste National Directorate of Food Security and Cooperation, Ministry of Agriculture and Fisheries in collaboration with country IPC Partners. 2018. *The first report of IPC (integrated phase classification) chronic analysis on food insecurity situation in Timor-Leste*.

³⁰⁰ The World Bank Group . 2013. *Systems approach to better education outcomes*.
http://wbfiles.worldbank.org/documents/hdn/ed/saber/supporting_doc/CountryReports/WFD/SABER_WfD_TimorLeste_CR_Final_2013.pdf.

³⁰¹ <http://www.laohamutuk.org/econ/OGE19/18OGE19.htm>

4.2. Summary

Effective policy reform, multisector coordination, scaling up effective interventions, and reaching the most vulnerable people with evidence-based programming require a dynamic workforce, equipped with adequate skills, knowledge and the resources to respond.

While Timor-Leste has made significant progress in building a workforce across sectors, the absence of a strategic approach to human resource development, and policies to guide effective staff absorption and retention put the sustainability of a quality workforce at risk.

The process of decentralization (if realized) may support a more strategic approach to local level convergence³⁰² and an opportunity to build capacity and engagement at the subnational level. However, gaps still remain in management capacity, relevant and realistic pre-service and in-service training, supportive supervision, monitoring, public financial management and logistics.³⁰³

Capacity building was identified as a key component of the enabling environment needed to support the implementation of the 16 National priorities for nutrition and food security. The details of how that might be implemented have yet to be articulated, but could include an in-depth human resources assessment across sectors, including the identification of training and learning needs and development of a KONSSANTIL 'tool box' of knowledge and resources to ensure evidence-based programming reaches the people and areas most affected by food insecurity and malnutrition.

³⁰² Convergence refers to targeting the same beneficiaries with a package of services/programs can serve to reinforce messages and address multiple underlying drivers.

³⁰³ **Asante, A.D. et. al.** *Retaining doctors in rural Timor-Leste: a critical appraisal of the opportunities and challenges.* Bulletin of the World Health Organization [online] 2014; 92 (4): 277-282. [Accessed 24 August 2018]. Available from: <<https://doi.org/10.2471/BLT.13.123141>>. Epub 12 Feb 2014. ISSN 0042-9686. <https://doi.org/10.2471/BLT.13.123141>

5. Resources

To what extent are existing policies and strategies adequately resourced (from national budgets and other sources), implemented, monitored and, in case of inadequate or incomplete implementation, what are the implications for the achievement of the intended food security and nutrition impacts?

5.1. Resourcing

As discussed in Section 1 of this report, improving food security and nutrition is complex and requires a multisector approach. This is complicated further by nutrition being “everyone’s business but often no one’s responsibility”,³⁰⁴ with the result that it is left off of policy agendas and poorly funded, despite its importance. The many direct and indirect causes of malnutrition in Timor-Leste compounds this problem and it is difficult to assign an accurate cost of interventions to each sector. Consequently, while successive governments have endorsed food security and nutrition policies and plans, they have been insufficiently funded and thus reliant on donor funding to fill the deficits. For example, the cost of implementing the activities of PAN-HAM-TIL at scale is estimated at an average of USD 176 million per year over ten years. A cost assessment found that it would cost USD 9.5m to fully implement the NNS in 2017, of which almost USD 6m was unfunded, and much of the funding that was available came from donors (in particular the European Union).³⁰⁵

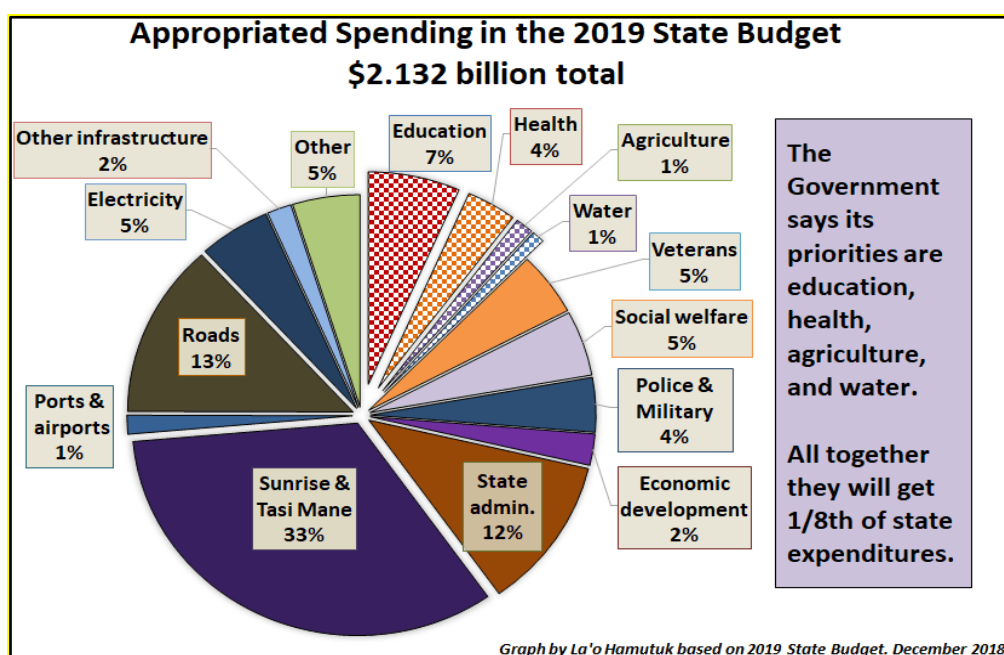
In order to meet relevant targets and deliver on what are currently mostly donor-funded food security and nutrition projects, the 2017 Strategic Review of Timor’s progress and success in achieving SDG 2³⁰⁶ called for an increase in investment, to equal at least 5 percent of the nation’s gross domestic product (GDP). However, despite promised support for the social sectors, the 2019 budget is heavily weighted toward front-loading investments in public infrastructure. As seen in Figure 48, health, agriculture and education together account for just 12 percent of appropriated spending in the 2019 state budget.

³⁰⁴ Reinhardt, K., & Fanzo, J. 2014.. Addressing chronic malnutrition through multisectoral, sustainable approaches: a review of the causes and consequences. *Frontiers in Nutrition*, 1, 13. doi:10.3389/fnut.2014.00013

³⁰⁵ Provo, A. et al. 2015. *Malnutrition in Timor-Leste: a review of the burden, drivers, and potential response*. World Bank. <http://documents.worldbank.org/curated/en/666231491492248496/pdf/114087-WP-PUBLIC-EAPEC-176-p-MalnutritioninTimorLeste.pdf>.

³⁰⁶ CEPAD and John Hopkins University. 2017. *Strategic review of Timor’s progress and success in achieving SDG 2*. <https://docs.wfp.org/api/documents/WFP-0000015583/download/>.

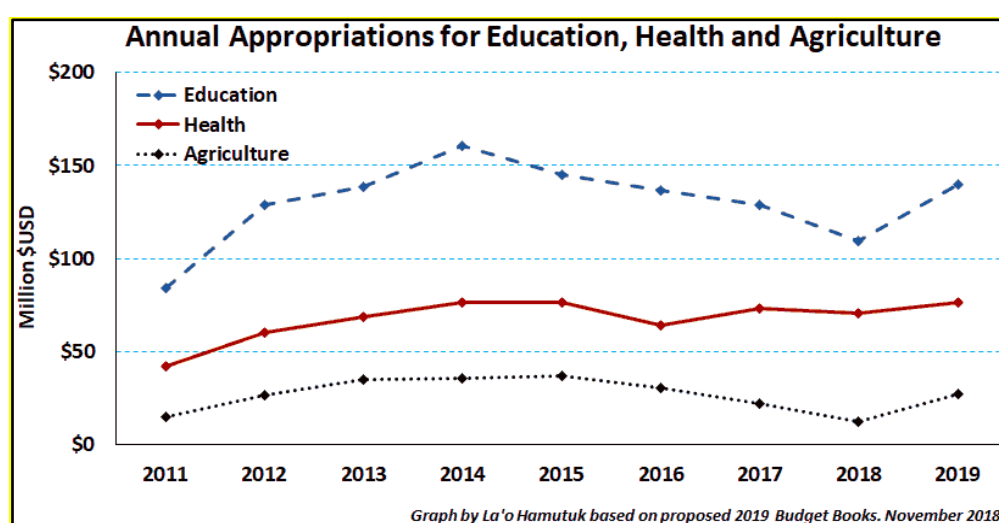
FIGURE 48: 2019 STATE BUDGET



It is encouraging to note that, over the past eight years, annual budget appropriations for the social sectors have increased significantly (See Figure 49). However, despite the fact that the agricultural sector provides direct employment to over half of the country's employed population, MAF's ratio of the state budget has diminished over time, from 3.9 percent in 2008 to 1 percent in 2019. The level of public investment in agriculture does not reflect the prioritization of the sector as stated in current policies and programmes.

Available data does not allow for the disaggregation of spending to determine how much has been spent on programmes and projects that are specific or sensitive to food security and nutrition. Consequently, the gap between the few cost evaluations that have been undertaken and actual financial circumstances cannot be accurately identified.

FIGURE 49: ANNUAL APPROPRIATIONS FOR EDUCATION, HEALTH AND AGRICULTURE



The analysis provided in Question 6, in which factors that influence budgeting for food security and nutrition are discussed in detail, shows that it is highly unlikely that the lack of resources available for pursuing food security and nutrition policies will be redressed in the near future.

The constrained resource environment will likely continue to tighten as the National Petroleum Fund is unsustainably drawn down, oil prices remain tepid and donor and private sector partners withdraw from Timor-Leste.

In addition to inadequate budgeting, the nature of the allocation of limited available resources has undermined progress toward food security and nutrition. For example, at the municipal level, the size of MAF's allocations over the last ten years do not correspond with local poverty levels. While the decentralization of budgets and programmes is transforming municipal agriculture services through allocations transferred directly to municipal authorities, allocation levels may need to be reviewed considering different levels of needs, including population size, degree of poverty in the area covered, and staffing.

5.2. Implementation and monitoring

A recent assessment of the implementation of the National Nutrition Strategy (2014-2019) (NNS) as a general condition for the disbursement of the first fixed tranche under budget support for EU funded Partnership for Improving Nutrition in Timor-Leste (PINTL) concluded that the GoTL had achieved satisfactory progress in implementing most of the components in the strategy.³⁰⁷

While components of the nutrition programme are documented and reported under Objective 2 of the National Health Sector Plan (2011-2030), this does not cover all components of the programme, and many go largely unreported. While the NNS guides all nutrition programming within the MOH, there is no formal review or reporting processes in place. The assessment cited above strongly recommended developing more programmatic structure and coordination, including institutionalizing quarterly reviews of the NNS to assess inputs, outputs and outcomes.

Similarly, while Timor-Leste's first cross ministerial food security and nutrition action plan (PAN-HAM-TL) was developed with the best of intentions, it has yet to achieve much success because it lacks an official institutional home, budget commitment and review and reporting mechanisms. These issues can only be resolved when KONSSANTIL achieves a level of formal authority, becomes the rightful owner of the plan and can take responsibility for strategic oversight, implementation and monitoring.

Several of the KONSSANTIL ministries, particularly the Ministry of Health and Agriculture rely heavily on donor funding to finance service delivery. Without a clear results framework and an established mechanism for regularly reviewing progress and tracking inputs, there is a risk that donor support will dwindle before programmes are deemed sustainable. Worse still, there is a risk that donors will not invest at all.

To overcome existing fragmentation, *ad hoc* planning and monitoring, the SDG 2 strategic review recommended that "KONSSANTIL could be a natural home for nutrition to coordinate and report on programs and actions that different state and non-state institutions implement, once it is fully functional and operationally effective with an appropriate budget to host nutrition. Its operation should develop under the leadership of a nutrition champion who would work in close coordination with MoH, MAF, MoE and MSS."

³⁰⁷ *Draft mission report*. 2019. Partnership for Improving Nutrition in Timor-Leste (sector reform and performance contract). Technical Assistance to Support Capacity Building to NAO Services, EuropeAid/136880/IH/SER/TL.

KONSSANTIL is in charge of monitoring the implementation of the National Food Security and Nutrition Policy (2017) and, for the reasons cited above, capacity is also limited to undertake this task. The recent KONSSANTIL prioritization process, including the policy alignment (See Annex 1) and work at the subnational level has commenced a process of developing a more targeted, realistic and measurable FSN road map.

It is worth noting is that all of the relevant food security and nutrition policies, strategies and plans were developed under different government and political parties. Political weighting has influenced the ownership, recognition and priority of such documents as successive political parties have come to power. For example, the NNS and PAN-HAM-TL were endorsed under a CNRT-led government while the NFNSP was endorsed most recently (2017) under a FRETILIN government. The value placed on the document often depends on which party holds power at the time.³⁰⁸

In each sector, data generation, analysis and reporting, as well as monitoring and evaluation (M&E) systems need to be strengthened for well-informed decision-making. Within the agriculture sector, under the SAPIP (GAFSP), an interesting prospect is the development of a results-based M&E system for the MAF to replace the current reporting system, which is not formalized and does not provide reliable and complete data in a timely manner. This will include strengthening the capacity of MAF to maintain this system and the provision of technical assistance for the development of municipal and central-level results based frameworks as a basis for budgeting and coordination of projects/programmes.

5.3. Summary

Given a tight fiscal environment and the extended uncertainty around funding for the 2019 budget, it is difficult to imagine how any of Timor-Leste's main food security and nutrition policies can be financed, executed and effectively monitored in their entirety.

In the absence of sufficient resources and other capacities, the recent prioritization process led by KONSSANTIL provides an excellent opportunity to converge existing activities and develop a shorter term, realistic multisector road map with an agreed costing.

The NNS is due for revision and update in 2019 which will be an opportunity to develop a fully costed and realistic plan, aligned with other priorities and achievable with limited resources and capacity. Second, it is critical that the revised strategy has a results framework that is regularly reviewed to track inputs and assess progress by the government and development partners collectively.

³⁰⁸ Personal communication with a senior advisor, prime minister's office, 2018.

6. Political economy

What are the political economy factors that may prevent the adoption and/or implementation of the right set of measures, actions, and implementation mechanisms to eradicate hunger, food insecurity and malnutrition by 2030?

6.1. Background of the political economy of hunger, food insecurity and malnutrition in Timor-Leste

Between the 16th Century and 1975, Timor-Leste was a colony of Portugal, with a brief occupation by Japan during World War II. Minimal infrastructure was developed during the Portuguese occupation, and almost no reliable data were recorded on the health or demographics of the local population. Just nine days after declaring independence from Portugal, Timor-Leste was invaded by Indonesia. Although Indonesia invested in the development of infrastructure, the rule was brutal and conflict was constant.³⁰⁹ There were an estimated 102,800 conflict-related deaths between 1974 and 1999, including 84,200 'excess' deaths from hunger and illness.³¹⁰ As with the Portuguese period, data during the period of Indonesian occupation are very limited.

In 1999, an overwhelming majority of East Timorese voted for independence from Indonesia, despite violence and widespread threats. Following the referendum, Indonesian-backed militia conducted a punitive scorched-earth campaign, killing thousands and forcing an estimated 300,000 people into Indonesia. Seventy percent of Timor-Leste's national infrastructure was destroyed, including roads, bridges, schools and health facilities. Generations of agrarian knowledge were lost. The resulting destruction of productivity and lack of access to goods, services and marketplaces exacerbated hunger, food insecurity and malnutrition. The long-term impact has been substantial, requiring the government to divert funds from service delivery to rebuilding infrastructures, and leaving several generations of Timorese children with limited access to the education, health services and nutrition they require to meet their human capital potential.

Following a transition period overseen by the United Nations, Timor-Leste was recognized as an independent nation on 20th May 2002, at which time detailed data on the economy and population of the country began to be collected. The many millions of dollars invested by the government and its development partners in rebuilding infrastructure and addressing malnutrition have led to progress in eliminating malnutrition, food insecurity and poverty. Gross national income per capita has increased from just USD 790 in 2002³¹¹ to USD 1,299 in 2017 and Timor-Leste's Human Development Index has shown impressive improvements.³¹² The child mortality rate fell from 81 to 47 deaths per 1,000 live births between 2005 and 2017³¹³ and maternal mortality fell from 506 maternal deaths per 100,000 live births in 2005, to 215 deaths

³⁰⁹ Hull, G. 1999. *East Timor and Indonesia: the cultural factors of incompatibility*.

³¹⁰ Silva, R., & Ball, P.D. 2006. *The profile of human rights violations in Timor-Leste, 1974-1999*. Benetech Initiative.

³¹¹ World Bank Data. 2018. *Timor-Leste*. <https://data.worldbank.org/country/Timor-Leste>.

³¹² United Nations Human Development Program. 2018. *Human Development Data (1990 - 2017)*. <http://hdr.undp.org/en/data>

³¹³ UNICEF. 2018. Country-specific under-five mortality rate. <https://data.unicef.org/topic/child-survival/under-five-mortality/>

per 100,000 live births in 2015.³¹⁴ Yet 42 percent of the population continues to live below the national poverty line³¹⁵ and rates of stunting among children under five barely declined between 2003 (49.4 percent) and 2016 (45.6 percent).³¹⁶

6.2. Political commitment to food security and nutrition in Timor-Leste

As discussed above, successive governments of Timor-Leste have signalled a commitment to improving food security and nutrition. Shortly after independence, the Government of Timor-Leste developed its first National Nutrition Strategy (2004), which recognized the rights of Timorese to nutrition and “introduced evidence-based nutrition intervention [and] established a nation-wide programme.” The Comoro Declaration, signed in 2010 by ten line ministers, reaffirmed the fundamental right of all citizens to be free from hunger and have access to good quality, nutritious food.³¹⁷ Shortly thereafter, national recognition of the importance of multisectoral action in the reduction of malnutrition was enshrined in the formation of the National Council on Food Security, Sovereignty and Nutrition (KONSSANTIL) whose mandate is to guide the national response to food insecurity and malnutrition.³¹⁸

Timor-Leste became the first country in the region to commit to the Zero Hunger Challenge³¹⁹ in 2014. The associated policy document, PAN-HAM-TIL, was endorsed by the highest level of government in Timor-Leste and includes a foreword by then-Prime Minister Kay Rala Xanana Gusmao, who was Chair of the High-level Advisory Committee of the National Zero Hunger Challenge. Prime Minister Gusmao reiterated the government’s “commitment to carry forward the immediate, urgent, decisive and integrated approach and action that are required to bring to an end the existing debilitating conditions with regard to hunger and malnutrition in our country.”³²⁰

Continued political commitment to food security has been evident in the numerous policies and plans that have been endorsed in recent years. Furthermore, the inclusion of food security and nutrition-sensitive actions in the plans of related sectors (detailed in the section on Questions 2 and 4 and Appendix 1 of this report) indicates that political commitment goes beyond the health and agriculture sectors and is government-wide.

A powerful and motivated national champion for nutrition – or ideally a number of champions at every level of government – is critical for elevating the issues of food and nutrition security. Former President H.E Taur Matan Ruak was an effective advocate throughout his presidential term, and there is great optimism that he will reprise the role of nutrition champion in his tenure as Prime Minister under the VIII Constitutional Government. As such, he has the

³¹⁴ **UNICEF.** 2016. *Maternal mortality ratio (MMR; maternal deaths per 100,000 live births) 1990-2015.* <https://data.unicef.org/topic/maternal-health/maternal-mortality/>

³¹⁵ **Asian Development Bank.** 2018. *Poverty in Timor-Leste.* <https://www.adb.org/countries/Timor-Leste/poverty>

³¹⁶ **General Directorate of Statistics (GDS), Ministry of Health and ICF.** 2018. *Timor-Leste Demographic and Health Survey 2016.* Dili, Timor-Leste and Rockville, Maryland, USA: GDS and ICF.

³¹⁷ **Government of Timor-Leste.** 2010b. *Comoro Declaration: putting an end to hunger and malnutrition.*

³¹⁸ **KONSSANTIL,** 2012. *KONSSANTIL Statues.* Dili, National Council of Food Security, Sovereignty and Nutrition for Timor-Leste.

³¹⁹ The Zero Hunger Challenge was launched by UN Secretary-General Ban Ki-moon in 2012. Together we can end hunger, eliminate all forms of malnutrition, and build inclusive and sustainable food systems. <https://www.un.org/zerohunger/>

³²⁰ **KONSSANTIL.** 2014.. *Zero Hunger Challenge: National Action Plan for a hunger and malnutrition-free Timor-Leste.* http://www.fao.org/fileadmin/templates/rap/files/ESP/Action_plan_for_a_hunger_malnutrition_free_Timor-Leste_update.pdf.

opportunity to place these issues at the top of the government's agenda, advocate for increased funding, foster ever closer collaboration with relevant line ministries and ensure that a comprehensive understanding of the breadth, depth and consequences of the challenges is instilled at all levels of government. There is evidence that this process is already taking place with the establishment of an advisor position responsible for food security and nutrition in the Prime Minister's Office.

6.3. Coordination of food security and nutrition stakeholders in Timor-Leste

Decision-makers tasked with designing and implementing food security, nutrition and agricultural policies are motivated by complex and often contradictory forces and competing priorities. While there is little direct resistance to improving food security and nutrition, the vast numbers of food security and nutrition stakeholders in Timor-Leste, including government ministries, NGOs, UN agencies and bilateral agencies, have varying interests, priorities ideas and incentives. Coordination and cooperation among these stakeholders have been suboptimal and this is partially responsible for the profusion of plans and the inclusion of 170 activities in PAN-HAM-TIL. There is anecdotal evidence that national food security and nutrition staff feel increasingly disempowered by the fragmented landscape of food security and nutrition programmes, policies and activities and the 2018 KONSSANTIL needs assessment revealed a widely-held perception that there is "a need [for] good coordination and active participation from all stakeholders."

The establishment of KONSSANTIL has been widely lauded as an innovative and important step in coordinating the food security and nutrition agenda in Timor-Leste. This body is designed, in part, to streamline the political and economic processes associated with food security and nutrition programming, creating greater efficiency and effectiveness. Yet its potential remains underutilized. The KONSSANTIL statutes have not yet been endorsed, and without a legal basis, a realistic common results framework, appropriate financing, capacity and high-level leadership, KONSSANTIL does not have the capacity to coordinate activities across sectors and create sustained impact. Furthermore, KONSSANTIL lacks meaningful involvement of national and international civil society organizations; the private sector, although formally represented by the head of the Chamber of Commerce and Industry at the technical level, is underrepresented.

Since its creation, the KONSSANTIL leadership has been delegated to MAF, rather than remaining in the prime minister's office. This undermines its supra-ministerial convening power and may have contributed to inertia within other ministries. The NNS and other documents recognize the important role of KONSSANTIL and recommend that the council be strengthened. For this to happen, food security and nutrition must be elevated to a central priority within member ministries. The NNS recommends "establishing an Inter-ministerial Committee / Commission on Nutrition in the [Prime Minister or Vice Prime Minister's] Office for inter-sectoral coordination, negotiating budget for nutrition specific and sensitive interventions and nutrition strategy implementation monitoring."³²¹ This was echoed at the 2018 KONSSANTIL retreat in 2018, which agreed unanimously that KONSSANTIL should be elevated to the prime minister's office and be supported by a fully dedicated and funded secretariat.

According to its statutes, KONSSANTIL should also be set up at municipal levels under the leadership of the highest municipal authority. The recent inclusion of the ministry of state

³²¹ Ministry of Health, Government of Timor-Leste. National Nutrition Strategy (2014-2019). <https://extranet.who.int/nutrition/gina/sites/default/files/TLS%202014%20National%20Nutrition%20Strategy.pdf>.

administration in national KONSSANTIL leadership is an excellent step in this direction and could help focus coordination and programming efforts on people and communities, rather than on processes as it has been the case at the national level. Including community leaders, community based organizations and CSOs at the municipal level and the (to be established) links with KONSSANTIL at the national level are also great opportunities for future food security and nutrition policies and programmes to be more evidenced-based, people-focused and designed using local structures and capacity to deliver.

The potential of KONSSANTIL to coordinate the pursuit of the national food security and nutrition agenda has improved in recent years. The involvement of KONSSANTIL in the national roundtable on food security and nutrition hosted by the president (currently prime minister), a process of consultative and evidence-based prioritization of interventions was enormously beneficial and the recent discussion about the elevation of the secretariat from the MAF to the prime minister's officer is a positive step. The current prime minister's request for a more focused national action plan on food security and nutrition in 2019 also shows that political statements may actually translate into a prioritized consolidated national action plan and budget under the VIII Government.

6.4. Sociocultural factors in the political economy of hunger, food insecurity and malnutrition in Timor-Leste

Timor-Leste is a highly heterogeneous society. The mixed Malay and Pacific Islander culture of the Timorese people reflects the geography of the country on the border of those two cultural areas,³²² and the many different ethnic groups include the Tetun (or Tetum) (100,000 people), the Mambae (80,000), the Tukudede (63,170), the Bunak (50,000), the Galoli (50,000), the Kemak (50,000), the Fataluku (30,000) and the Baikeno (20,000).³²³ The 2015 census recorded 37 languages spoken across the country, including 32 Indigenous languages. Very few of the indigenous cultures have been anthropologically documented. Today, the Timor-Leste Population and Housing Census measures literacy using four working languages used in the country: Tetun, Portuguese, Bahasa Indonesia and English. In 2015, approximately 30.8 percent of Timorese (aged 5 years and above) could, speak, read and write Portuguese; 36 percent, Bahasa Indonesia; 15 percent speak English. Tetum, the most common of the local languages, is spoken, read and written by approximately 63 percent of the population, although only 31 percent speak Tetum Prasa, the form of Tetum dominant in the Dili district and 6 percent speak Tetum Terik.³²⁴ Makasai, Mambae, Kemak, Banak, Baikenu and Fataluku are also widely spoken.³²⁵ The cultural and linguistic differences create and exacerbate challenges in the development coordination and implementation of food security and nutrition plans and programmes, as different groups have different beliefs, priorities and participation mechanisms.

The topography of Timor-Leste compounds resource constraints and political challenges. Onerous physical, financial and sociocultural barriers inhibit the progress of projects and programmes to promote food security and nutrition in rural and remote communities. Implementing programmes and policies in isolated communities is costly, time consuming and

³²² Schimmer, R. 2006. *Violence by Fire in East Timor, September 8, 1999*. GSP Working Paper No.

³²³ Government of Timor-Leste. 2012. <http://www.easttimorgovernment.com/demographics.htm>

³²⁴ Government of Timor-Leste. *Population and Housing Census 2015*. Preliminary results. Ministry of Finance. Government of Timor-Leste.

³²⁵ US Department of State. 2018. <https://2009-2017.state.gov/outofdate/bgn/timorleste/90432.htm>

difficult to monitor. While success has been observed in extending the reach of primary health care services to community and household levels, access to other services and programmes remains limited in rural areas. As discussed in Section 1, there are major disparities between rural and urban areas in terms of both infrastructure (roads, electricity, water and sanitation services) and services (health facilities, education). Investments in national infrastructure are yielding results and will, if continued, ultimately alleviate many of the geographical and topographical challenges that development practitioners face in Timor-Leste. However, the 'last mile,' to get infrastructure and supply chains to rural communities is notoriously difficult and expensive to traverse, and the pace of progress toward meeting goals of universal access to infrastructure and services is likely to slow as the people that remain unserved become increasingly isolated and difficult to reach.

Cultural factors in Timor-Leste dramatically shape the political economy of food security and nutrition. Of particular importance is the culture and politics of gender relations. Despite a relatively high proportion of women in parliament (38.5 percent, 18th in the world),³²⁶ the "dominance of an elite male political and military leadership" persists.³²⁷ While national laws prohibit violence, harassment and discrimination based on gender, and enshrine the equal rights of men and women in marriage, gender inequalities are stark.³²⁸ As documented in Section 1, women in Timor-Leste have fewer educational and employment opportunities, and traditional cultural practices preclude them from accessing services and owning land to the same extent as men. Women face extremely high rates of domestic violence and, once married, are considered the property of their husband and his family due, in part, to the continuing tradition of bride prices.³²⁹ While traditional marriage practices vary between tribal and ethnic groups, the United Nations Committee on the Elimination of Discrimination against Women raised concern that "gender stereotypes and adverse cultural norms as well as harmful practices such as bride price (barlake), child and/or forced marriage and polygamy," persist across Timor-Leste.³³⁰

The 2018 KONSSANTIL prioritization process found that women (and young women) play a critical role in the food security and nutrition space yet are not empowered as decision-makers. As determined in the 16 agreed-upon national priorities for FSN and supported by relevant policies, it will be essential to directly them as change agents and participants.

Concerns have also been raised that the political power of veterans in the struggle for independence is harmful to broader Timorese society. The Recovery, Employment and Stability Programme for Ex-Combatants and Communities in Timor-Leste (RESPECT) was implemented in 2003 to meet the employment and income needs of ex-combatants, widows, unemployed

³²⁶ **UN Women.** *Women in politics 2017 map.* <http://www.unwomen.org/en/digital-library/publications/2017/4/women-in-politics-2017-map#view>

³²⁷ **Niner, S.** 2011. Hakat klot, narrow steps: negotiating gender in post-conflict Timor-Leste. *International Feminist Journal of Politics*, 13(3), 413-435.

³²⁸ **United Nations Committee on the Elimination of Discrimination against Women, United Nations Convention on the Elimination of All Forms of Discrimination against Women.** 2015. *Concluding observations on the combined second and third periodic reports of Timor-Leste.* https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fTLS%2fCO%2f2-3&Lang=en.

³²⁹ **Niner, S.** 2012. Barlake: An exploration of marriage practices and issues of women's status in Timor-Leste. *Local-Global: Identity, Security, Community*, 11, 138.

³³⁰ **Khan, N., & Hyati, S.** 2012. *Bride-price and domestic violence in Timor-Leste: a comparative study of married-in and married-out cultures in four districts.* Dili, FOKUPERS.

youths and others.³³¹ Through various iterations of this and subsequent programmes, payments to veterans have increased to many times the average income of the population of Timor-Leste and are seen as “placating a powerful interest group who contributed to the escalation of the 2006–07 crisis and who could become potential threats to the state.”³³² A study of the implementation and impact of Timor-Leste’s cash payment schemes found that “while no one questions the esteem in which veterans are held, ordinary people are concerned about the role that some veteran groups have played since independence, particularly during the security crisis.”³³³ In the context of a tight fiscal environment and constrained resources, calls are increasingly being made to refocus cash transfers away from veterans and scale up interventions, such as the Bolsa da Mae unconditional cash transfer programme, which supports vulnerable families with young children most in need of social protection.

6.5. Economic factors in the political economy of hunger, food insecurity and malnutrition in Timor-Leste

Since independence, the economy of Timor-Leste has relied heavily on oil reserves. All oil revenues are transferred to the National Petroleum Fund and only transferred back to the central government budget pursuant to parliamentary approval.³³⁴ Much of this income, as well as millions of dollars of aid and loans, has been designated for rebuilding the nation’s infrastructure and addressing many of the causes of malnutrition, food insecurity and poverty described in Section 1. Yet funding has fallen far short of what is needed to eradicate malnutrition and food insecurity in Timor-Leste due to a highly constrained resource environment and an extremely competitive political landscape.

As discussed in Section 5, relevant food security and nutrition policies and plans have been insufficiently funded. This can be attributed to both the limited national budget and a tendency to prioritize infrastructure projects, rather than activities that are directly related to food and nutrition security. The Timor-Leste Strategic Development Plan 2011–2030 notes that investment in infrastructure is necessary to “build a diversified economy and transform our country into a modern nation” and realize the country’s economic potential.³³⁵ Although the plan also acknowledges that strong human capital underpins economic growth, national budgets have consistently favoured capital works. An autonomous Infrastructure Fund had a total budget of USD 323.6 million in 2018 (i.e. 25.3 percent of the annual state budget) - thirteen times the budget of the national Human Capital Development Fund.³³⁶ There is likely long-term merit in establishing strong national infrastructure, yet prioritizing public works projects evidently comes at the expense of human capital projects, jeopardizing short and medium-term progress toward eradicating malnutrition and achieving food security.

³³¹ UNDP. 2003. *Annex 11 to UNDP Timor-Leste programme package document recovery, employment and stability programme for ex-combatants and communities in Timor-Leste (RESPECT)*. <http://undp.east-timor.org/documentsreports/Annex/ANNEX%2011%20-%20RESPECT%20revised%20080803.PDF>.

³³² Kent, L., & Wallis, J. 2014. *Timor-Leste’s Veterans’ Pension Scheme: who are the beneficiaries and who is missing out?*

³³³ Wallis, J. 2015. Assessing the Implementation and Impact of Timor-Leste’s cash payment schemes. *A New Era*, 235-249.

³³⁴ Government of Timor-Leste, Ministry of Finance. *Petroleum Fund of Timor-Leste*.

<https://www.mof.gov.tl/budget-spending/petroleum-fund/>

³³⁵ Government of Timor-Leste. *Timor-Leste Strategic Development Plan 2011 – 2030*.

<https://www.adb.org/sites/default/files/linked-documents/cobp-tim-2014-2016-sd-02.pdf>

³³⁶ Government of Timor-Leste. *Timor-Leste state budget 2018*. Budget overview: Book 1. https://www.mof.gov.tl/wp-content/uploads/2018/08/BB1_Eng-2018.pdf.

The lack of funding and contested political environment further means that evidence-based programmes to promote food security, such as conditional cash transfers programmes, compete with politically popular transfers to veterans and war widows, which are relatively low-yield in terms of long-term human capital development. Paradoxically, the extreme extent of the problem of malnutrition in Timor-Leste makes it politically easy to ignore. Stunting is so common (at 46 percent of children under 5 years old)³³⁷ that short stature is widely seen as ‘normal,’ rendering the issue of impaired growth functionally invisible. Political will and community motivation to address a complex issue that is not recognized as a concern is, naturally, limited in a resource-constrained context. Globally, evidence shows that most funding that is available for nutrition programming is directed to treating acute, ‘visible’ conditions, despite a much less favourable cost-benefit ratio. Consistent with this, the recent Millennium Challenge Corporation Reduce Impaired Child Growth & Development/Stunting for Timor-Leste Compact Development Mission found that health workers in Timor-Leste perceived that screening for and treating wasting was the major focus of their roles.³³⁸

As described in Section 5, the financial challenges that Timor-Leste faces in alleviating hunger, food insecurity and malnutrition are unlikely to be resolved in the near future. Timor-Leste’s economy has been heavily dependent on oil and gas revenues, and dwindling reserves, tepid oil prices and a desire to front load the financing of core infrastructure projects have caused the government to withdraw funds from the National Petroleum Fund at a rate the government acknowledges is not sustainable.³³⁹ There is concern that excessive spending and the drawing down of the Petroleum Fund is “raising the likelihood of a damaging fiscal cliff when Petroleum Fund resources are depleted.”³⁴⁰ The situation will almost definitely become further constrained over coming years while oil reserves are depleted along with the Petroleum Fund.

The World Bank’s Timor-Leste Economic Report for 2018 highlights the importance of fiscal responsibility in the immediate term, noting that “limiting excess withdrawals from the Petroleum Fund and improving domestic resource mobilisation could simultaneously support fiscal sustainability, spending efficiency and accountability.”³⁴¹ Along with diversifying the economy and supporting economic growth, fiscal sustainability is seen as a key priority for improving the economy of Timor-Leste.

As discussed in Section 4, a deficit of appropriately skilled and adequately resourced professionals is partially due to the constrained resource environment. The 2017 SDG 2 strategic review found that “efforts to alleviate food insecurity and malnutrition in all its forms are hampered by a shortage, not just in sheer numbers, but also in the skills and leadership capacity of the nutrition workforce.”³⁴² The review further notes that “high-quality, appropriate training for front-line nutrition workers, programme managers, and even policy-makers” is lacking. The complex and multisectoral nature of effective nutrition programming also render effective

³³⁷ **Government of Timor-Leste.** *Timor-Leste Demographic Health Survey 2016.*

³³⁸ **University Research Corporation.** 2018. *Addressing stunting in Timor-Leste: an assessment report.*

³³⁹ **Government of Timor-Leste.** *Timor-Leste state budget 2018.* Budget overview: Book 1. https://www.mof.gov.tl/wp-content/uploads/2018/08/BB1_Eng-2018.pdf

³⁴⁰ **World Bank.** 2018. *Timor-Leste economic report, October 2018.* <http://documents.worldbank.org/curated/en/756821542739478616/pdf/132202-WP-P168251-PUBLIC-Disclosed-11-25-2018.pdf>.

³⁴¹ *Ibid.*

³⁴² **Centre of Studies for Peace and Development (CEPAD) Timor-Leste and Johns Hopkins University.** 2017. *Timor-Leste strategic review: progress and success in achieving the Sustainable Development Goal 2.*

leadership and advocacy skills, as well as fluency in the concepts and constructs of other disciplines (such as agriculture and sanitation), necessary for the nutrition workforce, yet training in these fields has not been made widely available in Timor-Leste.

Meanwhile, donor agencies, development partners and parts of the private sector have signalled their intentions to reduce or withdraw funding and services from Timor-Leste. Today, Official Development Assistance (ODA) represents a significant portion of total investment in the food security and nutrition sectors. Planned disbursements from development grants in agriculture or off-budget project assistance amounted to \$20.4 million, i.e. about 138.8 percent of MAF's budget in 2019. The Timor-Leste Aid Transparency Platform indicates that donor agencies (excluding NGOs) have disbursed over USD 2.2 billion since 2002 in Timor-Leste,³⁴³ while the 2018 Budget Overview notes that the country experienced a significant downward trend in overseas development assistance from over USD 200 million each year from 2011 to 2015 to USD 176.6 million in 2017.³⁴⁴ This trend is expected to intensify in coming years, with planned development partner commitments falling to USD 52m by 2021 (note that this figure does not include funding that has been secured but not committed to a specific project, and may increase as partners release annual budgets closer to the date).³⁴⁵ It is expected that, from 2019 onwards, the government will have to finance the largest proportion of nutrition expenditures on personnel, operations and nutrition supplies. In a January 2019 draft of the findings of a December 2018 Mission to Timor-Leste for the Partnership for Improving Nutrition in Timor-Leste, Vagn Mikkelsen noted that "phasing out of UNICEF funding from January 2019 onwards will result in considerable increase in the (national) budget allocation for 2019; thereafter, the annual increase would be much more modest," with an overall 2.5 percent allocation increase from 2020 onwards.³⁴⁶

Private investment in Timor-Leste is generally welcomed, being viewed as a potential source of income and employment for citizens and a boon for the local economy. However, early entrants into the market face numerous legislative and regulatory gaps, as well as bureaucratic inefficiency, infrastructure bottlenecks, a lack of local financing options, uncertain implementation of government procedures, conflict of interest and, sometimes, corruption. The GoTL has attempted to mitigate these challenges by offering investment incentives including five, eight, or ten-year tax exemptions, depending on the location of the investment. As a result, investment opportunities outside of the oil and gas sector are gradually increasing, with interest growing in the telecommunications, construction and agricultural sectors. However, the World Bank Economic Report 2018 indicates that foreign direct investment (FDI) fell from approximately USD 13 million in the first quarter of 2015 to almost zero in 2017, in part due to the political crisis in 2017-2018.

³⁴³ **Government of Timor-Leste.** *Timor-Leste aid transparency platform.* <https://aidtransparency.gov.tl/portal/>

³⁴⁴ **Government of Timor-Leste.** *Timor-Leste State budget 2018.* Budget overview: Book 5. https://www.mof.gov.tl/wp-content/uploads/2018/08/BB5_Eng.pdf.

³⁴⁵ *Ibid.*

³⁴⁶ **Mikkelsen, M.** 2019. Draft Mission Report, Partnership for Improving Nutrition in Timor-Leste (sector reform and performance contract), National Nutrition Policy Assessment for Disbursement of the First Fixed Tranche and Proposal for Establishing the Baseline and Targets for Increased Nutrition Budget Allocation to the Ministry of Health and the Autonomous Pharmaceutical and Medical Equipment Service.

6.6. Political uncertainty in Timor-Leste

In May 2018, Timor-Leste voted in the second election for parliament in less than a year after the collapse of a minority government. A three-party alliance led by independence hero Xanana Gusmao's National Congress for Timorese Reconstruction (CNRT) party was vying against Fretilin, which headed the short-lived government that was formed following the 2017 election. The opposition coalition won the parliamentary election and the VIII Constitutional Government was formed in June 2018. The general state budget for 2018 was not promulgated until 27 September 2018.

As a result, the process of designing and enacting the 2019 budget has been delayed, as allowed by the Budget and Financial Management Law when a new government comes into office. In December 2018, the Parliament approved a USD 2.1 billion comprised of:

- USD 214 million for salaries and benefits;
- USD 473m for goods and services;
- USD 1,013m for public transfers (including \$650m for Sunrise³⁴⁷);
- USD 31m for minor capital ;
- USD 313m for development capital (excluding borrowing);
- USD 87m in borrowed money for development capita.

The budget was to be largely financed by transferring USD 1.846 billion from the Petroleum Fund, constituting the largest withdrawal in history. On the 23 January 2019, a veto of the proposed budget was announced by the president for the following reasons:

- 1) grave unsustainability issues in the state budget 2019;
- 2) orientation contrary to the constitution and structuring laws;
- 3) high budget imbalance ;
- 4) absence of alternative policies.

The political and budgetary impasse poses major threats to Timor-Leste. Public-sector wages are not being paid, putting civil servants at increasing risk of poverty and food insecurity. A 'brain drain' threatens to attract the best and brightest government employees to the private sector and NGOs, further entrenching the human capacity deficit discussed in Section 3 of this report. Anecdotal evidence indicates that there is increasing unrest in the private sector, including investors who have had businesses in Timor-Leste for many years, who employ a substantial workforce and provide a critical link in the agricultural value chain (e.g. Kamanek supermarket in Dili). Projects have begun to stall, compromising potential gains in food security and nutrition, and a failure to carry out critical maintenance may result in a reversal of some of the country's infrastructure achievements. Some NGOs and development partners have signalled that they are nervous about continuing to operate in an environment of uncertainty, and projects to which the government had committed shared funding are in potential jeopardy (e.g. PNDS³⁴⁸ and Roads for Development).

The financial environment, waning donor funding, dwindling oil reserves and over-stretched Petroleum Fund leave no room for budgetary or political uncertainty. Globally, political unrest and the risk of violence are known to accompany sustained budgetary freezes, something the

³⁴⁷ The Greater Sunrise oil and gas field in the Timor Sea has been the subject of exploration, controversy, and negotiations since it was discovered in 1974.

³⁴⁸ National program for village development. <http://pnds.gov.tl/website/about-pnds/>

population of Timor-Leste universally fiercely desires to avoid. For Timor-Leste to continue to pursue gains in poverty reduction and promote the food security and nutrition of its people, as well as maintain peace, law and order, the budgetary impasse must be urgently resolved.

6.7. Summary

Timor-Leste operates in a resource-constrained environment, and the current political impasse threatens to further entrench existing challenges in furthering the food security and nutrition agenda. However, there are causes for optimism that food and nutrition security will become an elevated national priority over the coming years. Impressive progress has been made toward building effective institutions, infrastructures and democracy since independence and the level of investment in these realms could reasonably start to wane without jeopardizing the progress that has been made. The new government includes influential members who have proven their commitment to the food security and nutrition agenda. The context may therefore now be more favourable to a change of attitudes and evidence-based, context-specific, investment in the field of food and nutrition security than ever before.

While major challenges remain, the 8th Constitutional Government has a greater opportunity to pursue the food and nutrition security agenda than any of its predecessors. To optimize the efficacy of this agenda, it is critically important that vulnerable and marginalized groups - in particular, women and rural people - are prioritized in order to reduce disparities and develop the underutilized human capacity of these groups.

7. Credibility of the current policy framework

Considering the above analysis, how realistic/credible are the current set of policies and strategies?

7.1. Analysis

In this UN declared ‘*Decade of Action on Nutrition (2016-2025)*’,³⁴⁹ Timor-Leste is making impressive progress toward establishing an enabling environment to support action, despite the challenges of nascent systems, low capacity and a tight fiscal environment.

A comparative analysis was conducted to compare Timor’s progress against five relevant SUN (Scaling Up Nutrition)³⁵⁰ and Community of Portuguese Language Countries (CPLP) (Nepal, Malawi, Indonesia, Mozambique and Guinea Bissau).

The analysis used the four SUN joint-assessment criteria, namely:

1. bringing people together in the same space for action;
2. ensuring a coherent policy and legal framework;
3. aligning actions around common results;
4. tracking finance and mobilizing resources.³⁵¹

Timor-Leste is not a ‘SUN country’, yet with political will and established multisector platforms and plans already in place, the country has tracked well against most of these criteria. Not surprisingly and as discussed in Sections 6 and 5, criteria 4 (*tracking finances and mobilizing resources*) is the one most lagging behind the other relevant countries (See Appendix 2 for a detailed analysis).

As discussed in detail in Section 2 of this report, Timor-Leste has a comprehensive food security and nutrition policy landscape. The three major nutrition policies, along with the nutrition-sensitive policies of the education, youth, agriculture and WASH sectors (among others) collectively address the immediate, underlying and basic causes of malnutrition. Yet the resource constraints, human capital deficits, sociocultural factors, inadequate coordination and political uncertainty discussed in Section 6, along with the sheer ambition of some of these plans, render their full realization unrealistic.

This was reflected in the findings of the KONSSANTIL needs assessment. As presented in Section 4, respondents generally believed that the national food security and nutrition policies were achievable and they supplied recommendations for improving the operationalization and implementation of the policies. Recommendations included the simplification of priorities and targets, increasing the budget, improving coordination and communication on the policies at every level of implementation.

A limitation to determining the credibility of the policies and strategies is the lack of data available in relation to their implementation. There are no formal mechanisms for monitoring and evaluating national food security and nutrition plans and strategies in Timor-Leste. Although information on some elements of service delivery (such as vitamin A supplementation coverage) and limited information on anthropometry and nutrition status are collected through

³⁴⁹ WHO. https://www.who.int/nutrition/decade-of-action/information_flyer/en/.

³⁵⁰ <http://scalingupnutrition.org>

³⁵¹ http://scalingupnutrition.org/wp-content/uploads/2018/06/2018-JAA_explanatory-note_ENGLISH.pdf.

the evaluation of the National Health Sector Strategic Plan, a lack of data specific to the implementation of food security and nutrition plans preclude detailed analysis of progress toward their implementation and the identification of capacity gaps.

Similarly, the lack of any formal assessment of the food security and nutrition workforce limits the ability of the government to identify and address human resource constraints. As discussed in Section 4 of this report, respondents to the 2018 needs assessment almost unanimously identified a requirement for more capacity development in each of the key areas of food security and nutrition about which they were asked. However, scant data on food security and nutrition workforce training needs and labour gaps are available at the national, provincial and *suco* levels. This compounds difficulties in assessing the credibility of the food security and nutrition policies and strategies: it is not possible to meaningfully assess the realism of food security and nutrition policies and strategies without a detailed consideration of the capacity of the food security and nutrition workforce.

As discussed in Section 5, while Timor-Leste's policies and strategies are impressive in their ambition and scope, at the time of their endorsement none were accompanied with an approved costing schedule, making them a 'wish list' of activities without the dedicated budget to accomplish them. A costing of NNS and PAN-HAM-TIL was completed sometime after endorsement but neither have been approved.

In small country like Timor-Leste, political weighting can play a significant role in the execution of programmes and policies. A policy or programme developed under a current or previous coalition will carry more weight than one developed by the opposition, independent of its quality. At the moment, two of the three food security and nutrition policies were developed under the current coalition party, while the NNFSP was developed under the opposition party and possibly carries less weight.

Even in the absence of the above-noted constraints, the ambition of some of these plans renders them unachievable. For example, the PAN-HAM-TL target of zero stunted children under two-years of age by 2025 is neither aligned with the with the World Health Assembly-endorsed Global Maternal infant and Young Child Nutrition Target for the same period of time (which calls for a 40 percent reduction)³⁵² nor is it feasible in any country. By the nature of the statistical calculation, stunting rates naturally fall above zero even in healthy populations and are above 1 percent even in countries with the lowest stunting prevalence (1.3 percent in Germany; 1.8 percent in Chile and 2.3 percent in Australia.)³⁵³

In addition, the PAN-HAM-TIL proposes 170 different cross-sectoral actions, some of which are already in place and some of which will require years of work and funding to execute (e.g. Activity 2.5.6.A: Establish sentinel surveillance system on nutrition services behaviour; Activity 2.1.3.C: Create and implement regulatory framework to ensure that imported foods (oil, salt, noodles, rice, milk, biscuits) are fortified; Activity 1.2.1.C Develop mechanism to stabilize prices for key food commodities throughout the territory).

³⁵² WHO. <https://www.who.int/nutrition/global-target-2025/en/>

³⁵³ UNICEF. 2019 *Malnutrition in children*. <https://data.unicef.org/topic/nutrition/malnutrition/>

7.2. Summary

While Timor-Leste has a set of comprehensive policies and strategies in place to address the myriad of determinants contributing to malnutrition and food insecurity, and an established multisectoral platform for oversee their implementation, there are significant gaps between policy aspirations and achievement. This is mostly due to low institutional capacity, unrealistic timeframes and inadequate financing.

Recognizing this, KONSSANTIL has undertaken a detailed participatory process across sectors to define a more realistic set of priorities (See Annex 1). While more work is needed to define specific activities under each of the priority areas, the process has established a foundation for a more realistic and measurable road map. Priorities will be costed and implemented within a five-year period. A nutrition “marker” could be used to track the public expenditure on the activities to measure cost and impact.

When considering this process, it is important to note the progress that has been made in reviewing the KONSSANTIL statutes for approval and advocating for the KONSSANTIL secretariat to be relocated to the prime minister’s office.

A critical and strategic process to take place in 2019 is the review and update of the NNS. This is an opportunity to use existing data wisely to target interventions, using global evidence and the prioritization work accomplished to date; align existing targets and priorities; develop a realistic cross-sectoral results framework; and establish coordinated reporting and financial tracking mechanisms as part of the process.

8. Priorities for resource allocation

Considering the above analysis and given a scenario of continued resource and capacity constraints, what areas of the policy framework and what implementation capacity gaps should be prioritized for resource allocation?

The multisectoral nature of food security and nutrition is well-recognized by the Government of Timor-Leste and it is generally understood that investments to address the immediate, underlying and basic causes of malnutrition are critical. Timor-Leste stands at a crucial crossroads for achieving SDG 2 and momentum must be maintained. The comprehensive policy landscape of Timor-Leste, an ever-increasing sensitivity to nutrition and food insecurity, along with a high-level commitment to addressing this challenge, have helped to establish an enabling environment for implementing the food security and nutrition agenda.

Nevertheless, the challenge of continued resource and capacity constraints is all but certain to plague Timor-Leste in the coming years. As seen in Section 6 of this report, a perfect economic storm is brewing: oil reserves are dwindling, the National Petroleum Fund is being unsustainably drawn down, donors and development partners are withdrawing or reducing their commitments, the private sector is not growing fast and a political impasse is preventing government budgetary disbursements. All of these factors limit the government's capacity to implement the food security and nutrition agenda. Consequently, it is more critical than ever before to optimize the policy framework and close capacity gaps in order to most effectively allocate scarce resources.

There is an urgent need to approve a national budget that will allow the continued implementation of food security and nutrition programming. The budgetary impasse in 2018 threatened the development of infrastructure, the delivery of health, education and agriculture extension services and has jeopardized the incomes of thousands of civil servants and households whose livelihoods depend on functioning supply chains. In addition, the likely attrition of highly skilled workers to the private sector, and the potential loss of donor and development partner assistance will exacerbate the existing human capacity deficit and aggravate financial constraints.

At the national level, **further development of the policy framework is required** to streamline Timor-Leste's food security and nutrition programming. As seen in Section 2, the current national policy environment is fragmented, inconsistent and incoherent. The development of a single, comprehensive, costed and multisectoral nutrition policy that is evidence-based, context-specific and achievable would allow sectors of the government, as well as development partners, to better align their food security and nutrition programming, capitalize on synergies and effectively pursue Timor-Leste's development agenda. A streamlined policy environment should support globally-recommended legislative frameworks (such as the International Code of Marketing of Breastmilk Substitutes), strategies and priorities, as well as reflecting the 2018 KONSSANTIL priorities.

The need to align policies to maximize gains in food security and nutrition extends beyond the health and agriculture sectors. **All national policies should be reviewed to ensure that they complement and promote food security and nutrition programming in line with global evidence.** For example, research shows that social protection programmes targeting women with young children are highly effective in reducing food insecurity, poverty and malnutrition,

yet Timor-Leste's social protection expenditure is heavily oriented toward veterans. Two key KONSSANTIL ministries (Ministry of commerce tourism and industry and Ministry of social solidarity) lack policies, relevant to food and nutrition, making it very difficult to align proposed multisector priorities against sector priorities and implement essential nutrition-sensitive activities. This should be urgently redressed.

Extensive research is needed on how families apportion their income and how income can best be allocated to families to ensure positive gains in nutrition, and this should inform policies and programmes moving forward. Research should include an **evaluation and possible reform of the Bolsa de Mae programme** to focus the provision of cash transfers on women in households with children. **Collecting data on the availability and cost of nutritious diets** throughout Timor-Leste (through a Cost of the Diet Study planned in 2019) will complement and extend these initiatives.

To promote progress toward achieving food security and nutrition targets in Timor-Leste, **a national progress review should be developed and implemented**. The government does not currently undertake an annual report or review the implementation of the NNS or the PAN-HAM-TIL. An opportunity exists to institutionalize review processes as the existing NNS is reviewed and updated. Realistic monitoring and evaluation mechanisms for food security are needed, based on sectoral and multisectoral indicators such as minimal acceptable diet, minimal dietary diversity, breastfeeding rates, access to sanitation and clean water, school attendance, access to health care, etc.

Further progress in Timor-Leste's efforts to advance the national food security and nutrition agenda can be realized by **improving governance and coordination**. KONSSANTIL statutes are still in draft and the council has minimal supra-ministerial convening power. The statutes should be approved as soon as possible, and, per these statutes, KONSSANTIL expanded to the municipal level. Prime Minister Taur Matan Ruak, who was an effective champion for food security and nutrition throughout his presidential term, now has an unparalleled opportunity to reprise the role of nutrition champion in his tenure under the VIII Constitutional Government. There is optimism that he will develop and implement strategies to create buy-in at every level and across every sector of government, oversee the coordination of food security and nutrition programmes, and ensure that implementation of the 16 multisector national priorities identified by the KONSSANTIL prioritization process results in cooperative and collaborative efforts between government agencies, NGOs and development partners.

All efforts to improve food security and nutrition should be led by the Government of Timor-Leste. This is particularly important in the case of potentially sensitive programmes, such as the proposed redesign of conditional cash transfer programmes. Proposals should be reviewed and approved by the national and municipal governments, with input from civil society. Implementation should be guided by local stakeholders, with possible development partner support.

Even in an environment of comprehensive and aligned policies, high-level government support and optimal coordination, effective programme implementation cannot occur without **addressing gaps in human resources capacity**. Timor-Leste faces an extreme deficit of human capital, largely due to limited access to quality education and health in past decades. While gains have been made in both education and healthcare, these will not result in human capital improvements until the children receiving these benefits become productive adults. It is recognized by the government that graduates in Timor-Leste do not necessarily 'fit' into the

labour force and this is an acknowledged frustration for young people in Timor-Leste. **The availability of quality education for everyone should continue to be a national priority.** Special attention should be paid to groups that lack ready access to education, for example through the development of a programme specifically targeting young female farmers.

An extensive, formal investigation into knowledge and skills gaps in the food security and nutrition workforce is needed before appropriate and context-specific education programmes can be developed and delivered. To date, there have been no formal studies to assess the capacity needs of the food security and nutrition workforce, despite an almost-universal awareness among participants in the 2018 KONSSANTIL needs assessment that human resource capacity is a major constraint to the implementation of the country's food security and nutrition agenda.

The capacity needs assessment should feed into **the development and implementation of context-specific and content-appropriate education, training and tools** to advance the knowledge and skills of the food security and nutrition workforce. An important component of this will be developing simple government endorsed policy briefs based on the findings of this report. Simple summaries of our analyses of Questions 1, 2, 3, 4 and 5 will help with developing roadmaps toward formulating and implementing a Consolidated National Action Plan for nutrition and food security.

Furthermore, with only 10 percent of farmers under the age of 30,³⁵⁴ **engaging young people in agriculture and the food security and nutrition agenda** must be a priority to ensure the sustainability of the workforce.

With regard to specific food security and nutrition programming in Timor-Leste, **the government and its partners should work toward implementing the 16 national priorities identified by various stakeholders using KONSSANTIL as a dialogue platform.** Reflecting the importance of multisectoral nutrition programming, the prioritization process undertaken by KONSSANTIL in 2018 established a national consensus on the interventions within and across sectors that are most likely to have a meaningful impact on food and nutrition security outcomes. The sixteen priorities, the sectors that are primarily responsible for each priority, and their alignment with the three major national nutrition policies are detailed in Appendix 1.

The government should be supported to formulate a **Consolidated National Action Plan for Nutrition and Food Security (road map)**, in collaboration with development partners and civil society organizations. To minimize duplication and capitalize on potential synergies, this should be undertaken concurrently with the development of the multisectoral nutrition plan proposed above.

An additional process, led by the government, should be undertaken to determine how the government and development partners can most effectively and efficiently work together to achieve the national food security and nutrition agenda. This process should consider the potential contributions of each stakeholder, context-specific needs and the priorities identified in the 2018 KONSSANTIL needs assessment, as well as key success factors in previous and existing nutrition programming in Timor-Leste and elsewhere.

The process described above should **include informal and community groups**, whose role in food security and nutrition service delivery should be recognized and integrated into the

³⁵⁴ IADE (Instituto De Apoio Ao Desenvolvimento Empresarial). 2017. *Farmers as Entrepreneurs Survey*.

national agenda. Further research is required to identify and document the role of these groups in Timor-Leste, but anecdotal evidence suggests that they might act as gatekeepers, influencers and enablers, as well as more active service delivery providers..

Gender equity should be a priority in all food security and nutrition programming by the government. As described in detail in this report, significant disparities exist in Timor-Leste, particularly between men and women. While the male-dominated culture is slowly evolving in favour of women's rights and legislation has been enacted to prevent various forms of discrimination, women still face challenges in gaining access to education, health services, markets and land rights. All national policies should therefore be gender-sensitive in both design and implementation. This is particularly important in the case of food security and nutrition, since ensuring appropriate nutrition for women of reproductive age (including adolescent girls) is critical for the long-term nutritional status of a population. Furthermore, a national gender assessment of the agriculture sector should be conducted, and policy and programming options to empower female farmers should be pursued.

In addition, **the disparities between rural and urban populations should be addressed through continued and targeted investment in rural infrastructure.** Rural populations face higher rates of malnutrition and food insecurity (particularly seasonal food insecurity) and have fewer educational and employment opportunities, largely due to infrastructure deficits in rural and remote areas. Yet infrastructure development in Timor-Leste has consistently favoured urban populations, largely due to difficulties in reaching isolated rural communities. National plans and policies acknowledge the importance of reaching rural communities for infrastructure and service delivery programmes, and this should be elevated as a priority along with continuing to invest in urban populations.

Investments in agriculture should be continued and diversified in order to increase agricultural productivity, mitigate the impacts of climate change and population growth, and insulate the population from global price fluctuations. While national agricultural programmes have previously favoured staple food production, investing in new seed varieties along with the technologies and inputs required to produce nutrient-rich foods (including meat and dairy products) should also be prioritized to ensure that the population has access to adequate dietary diversity year-round. A major institutional reform of MAF, including capacity evaluation and development (technical, organizational and financial) and decentralization, should be considered to enable the government to effectively drive agricultural development.

The involvement of the private sector in agriculture should be prioritized, pursuant to an investigation of food import and consumption trends and stakeholders. Measures are needed to promote and facilitate private investment in agriculture and rural areas. Economic and agricultural policies should encourage domestic production at scale, contribute to food sovereignty and promote healthy diets, facilitated by reorienting government programmes away from inefficient subsidies and toward private sector development. The trade regime should be closely reviewed, and consideration given to revising tariffs and non-tariff trade barriers to promote domestic production. In addition, improving and regulating marketplace planning, governance and management, including through gender/mother friendly initiatives, will be critical to supporting private sector involvement.

As noted above, it is critical for Timor-Leste to optimize policy frameworks and close capacity gaps in order to most effectively allocate scarce resources. While resource constraints and political challenges remain, the VIII Constitutional Government has an unparalleled opportunity

to capitalize on the gains that have been made in infrastructure development and improvements in service delivery, including of education and healthcare. Aligning policies both internally and globally, identifying and addressing workforce gaps, and intensifying the focus on women, girls and rural populations (including young people) will enable the Government of Timor-Leste to effectively pursue the food security and nutrition agenda in the context of national constraints.

Appendix 1. KONSSANTIL priorities for nutrition outcomes, summary

KONSSANTIL sector priorities for nutrition outcome (December 2018)		Policy alignment			
		NFNS	NNS	PAN-HAM-TIL	Other
Education & Youth	Keep girls (and boys) in school by: <ul style="list-style-type: none"> continuing to promote universal access to education; improving the school feeding programme (including an education component); improving access to WASH in schools (including an education component). 	✓	✓	✓	✓ (Ministry of Education (MoE) Strategic Plan)
	Establish food-based nutrition education for students, teachers, administrators and school feeding programmes.	✓	✓	✓	✓
	Engage youth in NFS dialogue and policy development.	✓	NA	✓	✓
	Provide training on nutrition and food security to youth.	✓	✓	✓	✓
Social Protection	Strengthen Bolsa Da Mae by: <ul style="list-style-type: none"> including a nutrition education component and other complementary activities (e.g. supplements); expanding reach and targeting the most vulnerable people; increasing the amount of the transfer. 	✓	✓	✓	NA
	Strengthen specialized and general food distribution to vulnerable populations by including a nutrition education component to the transfers.	✓	NA	✓	NA
Commerce & Industry	Support mass food fortification to promote the availability of appropriate, diversified, nutrient-dense foods.	✓	✓	✓	NA
	Promote economic opportunities for women and youth and promote local produce by improving credit and market access and easing registration for small businesses.	✓	✓	✓	NA
	Utilize the Timor-Leste National Food Based Dietary Guidelines to inform trade and industry policies.	NA	NA	✓	NA
Agriculture & Fishery	Promote diversification of homestead food production (horticulture) for home consumption and income (including storage and processing) in support of healthy diets.	✓	✓	✓	NA
	Promote small livestock production (including vaccination and deparasitisation) for home consumption and income to increase the consumption of animal source foods in support of healthy diets (with a focus on women and youth).	✓	✓	✓	NA
	Promote fish production (aquaculture) for home consumption and income in support of healthy diets.	✓	✓	✓	✓ (National Aquaculture Policy)
	Train extension workers on nutrition-sensitive agriculture.	✓	✓	✓	NA
Health	Protect, support and promote appropriate maternal infant and young child nutrition (MIYCN) practices, including: breastfeeding, complementary feeding and promoting healthy diets, micronutrient supplementation.	✓	✓	✓	✓ (National Health Sector Plan)
	Continue Integrated Management of Acute Malnutrition (including MIYCN SBCC).	✓	✓	✓	NA
	Promote clean water, sanitation and hygiene for good nutrition.	✓	✓	✓	✓ (National Health Sector Plan)

Appendix 1. KONSSANTIL priorities for nutrition outcomes, detailed policy alignment

Education

Priority 1: Keep girls (and boys) in school by:

- continuing to promote universal access to education;
- improving the school feeding programme (including an education component);
- improving access to WASH in schools (including an education component).

MoE Strategic Plan 2011-2030	NFSNP (2017)	NNS (2014-19)	PAN HAM TL (2014 -25)
<ul style="list-style-type: none"> • Fundamental principle 1: By 2030 every child has access to free, compulsory and mandatory education through Grade 12. • Vision: Basic education is universal, compulsory and free... At six years of age, all children will have access to basic education. • Long-term goal: By 2030, all children, boys and girls alike, will be able to complete a full course of quality basic education. • Short-term goal: By 2015, quality basic education is available for 88% of the children, and dropouts are drastically reduced. • By 2015, 95% of eligible students are enrolled and receive quality basic education and student retention to Grade 9 will be significantly improved. <p>Result 2.1.1: The provision of a sufficient number of public schools in all geographical areas is in place by 2015.</p> <p>Activity 2.1.1.1: Define criteria and guidelines to prepare a definitive infrastructural development plan based on the 2011 census population projections, educational and social inclusion priorities.</p>	<p>Outcome 7: Improved education, awareness and advocacy on food and nutrition security.</p> <p>Strategy 7.1: Raise awareness on the roles of nutrition and good practice in health and physical and cognitive developments.</p> <p>Strategy 7.2: Integrate nutrition in school curricula starting at the earliest age and at every grade level.</p> <p>Target: Food security and nutrition included in school curriculum implemented in all schools at all levels by 2020.</p> <p>Strategy 7.3: Promote local nutritious food consumption at schools and food outlets, including hotels and restaurants.</p> <p>Strategy 5.7: Review guidelines and policies to improve school feeding programmes.</p> <p>Target: National school feeding programme regulated and efficiently delivered by 2020.</p>	<p>Key action 2.2.1: Implementation and monitoring of National Hygiene and Sanitation Strategy and Plan, with focus on making <i>sucos</i> open defecation free (ODF), promoting hand washing practices and providing schools and health facilities with adequate water and sanitation facilities.</p> <p>Key action 2.7: Food standards and safety measures adopted and implemented. Indicator c: percentage of primary school students aware of key food safety issues.</p> <p>Key action 3.2.8: Establish nutrition clubs in all schools to engage children and youth in learning and promoting nutrition in communities.</p>	<p>Activity 1.1.4.D: Support and strengthen school feeding programme through introduction of knowledge on balanced nutrition to teachers, cooks and students, and promotion of school gardens.</p> <p>Activity 1.1.4.E: Improve school feeding programme delivery using local food products.</p> <p>Activity 2.4.1.B: Improve sanitation facilities with adequate water supply in households, schools, health centres and public facilities.</p> <p>Activity 2.5.3.A: Define and promote feasible practices for improving nutrient intake by adolescent girls and women of reproductive age through all sectors, schools, local bodies, NGOs and government, media.</p>

<p>Activity 2.1.1.2: Build and rehabilitate a number of basic, primary and filial schools in urban and rural areas.</p> <p>Indicator: Number of children reached by the school feeding program, expenditure per child in conditional cash transfers, scholarships, loans and other social programmes.</p> <p>Result 2.1.2: Other measures to achieve full enrolment are developed and implemented.</p> <p>Result 2.3.3: Capacity development programme for school managers and technical staff based on a management by results approach is developed and implemented. A number of new social policy tools (conditional cash transfers, loans, scholarships school grants and feeding programmes) and other measures are designed and fully implemented.</p> <p>Result 6.3: Policies and measures to promote the educational rights of socially marginalized groups and to ensure full access to the same opportunities, rights and services that are accessed by the mainstream of society are developed and implemented.</p> <p>Indicator: New measures to increase enrolment And reduce drop-out rates are implemented (conditional cash transfers, loans, scholarships school grants and feeding programmes). Permanent intra-governmental coordination programmes are implemented.</p> <p>Result 6.3: Policies and measures to promote the educational rights of socially marginalized groups and to ensure full access to the same opportunities & rights are developed & applied.</p>	<p>Strategy 6.1: Improve access to safe water and sanitation at communities, houses, schools and other public facilities.</p>		<p>Activity 2.5.4.B: Implement activities in schools to create skills and awareness among school-going adolescent girls in relation to protecting fetal, infant and young child growth.</p>
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Priority 2: Establish food-based nutrition education for students, teachers, administrators and school feeding programmes.			
<p>Result 3.3.3: A capacity development programme for school managers and technical staff developed and implemented.</p> <p>Activity 1.4.5: Develop and implement special packages (including nutrition and health programmes) to incentivize the participation of parents and civil society associations to encourage enrolment in public and private pre-school education.</p>	<p>Strategy 7.1: Raise awareness around the roles of nutrition and good practice on health and physical and cognitive developments.</p> <p>Strategy 7.2: Integrate nutrition in school curricula starting at the earliest age and at every grade level.</p> <p>Strategy 7.3: Promote local nutritious food consumption at schools and food outlets, including hotels and restaurants.</p>	<p>Key action 1.3.3: Incorporate nutrition training into the curricula of doctors, nurses, midwives, agriculture extension workers, environmental/sanitation engineers, teachers and social workers.</p> <p>Key action 2.7.2: Orientation of 1 500 school (2/school) and six hospitals and eight CHC (with beds) cooks on food safety.</p>	<p>Activity 1.1.4.D: Support and strengthen school feeding programmes by introducing knowledge on balanced nutrition for teachers, cooks and students and promoting school gardens.</p>

Youth

Priority 1: Engage youth in NFS dialogue and policy development			
National Youth Policy (2016)	NFSNP (2017)	NNS (2014-19)	PAN-HAM -TL (2014 -25)
<p>Vision: Young people are “healthy, educated, competitive, active and responsible citizens, who are proud to be Timorese.”</p> <p>Goal 5.2.2: Timor-Leste’s youth live healthy lifestyles and are able to access youth-friendly and quality health services. Young people themselves become promoters of healthy living.</p> <p>Strategic intervention 6: Promote participation of youth in health policy/programme development, which includes mental health; and increase adult and youth awareness about prevention of communicable and non-communicable diseases.</p> <p>Strategic intervention 7: Increase the capacity of youth organizations’ to influence decision-makers to give attention to the health of young people.</p>	NA	<p>Engage school children and youth groups as change agents</p> <p>Key action 3.2.8: Establish nutrition clubs in all schools to engage children and youth in learning and promoting nutrition in communities</p>	<p>Activity 1.1.3B: Capacity building of rural youth and poor women to engage in value addition of agricultural products and other income-generating activities for income and employment.</p> <p>Activity 1.1.5E: Provide incentives and support rural youth to engage in farming.</p> <p>Outcome 4.1: Increase productivity of various agricultural products of smallholders, including youth and women farmers.</p> <p>Activity 4.1.1B: Increase support to smallholder farmers, women farmers and youth to adopt the Save and Grow Approach "SGA" (sustainable agricultural intensification system).</p> <p>Activity 4.1.1C: Promote use of good agricultural practices by smallholder farmers, women farmers and youth.</p> <p>Output 4.1.1: Organizations for farmers, fishers and pastoralists, including women’s and youth groups, are supported, strengthened and empowered.</p> <p>Output 4.1.1E: Create opportunities for young scientists and local researchers to develop alternative and innovative technologies to increase agriculture productivity.</p> <p>Outcome 4.2: Income of smallholder farmers, pastoralists, fisherfolk, including women and youth, increased through access to financial services, home industry and eco/agro-tourism.</p> <p>Output 4.2.4: Eco/agro tourism promoted with the aim of diversifying income and employment generation, especially for women and youth.</p>

Priority 2: Provide training on nutrition and food security to youth			
<p>Goal 5.2.2: Timor-Leste's young people live healthy lifestyles and are able to access youth-friendly and quality health services. Young people themselves become promoters of healthy living.</p> <p>Strategic intervention 2: Promote family education to parents and educators in relation to adolescent development.</p>	<p>Strategy 4.5: In line with the National Youth Policy, provide quality technical and vocational training for young people.</p>	<p>Key action 3.2.8: Establish nutrition clubs in all schools to engage children and youth in learning and promoting nutrition in communities.</p>	<p>Activity 2.5.4B: Implement activities in schools to create skills and awareness among adolescent girls in relation to protecting fetal, infant and young child growth.</p> <p>Activity 4.1.4.C: Provide training and incentives to agricultural extension staff to mentor farmers, fishers, pastoralists including women's and youth organizations and groups.</p> <p>Activity 4.2.1.B: Provide training to farmers, fishers, pastoralists including women and youth, in business and financial planning and management.</p> <p>Activity 4.2.5.B: Provide training to communities, especially women and youth, on providing appropriate tourist services.</p> <p>Activity 1.1.3.B: Capacity building of rural youth and poor women to engage in agricultural products value addition and other activities for income and employment generation.</p>

Social protection

Priority 1: Strengthen Bolsa Da Mae by: <ul style="list-style-type: none"> including a nutrition education component and other complementary activities (e.g. supplements); expanding reach and targeting the most vulnerable people; increasing the amount of the transfer. 			
MSS policy	NFSNP (2017)	NNS (2014-19)	PAN-HA-TL (2014 -25)
The document could not be accessed	Strategy 2.5: Developing appropriate risk management systems for vulnerable people and improving safety net programmes through better targeting and delivery mechanisms, including use of food aid and food distribution to vulnerable households and communities.	Output 2.5: Improved coverage of social safety nets targeting the poorest families. Key action 2.5.1: Redesign and expand Bolsa de Mai conditional cash transfer programme for children. Key action 2.5.2: Working in partnership with the Ministry of Health, Ministry of Social Solidarity, State Administration, Agriculture and Fishery, Ministry of Health and NGOs, design and implement new cash transfers linked to household production and consumption of animal-sourced food, other protein sources and dietary diversity and targeting poorest households.	Activity 1.1.4.B: Review and prepare plans for the improvement of social protection, social services and social safety net strategies and programmes.
Priority 2: Strengthen specialized and general food distribution to vulnerable populations by: including a nutrition education component to the transfers			
	Strategy 2.5: Developing appropriate risk management systems for vulnerable people and improving safety net programmes through better targeting and		Activity 1.2.3.C: Strengthen effective coordination of mobilization and distribution of humanitarian food assistance during emergencies. Activity 1.2.3.B: Establish strategic food reserve management systems, including decentralized food reserves. Activity 1.2.3.C: Strengthen effective coordination of

	<p>delivery mechanisms, including the use of food aid and food distribution to vulnerable households and communities.</p> <p>Strategy 5.1: Strengthen methods and capacity to assess and map communities that are vulnerable to food and nutrition insecurity for effectively targeted interventions.</p>		<p>mobilization and distribution of humanitarian food assistance during emergencies.</p>
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Commerce and industry

Priority 1: Support mass food fortification to promote the availability of appropriate, diversified, nutrient-dense foods.			
MCIE policy	NFSNP (2017)	NNS (2014-19)	PAN-HAM-TL (2014 -25)
	<p>Strategy 5.5: Develop strategies, guidelines and regulations on food fortification and promote production and trade of iodized salt.</p>	<p>Key action 2.4.4: Working in partnership with relevant ministries, design and implement measures to improve the availability of fortified food in markets (e.g. iodized salt, fortified imported food etc.).</p> <p>Output 1.10: Increased use of iodized salt by families.</p> <p>Key action 1.10.2: In collaboration with relevant line ministries, assist salt farmers to establish cooperatives to improve production, quality and marketing of locally-produced salt.</p> <p>Key action: 1.10.3: Support salt-farmer cooperatives to establish iodization plants and internal quality control measures.</p> <p>Key action 1.10.4: Monitor salt iodization at production sites and in the markets.</p> <p>Key action 1.10.5: Conduct a nationwide campaign to highlight the benefits of using iodized salt.</p> <p>Key action 3.3.2: Organize workshop to review and finalize the current draft salt law decree, seek</p>	<p>Activity 2.1.3A: Promote and facilitate food fortification (including production, quality control, marketing, etc.). Develop and enforce national policy and standards on food fortification. Promote enactment of decree law on salt iodization.</p> <p>Activity 2.1.3C: Create and implement regulatory framework to ensure that imported food (oil, salt, noodles, rice, milk, biscuits) are fortified.</p> <p>Activity 2.1.3D: Increase production, access and consumption of iodized salt.</p>

		<p>endorsement by the council of ministers and parliament, conduct dissemination workshops to disseminate the salt law.</p> <p>Key action 3.3.5: Implement relevant provisions of the national salt laws, codes and regulations to ensure compliance.</p>	
<p>Priority 2: Promote economic opportunities for women and youth and support local production by improving credit and market access and easing registration for small businesses.</p>			
	<p>Strategy 1.1: Strengthen adaptive research and development by directing investment to cost-effective programmes for increasing smallholder production.</p> <p>Strategy 1.2: Deliver extension services to small farmers to enhance the productivity of existing crops and diversify toward highly nutritional crops, with special attention to women's roles in producing food and feeding the family.</p> <p>Strategy 1.6: Strengthen market infrastructure, market information and business support services to small farmers and fishers.</p>	<p>Key action 2.6.1: Continued implementation of existing income generation and related programmes targeting women from poorest quintiles.</p> <p>Key action 2.6.2: In partnership with Ministry of Social Solidarity, State Administration, Agriculture and Fishery, Ministry of Health and NGOs, design and implement new models for increasing income earning by women from the poorest wealth quintile.</p>	<p>Activity 1.1.1A: Assess and strengthen the implementation of existing rural development programmes to secure employment opportunities for rural youth and poor women.</p> <p>Activity 1.1.1B: Capacity building for rural youth and poor women to engage in value addition for agricultural products and other activities for income and employment generation.</p> <p>Activity 1.1.1C: Support cooperatives in rural and urban areas to promote employment generation and investment opportunity for youth and women.</p> <p>Activity 1.1.4E: Improve school feeding programme delivery using local food products.</p> <p>Activity 1.2.1A: Strengthen market and food price information and monitoring systems, including food price monitoring, at local, regional and international levels.</p> <p>Activity 1.2.1B: Ensure regular dissemination of food market and price information through accessible local media platforms.</p> <p>Activity 1.1.5g: Increase support for farmers to implement market-oriented practices by providing appropriate incentives.</p>

	<p>Strategy 4.2: Increase women's access to income-generating opportunities and control over household income to maximize impact of household income on the family's nutrition.</p> <p>Strategy 4.3: Develop small-scale fisheries sector and agro-based rural industries to increase job opportunities in the coastal and rural areas.</p> <p>Strategy 4.4: Expand appropriately-designed microfinance (including access to capital and microcredit) and small enterprise development skill-training programmes.</p> <p>Strategy 4.5: In line with the National Youth Policy, provide quality technical and vocational training for young people.</p>		<p>Activity 3.1.1E: Establish agriculture community development centres (ACDC) for training farmers/fisherfolk on sustainable production, processing and marketing systems.</p> <p>Activity 4.2.1A: Extend coverage of microcredit services (savings, credit, insurance) to remote areas to facilitate access by smallholder farmers, fisherfolk, pastoralists including women and youth.</p> <p>Activity 4.2.1B: Provide training to farmers, fisherfolk and pastoralists including women and youth, in business and financial planning and management.</p> <p>Activity 4.2.2A: Link smallholder farmers, fisherfolk and pastoralists, including women and youth, to promote sale of local products, including to the Loja do Povu and Povu Kuda Governo Sosa programmes.</p> <p>Activity 4.2.2D: Strengthen cooperatives and farmers' groups to help smallholder farmers connect with markets and consumers.</p> <p>Activity 4.2.2E: Train extension workers to provide technical support to smallholder farmers to help them connect with markets and consumers.</p> <p>Activity 4.2.2G: Establish accessible market infrastructure for marginalized and smallholder farmers.</p> <p>Activity 4.2.2H: Implement schemes to improve the quality of management, operating systems and facilities in existing markets.</p> <p>Activity 4.2.4B: Provide training to communities, especially women and youth, on providing effective tourism services.</p>
Priority 3: Utilize Timor-Leste's National Food Based Dietary Guidelines to inform trade and industry policies.			

Agriculture and fisheries

Priority 1: Promote diversification of food production (horticulture) for home consumption and income (including storage and processing) in support of healthy diets.			
NFSNP (2017)	Aquaculture policy (2012-2030)	NNS (2014-19)	PAN-HAM-TL (2014 -25)
<p>Strategy 1.2: Deliver extension services to small farmers to enhance productivity of existing crops and diversification toward highly nutritional crops, with special attention to women's role in food production and feeding the family.</p> <p>Strategy 1.3: Increase productivity of diverse foods, especially protein-rich food, including from animal and fish, and high micronutrient content crops, through improved upland rainfed systems.</p> <p>Strategy 3.1: Introduce simple and appropriate postharvest technologies and postharvest management methods.</p> <p>Strategy 3.2: Improve storage and transportation systems for fresh produce, and establish hygienic</p>	N/A	<p>Key action 2.4.1: In partnership with the Ministry of Agriculture and Fishery and NGOs, work with communities to establish proof of concept and scale up approaches to promoting production and use of protein-rich food at household level.</p> <p>Key action 2.4.2: In partnership with the Ministry of Agriculture and Forestry and NGOs, work with communities; establish proof of concept and scale up approaches to promoting production and use of micronutrient-rich food at household level.</p> <p>Key action 2.4.3: In partnership with the Ministry of Agriculture and Forestry, identify, recognize and model good practices that improve protein and micronutrient intake by children, women and adolescent girls in communities.</p> <p>Key action 2.5.2 Work in partnership with the Ministry of Social Solidarity, State Administration, Agriculture and</p>	<p>Activity 1.1.2A: Promote consumption of diversified food especially underutilized indigenous food.</p> <p>Activity 1.1.3B: Capacity building for rural youth and poor women to engage value addition for in agricultural products and other activities for income and employment generation.</p> <p>Activity 1.1.2C: Promote homestead food production (nutrition gardens, raising small animals and aquaculture) through family farming.</p> <p>Activity 1.1.5A: Promote diversification of crop production (e.g. food crops, tree crops, horticulture), livestock and fisheries especially underutilized and indigenous food resources through rural sustainable agricultural programmes.</p> <p>Activity 2.3.1A: Increase utilization of animal and plant based-protein source foods at the household level targeting the lowest quintile.</p> <p>Activity 2.5.1B: Promote awareness about acceptable diet, dietary diversification and how to meet nutritional requirement of women and children.</p> <p>Activity 3.1.1E: Establish agriculture community development centres (ACDC) for training farmers/fish folks on sustainable production, processing and marketing systems.</p> <p>Activity 4.2.3A: Implement capacity development programmes for women's groups to improve their skills in local food processing and other product</p>

<p>market centres.</p> <p>Strategy 3.3: Develop cost effective methods and build capacity for improved and hygienic production, processing, packaging and marketing of food products (fruits, vegetables, meat and fish).</p> <p>Strategy 7.4: Integrate nutrition education, diet diversity, food preparation and safe food preservation into agricultural extension programmes.</p>		<p>Forestry, Ministry of Health and NGOs to design and implement new initiative/models for cash transfers linked to household production and consumption of animal-sourced food, other protein sources and dietary diversity, targeting the poorest households.</p> <p>Key action 2.8: Improve food production, storage and use at household level.</p> <p>Key action 2.8.1. Implement and monitor the National Food and Nutrition Policy and related strategies by relevant ministries (with focus on promoting practices that increase protein and micronutrient contents of diet).</p>	<p>development, including the use of labour saving technologies and devices.</p> <p>Activity 5.1.1E: Promote household use of innovative and sustainable food storage technologies.</p>
<p>Priority 2: Promote small livestock production (including vaccination and deparasitation) for home consumption and income to increase the consumption of animal source foods in support of healthy diets, with a focus on women and youth.</p>			
<p>Strategy 1.3: Increase productivity of diverse foods, especially protein-rich food, including from animal and fish, and high micronutrient contents of crops through improved upland rainfed systems.</p>		<p>Key action 2.4.1: In partnership with the Ministry of Agriculture and Fishery and NGOs, work with communities to establish proof of concept and scale up approaches to promoting production and use of protein-rich foods at household level.</p> <p>Key action 2.4.2: In partnership with the Ministry of Agriculture and Forestry and NGOs, work with communities; establish proof of</p>	<p>Activity 1.1.2C: Promote homestead food production (nutrition gardens, raising small animals and aquaculture) through family farming.</p> <p>Activity 1.1.5A: Promote diversification of crop production (e.g. food crops, tree crops, horticulture), livestock and fisheries, especially underutilized indigenous food resources, through rural sustainable agricultural programmes.</p> <p>Activity 2.3.1A: Increase utilization of animal and plant-based protein-sourced foods at the household levels targeting the lowest quintile.</p> <p>Activity 4.1.2.A: Promote use of best practices in</p>

		<p>concept and scale up approaches to promoting production and use of micronutrient-rich food at the household level.</p> <p>Key action 2.4.3. In partnership with the Ministry of Agriculture and Forestry, identify, recognize and model good practices to improving protein and micronutrient intake by children, women and adolescent girls to encourage communities to adopt good practices.</p> <p>Key action 2.5.2: In partnership with the Ministry of Social Solidarity, State Administration, Agriculture and Forestry, Ministry of Health and NGOs, design and implement new models for cash transfers linked to household production and consumption of animal source food, other protein sources and dietary diversity targeting poorest households.</p>	<p>animal husbandry and animal health by smallholder farmers and pastoralists through CADC and extension services and provide appropriate incentives.</p> <p>Activity 2.3.1A: Increase utilization of animal and plant based protein-sourced foods at the household levels targeting the lowest quintile</p> <p>Activity 2.5.1B: Promote awareness about acceptable diet, dietary diversification and how to meet nutritional requirements of women and children.</p>
Priority 3: Promote fish production for home consumption and income in support of healthy diets.			
Strategy 1.3: Increase productivity of diverse foods, especially protein-rich foods, including those from animal and fish and high micronutrient contents crops through improved upland rainfed	Goal: (iv) There will be a significant and measurable increase in average <i>per capita</i> fish consumption by 2020, leading to a reduction in malnutrition rates and improved nutrition security.	Key action 2.4.1. In partnership with Ministry of Agriculture and Fishery and NGOs, work with communities to establish proof of concept and scale up approaches to promoting production and use of protein rich food at the household level.	<p>Activity 1.1.2C: Promote homestead food production (nutrition gardens, raising small animals and aquaculture) through family farming.</p> <p>Activity 1.1.5A: Promote diversification of crop production (e.g. food crops, tree crops, horticulture), livestock and fisheries, especially underutilized indigenous food resources, through rural sustainable agricultural programmes.</p>

<p>systems.</p> <p>Strategy 1.5: Promote sustainable aquaculture and develop coastal and inland fisheries, focusing on increasing catch from traditional fishing activities.</p> <p>Strategy 1.6: Strengthen market infrastructure, market information and business support services for small farmers and fishers.</p> <p>Strategy 3.3: Develop cost-effective methods and build capacity for improved and hygienic production, processing, packaging and marketing of food products (fruits, vegetables, meat and fish products).</p> <p>Strategy 4.3: Develop small-scale fisheries and agro-based rural industries to increase job opportunities in the coastal and rural areas.</p>	<p>Household food and nutrition security improved by aquaculture including the following actions:</p> <ul style="list-style-type: none"> -nutrition education campaign to raise awareness of nutritionally balanced diets held at community level; -fish consumption and nutrition survey of households with and without fish farming; -development of systems for inclusion of suitable fish species in small-scale irrigation farm pond programmes; -research and testing of new approaches to inclusion of fish in supplementary feeding programmes at household and school levels; -testing the feasibility of fortification of Timor Vita³⁵⁵ through the incorporation of fish. 	<p>Key action 2.4.2. Working in partnership with Ministry of Agriculture and Forestry and NGOs working with communities, establish proof of concept and scale up approaches to promote production and use of micronutrient rich food at the household level.</p> <p>Key action 2.4.3. Working in partnership with Ministry of Agriculture and Forestry identify, recognize and use model good practices that improve protein and micronutrient intake by children, women and adolescent girls in communities to encourage communities to adopt good practices.</p>	<p>Activity 2.3.1A: Increase utilization of animal and plant based protein source foods at the household levels, targeting the lowest quintile.</p> <p>Activity 2.5.1B: Promote awareness about acceptable diet, dietary diversification and how to meet nutritional requirements of women and children.</p> <p>Activity 3.2.2A: Provide incentives and support for farmers, including livestock rearers and fisherfolk to adopt tested and proven sustainable and climate-resilient farming and fishing technologies.</p> <p>Activity 4.1.3 A: Promote best practices in fisheries production and management by farmers and fisherfolk through CADCs and extension services and by providing appropriate incentives.</p> <p>Activity 4.1.4B: Strengthen capacity of farmers, fisherfolk and pastoralists, including women's and youth organizations, by providing regular technical and management training.</p> <p>Activity 4.1.4C: Provide training and incentives to agricultural extension staff to mentor farmers, fisherfolk and pastoralists, including women's and youth organizations.</p> <p>Activity 4.2.1B: Provide training to farmers, fisherfolk and pastoralists, including women and youth, in business and financial planning and management.</p> <p>Activity 4.2.2A: Link smallholder farmers, fisherfolk and pastoralists, including women and youth, to promote sale of local products, including the Loja do Povu & Povu Kuda Governo Sosa programmes.</p>
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³⁵⁵ Timor Vita is a locally produced micronutrient powder supplementation

Priority 4: Train extension workers on nutrition sensitive agriculture.			
<p>Strategy 1.2: Deliver extension services to small farmers to enhance productivity of existing crops and diversification toward highly nutritional crops, with special attention to women's roles in food production and feeding the family.</p> <p>Strategy 7.4: Integrate nutrition education, diet diversity, food preparation and safe food preservation into agricultural extension programmes.</p>		<p>Key action 1.3.3: Incorporate nutrition training into the curricula of doctors, nurses, midwives, agriculture extension workers, environmental/sanitation engineers, teachers and social workers.</p> <p>Key action 3.2.4: Print and distribute copies of recipe books on using local protein and micronutrient-rich food for a) complementary feeding for children 6-23 month; b) healthy snack for children 24-59 months; and c) healthy meals and snacks for pregnant mothers to extension workers and <i>suco</i>-level health care providers (approximately 5000 copies).</p>	<p>Activity 1.1.5F Strengthen extension service delivery</p> <p>Activity 3.2.1.B Develop national capacity-building programme for agricultural research and extension on sustainable and climate-resilient agriculture techniques</p> <p>Activity 4.1.4.C Provide training and incentives to agricultural extension staff to mentor farmers, fishers, pastoralists including women's and youth organizations and groups</p> <p>Activity 4.2.2.E Train extension workers to provide technical support to smallholder farmers to help them connect with markets and consumers.</p>

Health

Priority 1: Protect, support and promote appropriate maternal infant and young child nutrition (MIYCN) practices including: <ul style="list-style-type: none"> - breastfeeding; - complementary feeding and promoting healthy diets; - micronutrient supplementation. 			
National Health Sector Plan (2011-2030)	NFSNP (2017)	NNS (2014-19)	PAN-HAM-TL (2014 -25)
<p>Objective: To reduce the incidence and prevalence of macro and micronutrient deficiencies and associated malnutrition among vulnerable populations.</p> <p>Strategy 1: Promote diversity and consumption of locally produced foods.</p> <p>Strategy 2: Improving maternal and child (M&C) nutrition care practices</p> <p>Strategy 4: Promote advocacy, social mobilization and communication to ensure mainstream behavioural changes in nutrition.</p>	<p>Strategy 3.7: Become a member of Codex Alimentarius and adopt the International Code of Marketing of Breast Milk Substitutes.</p> <p>Strategy 5.3: Accelerate promotion of exclusive breast feeding (0-6 months old) and complementary feeding (until 24 months).</p> <p>Strategy 5.4: Accelerate reduction of maternal and child undernutrition through nutrition-specific and nutrition-sensitive interventions.</p> <p>Strategy 5.6: Promote increased micronutrient intake among infants and young child, mothers, and adolescent girls.</p>	<p>Output 1.3: Improved capacity of service providers to deliver nutrition-specific interventions, nutrition counselling, social mobilization and behavioural change interventions.</p> <p>Output 1.4.1: Establish partnerships with CBOs/NGOs/church-based organizations to scale up mother support group (MSG) coverage to 280 additional <i>sucos</i> to promote IYCF, maternal, newborn and child health care and baby friendly community initiatives.</p> <p>Output 1.4.2: Establish and train MSG for IYCF counselling in all (442) <i>sucos</i>.</p> <p>Output 1.4.3: Engage <i>suco</i>-based health care providers and civil society organization to support work of MSG in all (442) <i>sucos</i>.</p> <p>Output 1.4.4: Institutionalize, through administrative instruction, supervision and monitoring a) maternal nutrition counselling and b) IYCF counselling of all SISCa and</p>	<p>Activity 2.1.1A: Promote early initiation breastfeeding, exclusive breastfeeding, timely and appropriate complementary feeding practices through education and counselling of health staff and community-based members (i.e. mother support groups): (1) Implementation of baby-friendly hospital initiative (BFHI) at all hospitals; (2) improve infant-young child feeding (IYCF) and other high impact nutrition intervention (HINI) guidelines; (3) Improve capacity of service providers to deliver nutrition-specific interventions, nutrition counselling, social mobilization and behavioural change interventions</p> <p>Activity 2.3.1B: Develop infant food recipes using locally available protein-rich food.</p> <p>Activity 2.5.1B: Promote awareness about acceptable diet, dietary diversification and how to meet nutritional requirements of women and children.</p> <p>Activity 3.2.1A: Establish and enforce policy, law and regulations on national standards for food quality and safety according to ISO 22000 and Codex Alimentarius.</p>

		<p>health facilities, at least four times during pregnancy.</p> <p>Output 1.7.7: Scale up multiple micronutrient supplementation, targeting 37 000 children 6-24 months in all <i>sucos</i>.</p> <p>Output 1.7.14: Institutionalize, through administrative instruction, training and supportive supervision, practices that focus on a) maternal nutrition counselling and IYCF Counselling during ANC contacts of all SISCa and health facilities at least four times during pregnancy; b) delivery of nutrition services (vitamin A supplementation, deworming and iron folate supplementation); and treatment of common childhood illnesses.</p> <p>Output 3.2.3: Working in partnership with a local NGO, design and test a recipe book on local protein and micronutrient-rich food for a) complementary feeding for children 6-23 months, b) healthy snacks for children 24-59 months; and c) healthy meals and snacks for pregnant mothers.</p> <p>Output 3.2.9: Initiate and observe a national nutrition day annually during world breast-feeding week and use the occasion for nutrition information dissemination.</p>	
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Priority 2: Continue Integrated management of acute malnutrition (including MIYCN SBCC)			
<p>Objective: Reduce the incidence and prevalence of macro and micronutrient deficiencies and associated malnutrition among vulnerable populations.</p>	<p>Strategy 5.4: Accelerate reduction of maternal and child undernutrition through nutrition-specific and nutrition-sensitive interventions.</p> <p>Strategy 6.4: In line with health priorities, continue to improve prevention, treatment and care for diseases affecting nutrition status, including management of acute malnutrition.</p>	<p>Output 1.1. Improved packaging and definition of approach for delivering high impact nutrition Interventions.</p> <p>Output 1.7: Increased access to nutrition screening, preventive nutrition services, treatment of malnutrition and micronutrient deficiencies, and common childhood illnesses.</p> <p>Output 1.76: Implement targeted supplementary feeding for moderate acute malnutrition countrywide, targeting approximately 14 000 children under-five years per year, nationwide.</p> <p>Output 1.3: Improved capacity of service providers to deliver nutrition-specific interventions, nutrition counselling, social mobilization and behavioural change interventions.</p>	<p>Activity 2.1.2A: Increase access to nutrition screening, preventive nutrition services, treatment of malnutrition and micronutrient deficiencies, and common childhood illnesses.</p> <p>Activity 2.1.4B: Strengthening community-based management of acute malnutrition (CMAM) programmes through: (1) Improving capacity of health staff and community health volunteers in identifying malnourished children and women (i.e. through on job/refresher training); (2) improving monitoring, recording, and reporting; (3) ensuring supply of therapeutic and supplementary foods, including improving supply forecasting and management.</p> <p>Activity 2.2.4A: Strengthen the implementation of integrated management of childhood illnesses (IMCI) initiatives, especially diarrhoea prevention and management.</p>
Priority 3: Water, sanitation and hygiene for good nutrition			
<p>Key output 2.2: Improved access to hygiene and sanitation practices.</p> <p>Key output 2.2.1: Implementation and monitoring of national hygiene and sanitation</p>	<p>Strategy 6.1: Improve access to safe water and sanitation in communities, homes, schools and other public facilities.</p> <p>Strategy 6.3: Promote good nutrition and hygiene</p>		<p>Activity 2.4.1A: Scale up the open defecation free (ODF) initiative to all villages.</p> <p>Activity 2.4.1B. Improve sanitation facilities with adequate water supply in the households, schools, health centres and public facilities.</p> <p>Activity 2.4.1C: Promote good practices for sanitary waste management in household, community and</p>

<p>strategy and plan, with focus on making <i>suco</i> open defecation free (ODF), promoting hand washing practices and providing schools and health facilities with adequate water and sanitation facilities.</p> <p>Key output 2.3.1: Implementation and monitoring of national water and sanitation strategy.</p> <p>Key output 3.5.3: Conduct advocacy meeting with relevant sectors and propose establishment of nutrition focal point responsibility in other sectors including health, agriculture, livestock, water, sanitation and hygiene – WASH, education etc. at national and district levels.</p>	<p>practices for all.</p>		<p>public areas, including preventing children’s exposure to human and animal waste.</p> <p>Activity 2.4.2D: Promote hygiene practices and environmental health education, including hand-washing using soap.</p>
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Enabling environment

Priority 1: Improved coordination.

NFSNP (2017)	NNS (2014-19)	PAN-HAM-TL (2014 -25)	Other
<p>Policy implementation: The Food and Nutrition Security Policy brings together multiple agencies and groups within and outside the government. An effective coordination among these stakeholders will therefore be a key to its successful implementation. The National Council on Food Security, Sovereignty and Nutrition (KONSSANTIL), which consists of representatives from ministries and government agencies in the key areas related to food and nutrition security will coordinate and consolidate relevant roles and functions in different government agencies. Investment decisions by different ministries will be aligned, and each ministry will establish a budget line that is dedicated to the</p>	<p>Outcome 3: Enabling national policies, programmes and coordination mechanisms. Output 3.5: Enhanced effectiveness of nutrition coordination mechanisms at national, district and <i>suco</i>-level Output 3.5.6: Functionalize district-level Konssantil coordination mechanisms and conduct periodic meetings.</p>	<p>Activity 2.5.1A: Develop and implement multisectoral national communications strategy and plan, including messages and communication material for priority evidence-based nutrition messages.</p>	

implementation of strategies and action of the Food and Nutrition Security Policy. With well-coordinated political leadership, the KONSSANTIL will seek support and mobilize resources from private sector and development partners.			
Priority 2: Improved resources.			
NFSNP (2017)	NNS (2014-19)	PAN-HAM-TL (2014 -25)	Other
As above	<p>Need for a Costed Strategy: The strategy implementation will need resources and, in-order to mobilize resources, there is a need to do realistic costings. Strategy development should be followed by the development of a costed operational plan.</p> <p>Policy advocacy and resource mobilization: Need to give visibility to nutrition problems and nutrition actions and to place strategy</p>		

	implementation monitoring at a sufficiently high level. Generating, and using evidence for advocacy and developing and implementing a resource mobilization plan need to be important areas of this strategy. Also needed is the implementation of budgetary, institutional capacity development, service delivery, community mobilization and monitoring and evaluation actions based on the costed operation plan by respective sectors.		
Priority 3: Improved capacity.			
NFSNP (2017)	NNS (2014-19)	PAN -HAM -TL (2014 -25)	Other
Strategy 3.3: Develop cost-effective methods and build capacity for improved and hygienic production, processing, packaging and marketing of food products (fruits, vegetables, meat and fish products). Strategy 5.1: Strengthen methods and capacity to	Human resources and institutional capacity strengthening: This is critically important for implementation of nutrition interventions. Strategic priority 5: Improved policies and capacity for multisectoral nutrition action: Key areas	Output 2.5.5: Strengthened nutrition capacity of implementing and coordination agencies. Activity 2.5.5B: Improve human resources and capacity in nutrition. Activity 2.5.5C: Develop a national capacity-building plan for nutrition, especially strengthening of PSF and caregivers' capacity to read MUAC, measurements of weight and height	

<p>assess and map communities that are vulnerable to food and nutrition insecurity for effective targeted interventions.</p> <p>Strategy 4.4: Expand appropriately-designed microfinance (including access to capital and micro-credit) and small enterprise development skill training programmes.</p> <p>Strategy 4.5: In line with the National Youth Policy, provide quality technical and vocational training for young people.</p>	<p>for intervention are improving capacities of institutions working on nutrition; improving coordination; improving human capacity in nutrition; improving quantity and quality of information available on nutrition; and increasing investment in nutrition.</p> <p>Output 1.2: Improved structure and capacity for nutrition programme management at all levels,</p> <p>Output 1.2.6: Conduct nutrition capacity assessment of all relevant ministries (signatories of Comoro Declaration).</p> <p>Output 1.2.7: Conduct nutrition training needs assessment, including mapping human resource gaps, especially in health facilities, outreach and community volunteer groups.</p> <p>Output 1.2.8: Development of nutrition human resource development (NHRD) plan (preferably as part of each</p>	<p>and the use of growth curves for early detection of malnutrition by health staff and community volunteers (i.e. through training of trainers and on-the-job training).</p> <p>Activity 2.5.5D Integrate nutrition and food security into pre-service curriculum for doctors and nurses</p> <p>Activity 2.5.2B: Develop capacity of Ministry of Health, CBOs, NGOs networks at <i>suco</i> level to mobilize communities and establish MSGs to promote nutrition behaviour.</p> <p>Activity 3.2.1.B: Develop national capacity-building programme for agricultural research and extension on sustainable and climate-resilient agriculture techniques.</p> <p>Activity 3.2.3.A: Strengthen national capacity for disaster risk reduction and management at all levels.</p> <p>Activity 3.2.3.B: Strengthen early warning information and dissemination systems on climate change and disasters.</p> <p>Activity 3.2.3.C: Strengthen capacity of the national information and early warning system on food security staff and data reporters from cooperating ministries to provide timely data.</p> <p>Activity 4.1.4.B: Strengthen</p>	
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	<p>sector's human resources development plan).</p> <p>Output 1.3: Improved capacity of service providers to deliver nutrition-specific interventions, nutrition counselling, social mobilization and behavioural change interventions.</p>	<p>capacity of farmers, fisherfolk and pastoralists including women's and youth organizations and groups, by providing regular technical and management training.</p> <p>Activity 4.2.3.A: Implement capacity development programmes for women's groups to improve their skills of their members in local food processing and product development, including the use of labour-saving technologies and devices.</p> <p>Activity 5.1.1.C: Expand capacity-building programmes and pilot demonstrations on postharvest management, storage, processing, packaging and handling of key agricultural products to all players in the food supply chain.</p> <p>Activity 1.1.3.B: Provide capacity building for rural youth and poor women to engage value addition of agricultural products and other income-generating activities.</p> <p>Activity 1.2.2.C: Improve and strengthen institutional capacity to collect, analyse and report agricultural and rural statistics.</p> <p>Activity 2.1.1A: Improve capacity of service providers to deliver nutrition-specific interventions, nutrition counselling, social</p>	
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		<p>mobilization and behavioural change interventions.</p> <p>Activity 2.1.4.B: Improve capacity of health staff and volunteers to identify malnourished children and women (i.e. through on-the-job/refresher training).</p> <p>Activity 2.2.1B: Strengthen local capacity on counselling to improve maternal and child nutrition and food security education at community level, including health seeking behaviour and food taboos.</p> <p>Activity 2.2.5E: Improve the delivery of basic service packages by improving capacity at health centres and health posts.</p>	
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Appendix 2. Comparative analysis of Timor-Leste's progress against five SUN and/or CPLP Countries

This is a review of KONSSANTIL progress in terms of food security and nutrition governance in comparison to selected countries that are participating in the Scaling Up Nutrition (SUN) Movement; some of these are also CPLP member countries. The SUN Movement's vision of a world free from malnutrition by 2030 is consistent with the CPLP ESAN (Strategy on Food Security and Nutrition), and Timor-Leste's endorsement of the Zero Hunger Challenge, under which it has pledged to strive to eliminate hunger and achieve food security by 2030. The SUN Movement, ESAN and the Zero Hunger Challenge all recognize the importance of strengthened governance, elevated visibility and improved multisectoral coordination in pursuing food security and eradicating malnutrition. To this end, Timor-Leste has made noteworthy progress in establishing KONSSANTIL and developing multisectoral nutrition-specific and nutrition-sensitive plans. Yet gaps remain in nutrition governance, and opportunities exist to strengthen the social, legislative, economic and political environment around nutrition action.

The SUN Movement has identified four processes that are critical to the pursuit of its strategic objectives at the national level:

1. bringing people together in the same space for action;
2. ensuring a coherent policy and legal framework;
3. aligning actions around common results;
4. tracking finance and mobilizing resources.

An annual joint-assessment exercise provides an opportunity for national stakeholders to reflect on progress, align their efforts and set priorities together. This analysis of achievements, opportunities and gaps is based on the 2017 results of this exercise in five SUN countries and draws on information around the current nutrition and food security governance context in Timor-Leste.

The five SUN countries selected for analysis are:

1. **Indonesia**, Timor-Leste's nearest neighbor, has a closely linked recent history. Timor-Leste and parts of Indonesia share similar challenges in terms of food insecurity and malnutrition.
2. **Nepal** and **Malawi** are recognized to be strong performers in terms of FSN governance.
3. **Mozambique** and **Guinea Bissau** are both SUN members and members of CPLP. Timor-Leste engages closely with these countries in pursuit of food security through the Food and Nutrition Security Council of CPLP.

These countries participated in the Joint-Assessment Exercise, which brought together in-country stakeholders working to scale up nutrition, including representatives from government, civil society, science and academia, donors, United Nations agencies, and businesses. The exercise "assesses progress in SUN countries over a one-year period, supported by evidence and key documents and through reflection on challenges. The exercise offers an opportunity for SUN countries to identify where support is needed the most for realizing joint goals, foster peer-to-peer learning and brings together stakeholders to identify country priorities for the coming year." The findings are presented on the following pages, along with an assessment of the relevant context, gaps and opportunities.

1. Bringing people together into a shared space for action

This indicator recognizes that “coordination mechanisms or platforms enable stakeholders to better work for improved nutrition outcomes. These platforms can serve to bring together a specific stakeholder, or they can be multistakeholder and multisectoral platforms (MSP), with a broader membership, and may help to link stakeholder-specific platforms. Platforms can exist at both the national and subnational level, with the two levels often being linked.” According to the 2018 joint-assessment exercise, multistakeholder platform reporting template, “MSPs are seen as operational when they enable the delivery of joint results, on issues relevant to nutrition. MSPs are also deemed functional if they enable the mobilization and engagement of relevant stakeholders, assist relevant national bodies in their decision-making, spur consensus around joint interests and recommendations, and foster dialogue, at the subnational level.”³⁵⁶

Progress markers include the following:

1.1: Select/develop coordinating mechanisms at the country level: The presence of both stakeholder-specific and multistakeholder platforms or mechanisms, and how they are linked. Platforms focusing on scaling up nutrition may have either been developed from existing mechanisms, or have been created recently, and specifically, for this purpose.

1.2: Coordinate internally and expand membership/engage with other actors for broader influence: The internal coordination, among members, achieved by the multistakeholder platform. This marker also looks at efforts to increase collective influence by engaging new actors and stakeholders, resulting in expanded membership. This can encompass subnational platforms or actors, grassroots-focused organizations, or the executive branch of government, for example

1.3: Engage within/contribute to the multistakeholder platform (MSP): Whether the MSP fosters collaboration among stakeholders, at the national level on issues most relevant to the nutrition agenda, in addition to commitment and follow-through. When relevant, interactions at the subnational level should also be addressed.

1.4: Track, report and reflect on own contributions and accomplishments: Whether the MSP tracks and reports on implementation of agreed actions by individual actors and stakeholders, and their contribution to the MSP’s progress toward achieving agreed priorities. The MSP’s ability to foster accountability is also considered.

1.5: Sustain the political impact of the multistakeholder platform: The extent to which a multisectoral, multistakeholder approach to nutrition is accepted as a national priority and institutionalized by all stakeholders.

³⁵⁶ SUN. 2018. *Joint-Assessment Exercise Multistakeholder platform Reporting Template*. http://docs.scalingupnutrition.org/wp-content/uploads/2018/06/Reporting-Template_SUN-Joint-Annual-Assessment-2018_ENG.docx

Country	Progress against the objective 1: Bringing people together into a shared space for action
Timor-Leste	<p><i>Timor-Leste is not a SUN country and has not taken part in SUN's Joint-Assessment Exercises, so the notes are based on this report's analysis.</i></p> <p>The GoTL has established a high-level National Council for Food Security, Sovereignty and Nutrition in Timor-Leste (KONSSANTIL) to engage a range of sectors in combating malnutrition and food insecurity.</p> <p>KONSSANTIL permanent technical group (GTP) meetings are inclusive and take place on a regular basis.</p> <p>Municipal KONSSANTIL statutes have been discussed and KONSSANTIL is effective in some municipalities.</p> <p>KONSSANTIL statutes have been drafted but not officially recognized.</p> <p>No KONSSANTIL reporting/tracking system exists on each stakeholder's contribution and accomplishment.</p> <p>KONSSANTIL has made progress on prioritizing FSN interventions by each sector.</p> <p>According to the initially agreed structure (See Appendix 3), KONSSANTIL is to be chaired by the prime minister, but this responsibility has been delegated to the Minister of Agriculture. Consequently, the body has lost its supra ministerial convening power and the group's focus tends to be on agriculture and food security.³⁵⁷</p>
Nepal	<p>In 2012, the Government of Nepal formed the National Nutrition and Food Security Coordination Committee, chaired by the honourable member of the National Planning Commission (NPC). Key responsibilities of this committee include the development of a national strategy and plan under the policy direction and guidance of the High-Level Nutrition and Food Security Steering Committee (HLNFSSC), and provision of guidance to subnational committees. The involvement of civil society organizations in Nepal has been limited to the national level, particularly focusing on advocacy-related activities. No progress has been made on private sector engagement in nutrition.³⁵⁸</p>
Indonesia	<p>The government launched Presidential Instruction No. 1 of 2017 establishing a community movement for a healthy life (Germas³⁵⁹), with a multisectoral approach that involves 18 line ministries and institutions. The Germas movement is aligned with and supports the implementation of the SUN movement in Indonesia. The President of Indonesia's strong commitment to nutrition improvement was strongly showcased during his presentation of the Ten Key Messages on Health Issues, at the 2017 National Coordination</p>

³⁵⁷ Provo, A., Atwood, S., Sullivan, E., & Mbuya, N. 2016. *Malnutrition in Timor-Leste: a review of the burden, drivers, and potential response*. World Bank Working Paper.

³⁵⁸ **Scaling Up Nutrition (SUN) Movement**. 2017. *Annual progress report 2017*. Geneva.

³⁵⁹ Community movement for healthy life.

	Meeting for Health (Rakerkesnas). Since 2016, the World Bank has led the Donor and UN Country Network on Nutrition (DUNCNN), with UNICEF as co-convenor. The SUN Business Network Indonesia has expanded its membership to include businesses working on nutrition-sensitive programmes. ³⁶⁰
Malawi	Multisectoral platforms in Malawi are in place and function at national, district and community levels. The Department of Nutrition, HIV and AIDS (DNHA) is the convening and coordinating institution for nutrition and the secretariat for all MSPs. All key sectors belong to the MSPs and contribute to development and review of policies and plans. Currently, in the review of the National Development Agenda, nutrition is emerging as a standalone priority. There is continuous engagement of the political leadership through the MSP, with high-level nutrition meetings and monitoring visits taking place with parliamentarians and permanent secretaries. The First Lady of the Republic of Malawi, Dr Gertrude Mutharika, has been instrumental in increasing the visibility and public awareness of nutrition. ³⁶¹
Guinea Bissau	The MSP is functioning , with relevant stakeholders mobilized and engaged, and common results are being achieved through stakeholder interactions. At the December 2016 cabinet meeting, the prime minister officially recognized the multisectoral nutrition committee and the SUN government focal point. The new United Nations SUN network (comprising UNICEF, FAO, WHO, UNFPA, WFP and the World Bank) is led by the WFP representative. The sectoral ministry, civil society, donor and United Nations focal points have been appointed and are actively involved in the platform. The relevant national authorities support platform decision-making, with a view to building consensus and producing joint recommendations to enable local dialogue. The nutrition committee's annual workplan for 2017 is currently being drafted. ³⁶²
Mozambique	The MSP for nutrition , convened by the technical working group of the 2010-2020 Programme for the Reduction of Chronic Undernutrition (GT-PAMRDC) through the Technical Secretariat for Food Security and Nutrition (SETSAN), has ensured capacity-building for provincial technical groups on the inclusion of nutrition in provincial and district economic plans. The PAMRDC is now decentralized to all 11 provinces, but it has proved challenging to ensure the participation of all sectors at the district level. Two provinces have initiated this process. A SUN business network (SBN) kick-off meeting and consultative workshop was conducted with the participation of stakeholders from the private sector, donors, civil society, UN and the government. Civil society networks have been established in four provinces. ³⁶³

³⁶⁰ *Ibid.*

³⁶¹ *Ibid.*

³⁶² *Ibid.*

³⁶³ *Ibid.*

In seeking to improve its performance on this objective, Timor-Leste could consider the following:

- Sustain progress at policy dialogue at technical level (increase civil society and private sector engagement).
- Sustain policy dialogue at municipal level (foster head of municipality leadership and create municipal KONSSANTIL secretariat).
- Foster high-level commitment (involving ministers).
- Provide a legal basis for KONSSANTIL (finalize an approved statute).
- Provide relevant resources and a clear mandate to the KONSSANTIL secretariat (should produce reports, track progress and have some M&E functions).

2. Ensuring a coherent policy and legal framework

Based on the premise that “a coherent policy and legal framework should inform and guide how in-country stakeholders work together” this indicator emphasizes that “updated policies, strategies and legislations are fundamental to prevent conflict of interest among the wide range of actors involved in a complex societal topic such as nutrition.”³⁶⁴

Progress markers include:

2.1: Continuously analyze existing nutrition-relevant policies and legislation: The extent to which existing nutrition-relevant (specific and sensitive) policies and legislation are analyzed using multisectoral consultative processes, with inputs from various stakeholders, and civil society in particular; with available stock-taking documents and continuous context analysis to inform and guide policy-making.

2.2: Continuously engage in advocacy to influence the development, updating and dissemination of relevant policy and legal frameworks: The extent to which in-country stakeholders work together and contribute, influence and advocate for the development of new or updated and improved nutrition policy and legal frameworks and their dissemination (i.e. advocacy and communication strategies are in place to support the dissemination of relevant policies). This progress marker focuses on how countries ascertain policy and legal coherence across different ministries and try to broaden political support by encouraging parliamentary engagement. It also focuses on the efforts of in-country stakeholders to influence decision-makers on legislation and evidence-based policies that empower women and girls through equity-based approaches.

2.3: Develop or update coherent policies and legal frameworks through coordinated and harmonized in-country stakeholder efforts: The extent to which in-country stakeholders – the government (i.e. line ministries) and non-state partners – coordinate their inputs to ensure the development of coherent policy and legislative frameworks.

2.4: Operationalize/enforce legal framework: The availability of mechanisms to operationalize and enforce legislation, such as the International Code of Marketing of Breast Milk Substitutes, maternity protection, paternity and parental leave laws, food fortification legislation, the right to food, among others.

2.5: Track and report for learning and sustaining the policy and legislative impact: The extent to which existing policies and legislation have been reviewed and evaluated to document good practices, and the extent to which lessons are shared by different constituencies within the multistakeholder platforms.

³⁶⁴ SUN. 2018. *Joint-Assessment Exercise Multistakeholder platform Reporting Template*. http://docs.scalingupnutrition.org/wp-content/uploads/2018/06/Reporting-Template_SUN-Joint-Annual-Assessment-2018_ENG.docx.

Country	Progress against the objective 2: Ensuring a coherent policy and legal framework
Timor-Leste	<p><i>Timor-Leste is not a SUN country and has not taken part in SUN's Joint-Assessment Exercises, so the notes are based on this report's analysis.</i></p> <p>Analysis of existing nutrition-relevant policies and legislation occurs, but not on a multisectoral basis. The process is scattered; represents a missed opportunity for KONSSANTIL.</p> <p>Advocacy efforts exist but are not, or not well, coordinated.</p> <p>Policies are usually developed in a relatively inclusive manner, involving a large range of stakeholders (including CSOs) and consultations.</p> <p>Legal framework is missing a lot starting with KONSSANTIL. That also includes aspects such as Code of Marketing of Breast Milk Substitutes, maternity protection and paternity and parental leave laws, food fortification legislation, and the right to food.</p> <p>Policies and laws are not systematically reviewed and evaluated.</p>
Nepal	<p>The issue of malnutrition is clearly reflected in national policy documents including the National Health Policy 2014, the Government's Periodic Plan (2016-2018), and the National Health Sector Strategy (2015-2020). Existing laws, regulations and policies relevant to nutrition include the 1997 Food Act, the 1970 Food Regulation, the 1998 Iodised Salt Act, the 1992 Mother's Milk Substitutes Act, the 1994 Mother's Milk Substitutes Regulation, and the 1963 Breast Feeding Regulation. In 2016, the Government developed a costing framework "Costing of Gender Equality Instruments in Nepal" which is being implemented. The Golden 1,000 Days Public Awareness Campaign continued throughout 2016.³⁶⁵</p>
Indonesia	<p>Ministries of agriculture and national development planning are currently drafting a presidential decree on strategic policy for food and nutrition, as a regulation to operationalize the 2015-2019 National Action Plan on Food and Nutrition (RAN-PG). The government's National Annual Work Plan (RKP) 2017 highlights the acceleration of nutrition goals a national priority. In November 2016, the minister of health issued Regulation No. 58 on sponsorship for healthcare professionals by pharmaceutical or healthcare companies to prevent conflict of interests, improve transparency and render non-partial health services.³⁶⁶</p>
Malawi	<p>The National Nutrition Policy and Strategic Plan has been reviewed and aligned with the Malawi Growth and Development Strategy III (MGDS III), which has redefined the National Nutrition Programme. Stakeholders have started aligning interventions to the Policy and Strategic Plan. A draft Food and Nutrition Bill has been developed, in consultation with different stakeholders. The MSP has been consulted on the review and validation of key policies and plans, including the Food and Nutrition Bill (awaiting cabinet approval), as well as development of a monitoring and evaluation framework. Sector-specific policies and plans,</p>

³⁶⁵ Scaling Up Nutrition (SUN) Movement. 2017. *Annual progress report 2017*. Geneva

³⁶⁶ *Ibid.*

	especially for agriculture, gender equality and climate change, have also been reviewed to ensure alignment with the MGDS III, the National Multisectoral Nutrition Policy, the global nutrition agenda and the Sustainable Development Goals (SDGs). ³⁶⁷
Guinea Bissau	The national authorities have approved the national nutrition policy, and the school canteen policy is awaiting signature by the national assembly. Various stakeholders promote the inclusion of nutrition in sectoral policies and development programmes. The United Nations has made contact with members of parliament, following a communication from the inter-parliamentary union calling for convening nutrition-specific meetings. There are also plans for a national dialogue on nutrition and a national nutrition day. The United Nations network is willing to support the newly appointed SUN government focal point. ³⁶⁸
Mozambique	New laws, strategies and plans have been approved in the past year, including the provincial PAMRDC; a law on food fortification, as well as a food fortification strategy; a communication strategy for nutrition behavioural change; sectoral economic and social plans with nutrition components; and an operational plan for agrarian development. Advocacy campaigns by civil society have targeted policy-makers to foster ownership and accountability, and to position nutrition as a key factor for the well-being, income and development of children, families, communities, and the country. ³⁶⁹

In seeking to improve its performance on this objective, Timor-Leste could consider the following:

- Develop and enforce relevant laws and regulations related to critical issues such as food fortification or the Code of Marketing of Breast Milk Substitutes.
- Systematically review and evaluate FSN policies and legislation.
- Use KONSSANTIL as a platform to coordinate advocacy efforts.

³⁶⁷ *Ibid.*

³⁶⁸ *Ibid*

³⁶⁹ *Ibid*

3. Aligning actions around a common results framework

According to the Joint-Assessment Exercise multistakeholder platform reporting template, “the alignment of actions across sectors that significantly contribute to improvements in nutrition demonstrates the extent to which multiple sectors and stakeholders are effectively working together, and the extent to which the policies and legislations are operationalized to ensure that everyone, women and children in particular, benefit from improved nutrition... The term ‘common results framework’ is used to describe a set of expected results agreed upon across different sectors of government and among key stakeholders, through a negotiated process. The existence of agreed common results would enable stakeholders to make their actions more nutrition driven through increased coordination or integration. In practice, a CRF may result in a set of documents that are recognized as a reference point for all sectors and stakeholders that work together for scaling up nutrition.”

Progress markers include:

3.1: Align existing actions around national nutrition targets/policies: The extent to which in-country stakeholder groups take stock of what exists and align their own plans and programming for nutrition to reflect national policies and priorities; and the alignment of actions across sectors and among relevant stakeholders that significantly contribute toward improved nutrition.

3.2: Translate policy and legal frameworks into an actionable common results framework (CRF) for scaling up nutrition at the national and sub-national level: The extent to which in-country stakeholders agree on a CRF to effectively align interventions for improved nutrition. The CRF is recognized as the guidance for medium to long-term implementation of actions, with clearly identified nutrition targets. Ideally, the CRF should identify coordination mechanisms (and related capacities) and define the roles and responsibilities of each stakeholder. It should include an implementation matrix, an M&E framework and costed interventions, including cost estimates for advocacy, coordination and M&E.

3.3: Organize and implement annual priorities as per the CRF: The sequencing and implementation of priority actions at the national and subnational level. This requires, on the one hand, a clear understanding of gaps in terms of delivery capacity and, on the other hand, a willingness from in-country and global stakeholders to mobilize technical expertise to respond to the identified needs in a timely fashion and a coordinated manner.

3.4: Jointly monitor priority actions as per the CRF: How information systems are used to monitor the implementation of priority actions for good nutrition; and the availability of joint progress reports that can meaningfully inform and guide the refinement of interventions and contribute toward harmonized targeting and coordinated service delivery among in-country stakeholders.

3.5: Evaluate the implementation of actions to understand, achieve and sustain nutrition impacts: How results and success are being evaluated to inform implementation decision-making and build the evidence base for improved nutrition

Country	Progress against the objective 3: Aligning actions around a common results framework
Timor-Leste	<p><i>Timor-Leste is not a SUN country and has not taken part in SUN's Joint-Assessment Exercises, so the notes are based on this report's analysis.</i></p> <p>The formulation, understanding and consensus on nutrition priorities for KONSSANTIL are important steps in the right direction to attain this objective.</p> <p>A CRF is still to be completed.</p> <p>Step by step, under the leadership if KONSSANTIL progress is made to align all stakeholders to common priorities.</p> <p>Joint programming and M&E should be developed to reach this goal.</p> <p>KONSSANTIL selection and work around the pilot <i>sucos</i> is a positive step.</p>
Nepal	<p>The Multisector Nutrition Plan (MNSP) 2013-2017 is the umbrella document that covers most of the nutrition-relevant multisectoral policies and regulations. The MSNP helps sectors in mainstreaming nutrition issues. Joint monitoring by sectoral line ministries has been conducted at central and district levels, however, it needs to be strengthened. The regular reporting system is in place – using a management information system – and functions at national and subnational levels. As part of decentralization efforts, nutrition and food security steering committees have been established at the district, village development committee, and municipal levels. The Nepal Nutrition and Food Security Portal was established in 2014 and is functional, although not fully utilized by sectors and is in need of regular updating.³⁷⁰</p>
Indonesia	<p>The National Medium-Term Development Plan (RPJMN) 2015-2019 and the RKP are further translated to the Subnational Medium-Term Development Plan (RPJMD) and Subnational Annual Work Plan (RKPD) by the local governments in provinces and districts. In March 2017, the Ministry of National Development Planning (Bappenas) launched the 2017- 2019 roadmap for the SUN Movement Secretariat of Indonesia with a detailed annual workplan for 2017-2019, which includes a social monitoring mechanism for civil society organizations. In 2017, the government conducted a midterm review of the RPJMN 2015-2019 to evaluate the achievement of the plan's targets. Furthermore, the monitoring and evaluation of RAN-PG are conducted annually as part of joint monitoring.³⁷¹</p>
Malawi	<p>A national multisectoral nutrition M&E framework has been developed and rolled out to districts. This framework guides all nutrition stakeholders in planning, monitoring and reporting, and is aligned with both national and international goals and targets, e.g. the SDGs and World Health Assembly (WHA) targets. Institutional arrangements and implementation frame- works define roles and responsibilities of various stakeholders in the coordination, implementation and monitoring of nutrition interventions.³⁷²</p>

³⁷⁰ *Ibid.*

³⁷¹ *Ibid.*

³⁷² *Ibid.*

Guinea Bissau	The budget for the Strategic Plan is currently being finalized, and will contain a CRF. There are plans to hold a roundtable event to this end. ³⁷³
Mozambique	The establishment of provincial technical working groups has resulted in the design and approval of provincial multisectoral nutrition plans, which complement the national plan. The report of the annual indicator assessment of the implementation of PAMRDC was submitted to the Council of Ministers. This year, the assessment was also carried out at the provincial level, thereby informing provincial governments of the progress. A Mozambican delegation participated in the fourth African SANKALP ³⁷⁴ Meeting on Investment, Innovation and Entrepreneurship in Nairobi. The delegation included people from SETSAN and various food commodity industries. The meeting highlighted the importance of working together to build a community for the promotion of nutrition. ³⁷⁵

In seeking to improve its performance on this objective, Timor-Leste could consider the following:

- Agree, and follow up on FSN-related SMART indicators (i.e. MDD) and coordinated actions (i.e. budget allocation to FSN priorities, joint M&E).
- Develop a CRF for KONSSANTIL.
- Promote joint programming and joint M&E of all nutrition actions under the leadership of KONSSANTIL.
- Develop a simple data management system around a couple of well-targeted and SMART indicators (MDD for example).

³⁷³ *Ibid.*

³⁷⁴ Sankalp Forum was initiated in India in 2009 by Intellectap, part of the Aavishkaar-Intellectap Group, to create a thriving ecosystem for business-led inclusive development. Over the past 9 years, Sankalp has built one of the world's largest impact enterprise focused platforms that has showcased and discovered 1500+ entrepreneurs, through 18+ editions and has connected them to 300+ investors. Sankalp has enabled enterprises and entrepreneurs and has helped raise over USD 240 million in funding. Sankalp Forum engages with Governments, Corporations, influential platforms like the G8 and G20, media and civil society to drive a paradigm shift in inclusive development approaches.

³⁷⁵ *Ibid.*

4. Financing tracking and resource mobilization

According to the 2018 Joint Assessment Exercise Multi-Stakeholder Platform Reporting Template, the financial feasibility of national plans to implement actions for improved nutrition funding requirements “is based on the capability to track planned and actual spending on nutrition across relevant government ministries and from external partners. The existence of plans, with clearly costed actions, helps government authorities and key stakeholders (e.g. UN, donors, business, civil society) align and contribute resources to national priorities, estimate the required budget for implementation and identify financial gaps.”³⁷⁶

Progress markers include:

4.1: Cost and assess the financial feasibility of the CRF: The extent to which the government and all other in-country stakeholders provide inputs for the costing of nutrition-specific and nutrition-sensitive actions across relevant sectors (costing exercises can be performed in various ways, including reviewing current spending or estimating unit costs).

4.2: Track and report on financing for nutrition: The extent to which the government and all other in-country stakeholders are able to track their allocations and expenditures (if available) for nutrition-specific and nutrition-sensitive actions in relevant sectors and to report on finance data, in a transparent manner, with other partners of the MSP, including the government.

4.3: Scale up and align resources including addressing financial shortfalls: Whether the government and other in-country stakeholders identify financial gaps and mobilize additional funds, through increased alignment and allocation of budgets, advocacy, and establishment of specific mechanisms.

4.4: Turn pledges into disbursements: How governments and other in-country stakeholders turn pledges into disbursements; and the ability of donors to look at how their disbursements are timely and in line with the fiscal year.

4.5: Ensure predictability of multi-year funding to sustain implementation results and nutrition impact: How the government and in-country stakeholders collectively ensure predictable and long-term funding for better results and impact.

³⁷⁶ SUN. 2018. *Joint-Assessment Exercise Multistakeholder platform Reporting Template*. http://docs.scalingupnutrition.org/wp-content/uploads/2018/06/Reporting-Template_SUN-Joint-Annual-Assessment-2018_ENG.docx

Country	Progress against the objective 4: Financing tracking and resource mobilization
Timor-Leste	<i>Timor-Leste is not a SUN country and has not taken part in SUN's Joint-Assessment Exercises, so the notes are based on this report's analysis.</i> There is no system to track nutrition sensitive and nutrition specific expenditures. There is no common M&E system. There is no mapping of nutrition interventions (technical and financial) There is little transparency on DPs budget allocations to nutrition and no consistent system to enforce transparency.
Nepal	A financial tracking system is in place, for which the NPC has taken a lead role. The NPC also advocates for a nutrition budget coding system, which will facilitate the tracking of budget allocations for nutrition. A costing assessment method is in place in the Ministry of Health, which allows assessment of the financial status of nutrition-specific interventions (TABUCS: Transaction Accounting and Budget Control System). A common tool is used to prepare the annual programme and budget (LMBIS: Line Ministry Budget Information System). ³⁷⁷
Indonesia	The government's National Long Term Development Plan (RPJPN) 2005-2025 and RPJMN 2015-2019 ensure resource mobilization for nutrition. The Ministry of Finance has committed to increase budget allocation for nutrition improvement, including stunting reduction programmes through performance-based incentives. The Ministry of Health has increased its budget allocation for nutrition-specific programmes, from USD 87.6 million (IDR 1.17 trillion) in 2016 to USD 89.8 million (IDR 1.2 trillion) in 2017.
Malawi	The Nutrition Resource Tracking System (NURTS) seeks to provide projections for nutrition, resource gaps and financing by different sectors. However, a validation exercise of the functionality of NURTS showed that less than 50 percent of partners are reporting adequately (21 stakeholders in 2016). Despite these limitations, the NURTS has been integrated into nutrition M&E systems. The Civil Society Organization Nutrition Alliance (CSONA) tracks nutrition financing. Malawi, through the Department of Nutrition, HIV and AIDS, is in the process of developing sustainable nutrition financing. ³⁷⁸
Guinea Bissau	Twice a year, the United Nations monitors funds allocated to nutrition programmes, as stipulated in the UN Development Assistance Framework (UNDAF) for Guinea-Bissau. Public investment in nutrition was analyzed in 2016 and the Ministry of Finance subsequently published a report. There were plans to hold a donor roundtable event in 2017 to mobilize funds for nutrition. ³⁷⁹

³⁷⁷ **Scaling Up Nutrition (SUN) Movement.** 2017. *Annual Progress Report 2017*. Geneva.

³⁷⁸ *Ibid.*

³⁷⁹ *Ibid.*

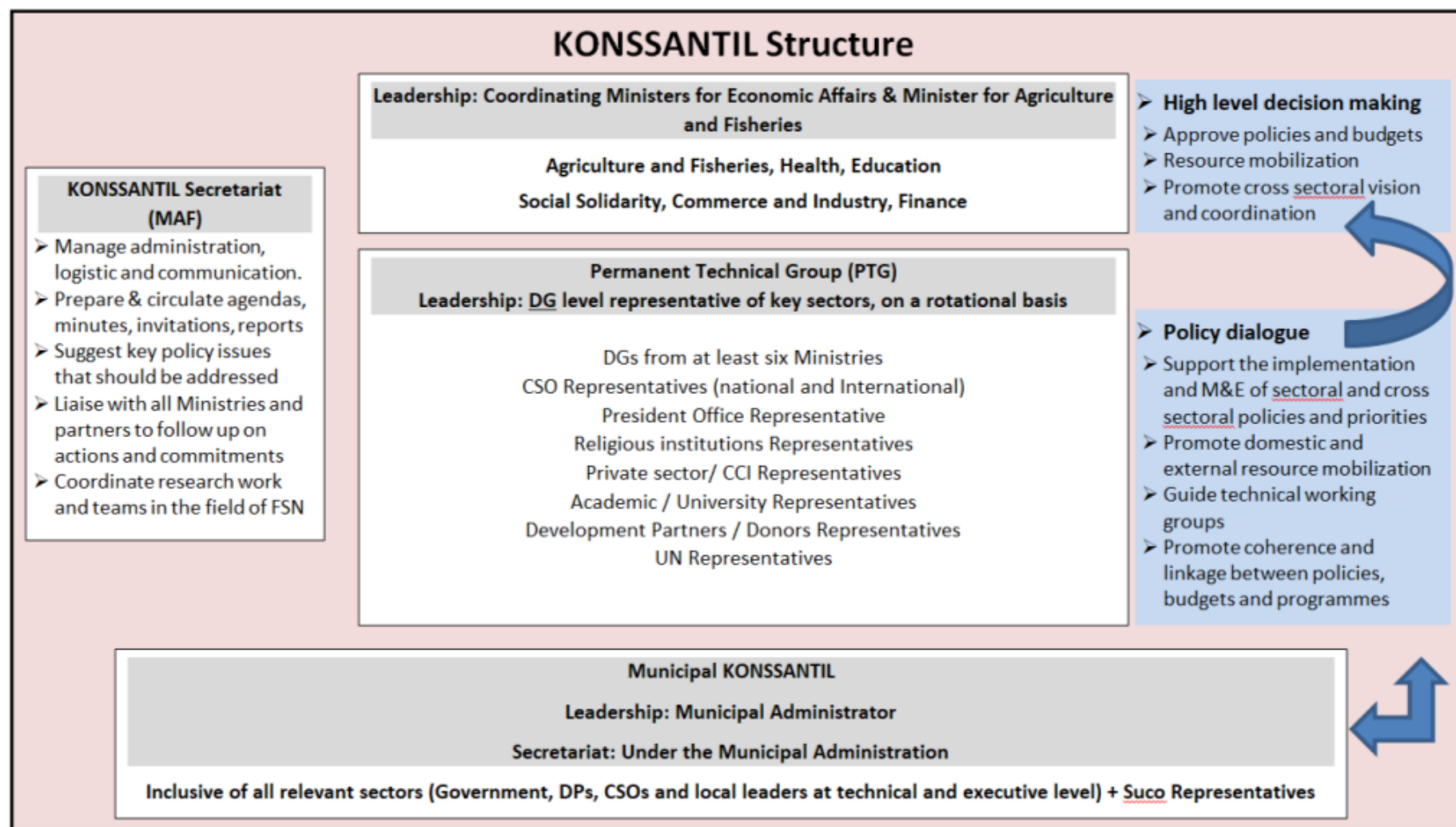
Mozambique	It remains a major challenge to identify funds allocated specifically for nutrition. Only a few sectors are currently able to track amounts allocated for nutrition in national budgets. Overall financial tracking and transparency continues, as funds are channeled through the public finance system (e-SISTAFE). Advocacy for longer-term resource allocation to scale up and expand nutrition activities is done on a continual basis. It is necessary to improve PAMRDC resource allocation to the provinces. ³⁸⁰
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In seeking to improve its performance on this objective, Timor-Leste could consider the following:

- Develop a system to track nutrition sensitive and nutrition specific expenditures linked with sector priorities and a CRF.
- Map nutrition supports
- Based on a mapping, estimate financial gap

³⁸⁰ *Ibid.*

Appendix 3. KONSSANTIL structure *(as per the FNS Policy i.e. not yet approved by the Council of Minister)*





Co-funded by the
European Union