

The opportunity

In 1946 when UNICEF was established in the aftermath of World War II, the organization distributed life-saving milk to millions of children in war-torn countries. Some of those children are still alive today and remember what it meant to receive this nutritious supplement. Many years on, UNICEF is still supporting the nutrition of children. Good nutrition is the bedrock of child survival and development. Well-nourished children are better able to grow, learn, play and participate in their communities than their under-nourished peers. They are also more resilient in the face of crisis.

Today, with the support of partners, there is an opportunity to make a real impact. Over the past two decades, UNICEF has been part of a global effort that has reduced the proportion of children suffering from undernutrition by one third. This has given UNICEF the experience – we know what needs to be done. With dedicated expert staff in Timor-Leste, we have the technical capacity. And we know that the government wants to make progress and achieve the Sustainable Development Goals – we have the political will. And we at UNICEF certainly have the motivation.

Your support of UNICEF's work would generate an excellent return – every US\$1 invested could yield up to US\$35 in economic returns, one of the best value-for-money actions.

UNICEF stands ready to work with partners to uphold the right of every child to nutrition and securing a more just and equitable future for children and their families – today, and on the path to 2030.

Sustainable Development Goal (SDG) 2: No hunger

UNICEF's nutrition programme contributes to the achievement of Sustainable Development Goal 2 – no hunger. Extreme hunger and malnutrition remain a barrier to sustainable development and creates a trap from which people cannot easily escape. Hunger and malnutrition mean less productive individuals who are more prone to disease and thus often unable to earn adequately and improve their livelihoods.







The challenges

An area of great concern is the nutrition status of Timorese children. The percentage of children under 5 years of age that are suffering from stunting – chronic malnutrition – was still very high, at 47 per cent, in 2013. The evidence on the impact of stunting is clear; people who are malnourished as children do not reach their intellectual and physical potential, have lower educational attainment, and earn less as adults. High levels of stunting in Timor-Leste are estimated to induce economic losses equivalent to 2 per cent of GDP per year (World Bank).

Wasting – acute malnutrition – is also a huge burden for children in Timor-Leste. According to a 2020 study, 8.6 per cent of children under 5 are wasted; around 7 per cent suffer from moderate acute malnutrition and almost 1.5 per cent are severely malnourished. Increasing evidence reveals that a wasted child is more likely to become stunted and a stunted child is more likely to become wasted. The periods of being wasted, or having fluctuating weight, increase the risk of becoming stunted later. This high level of acute and chronic malnutrition is directly linked with and exacerbated by the low coverage of basic sanitation – 56 per cent nationally and only 44 per cent in rural areas – with 28 per cent of the rural population still practicing open defecation.

Infant and child feeding practices are considered poor, as 36 per cent (1 in 3) of babies are not exclusively breastfed for the first six months after birth; 65 per cent of children aged 6 to 23 months do not receive the recommended minimum dietary diversity, and 86 per cent of children 6 to 23 months do not receive the recommended minimum acceptable diet.

Undernutrition among adolescents and women, including mothers, is also a serious problem in Timor-Leste. Almost 19 per cent of women of reproductive age (15–49 years) are underweight and almost 39 per cent are anaemic.

Causes of malnutrition in Timor-Leste include insufficient nutrient intake due to poor breastfeeding and feeding practices, inadequate dietary intake among infants and young children, inadequate food safety, poor health-seeking behaviour, inadequate water and sanitation systems, and inappropriate care practices and behaviours. The most affected populations are children under 5, adolescents, women and rural poor communities.

Stunting (or chronic malnutrition) is defined as low height for age (too short). It is the result of chronic or recurrent under-nutrition, usually associated with poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life. Stunting prevents children from reaching their physical and cognitive potential.

Wasting (or acute malnutrition) is defined as low weight for height (too thin). It often indicates recent and severe weight loss, although it can also persist for a long time. It usually occurs when a person has not had food of adequate quality and quantity and/or has had frequent or prolonged illness. Wasting in children is associated with a higher risk of death if not treated properly.



The solutions

All UNICEF nutrition programmes share a universal premise: prevention comes first, in all contexts; if prevention fails, treatment is a must. This means that the primary objective of UNICEF nutrition programmes is to prevent maternal and child malnutrition in all its forms across the life cycle, from conception through early childhood and into adolescence. When efforts to prevent malnutrition fall short, the programmes aim to ensure early detection and treatment of children suffering from life-threatening malnutrition.

UNICEF will drive change in two key areas to improve the nutrition status of Timorese children.

- 1 Children, adolescents and women of reproductive age in all municipalities have access to quality nutrition services to address all forms of malnutrition (with focus on undernutrition) and support optimal growth and development, including in emergencies
 - Support the government to integrate nutrition services in every health-care facility.
 - Ensure that each health facility implements a minimum package of interventions: counselling on appropriate adolescent and maternal nutrition; iron folic acid supplementation for pregnant mothers; counselling, promotion and support for optimum breastfeeding; promotion of recommended complementary feeding practices; multiple micronutrient powder supplementation for children 12–59 months old; and vitamin A supplementation for children 6–59 months old.
 - Support food fortification (salt iodization and fortification of staple foods).
 - Support the government to strengthen the capacity to detect early, refer and treat acute malnutrition in all health facilities.
 - Support the government to strengthen the enabling environment for maternal and child nutrition through improved partnerships, data, knowledge, advocacy and financing.
 - Support strengthening the capacity and accountability for multisectoral coordination of food, health, water and sanitation, education and social protection systems to deliver nutritious diets and essential nutrition services for children, adolescents and women.

- Wey influencers (health-care workers, local authorities, community and faith-based organizations leaders, and community health workers) are well equipped to promote positive social norms and healthy behaviour practices, and improving demand for quality nutrition services
 - Promote proper child feeding practices and good hygiene at the community level.
 - Promote key care practices for child, adolescent and maternal nutrition.
 - Support the government to establish, reactivate, train and mentor mother support groups to promote recommended infant and young child feeding and key care practices.
 - Support the government to review training modules and guidelines for a community infant and young child feeding counselling package.
 - Strengthen the capacity for monitoring, documentation, data and knowledge management on social behaviour change for nutrition.



Impact

By 2025, working with partners in the public and private sectors, UNICEF in Timor-Leste will contribute to the achievement of these key results:



All **health facilities** (442) provide treatment to manage severe acute malnutrition



75 per cent of children 6–23 months old receive multiple **micronutrient powders** (currently 32 per cent)



80 per cent of adolescents receive iron folate/multiple micronutrient tablets (currently 0 per cent)



The International Code on Marketing of Breastmilk Substitutes is adopted



3,318 mother support groups (supporting 35,000 mothers) receive refresher **training on key care practices** with a focus on infant and young child feeding counselling (currently 214 groups)



How to help

UNICEF's work in nutrition requires a budget of US\$9.547 million for 2022–2025. Of this amount, UNICEF has committed US\$2.264 million from its resources. Now, UNICEF is seeking partners from both the private and the public sector to financially support its life-saving nutrition programme with a total amount of US\$7.283 million. Donors can contribute in two ways:

- 1. Contribute to thematic funds and other flexible funds – This type of funding targets a specific goal area of the UNICEF Strategic Plan, such as nutrition, while enabling the Country Office to direct the investments to activities that are most needed within this thematic area. This gives UNICEF's experts the flexibility to focus on interventions that will have the most impact in accelerating results for children.
- 2. Contribute to specific activities If you are interested in contributing to specific solutions, UNICEF is ready to partner with you. UNICEF has developed the following budget for its nutrition work for 2022–2025 and can provide more details on the interventions listed below.

	SOLUTIONS	BUDGET (US\$) 2022-2025*
	Quality nutrition services to address all forms of malnutrition provided and optimal growth and development supported	5.6 million
	Positive social norms and healthy behaviour practices promoted, and demand for quality nutrition services improved	1.683 million

^{*}More detailed budgets for each solution are available.

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Strategies deployed under each solution include:

- Service delivery: Procurement, distribution of supplies and equipment, logistics, transportation, warehousing, infrastructure, direct assistance, cash grants, monitoring and innovation
- Capacity development: Development of materials, training aids, information, education and communication materials, workshops, social mobilization and community empowerment
- Institution building: Development of plans/microplans, institutional mechanisms and tools, guidelines, protocols and standards, coordination, oversight strengthening, management information systems, resourcing and budgeting
- Evidence generation: Situation analysis, research, studies, surveys, evaluation, assessments, generation of profiles, knowledge management and innovative approaches
- Policy dialogue and advocacy: Strategy and policy formulation, convening meetings, organizing workshops, study tours, South-South cooperation, partnership building and media outreach





Cooking up a healthy future for Timor-Leste's children

UNICEF is taking to the country's airwaves to promote nutritious food for the entire family.

There is no doubt that the aroma of a delicious meal being prepared evokes wonderful feelings. Such was the case for the crew on set for the recent filming of the last episode of a television series, known as Sabor a Timor, which showcases recipes from a cookbook developed by the Ministry of Health and UNICEF with support from the European Union. It is aimed at helping caregivers across the country make healthy food choices for children aged 6 months to 5 years and their families.

All the recipes were provided by Mother Support Group members in Dili. Since 2018, the book has been distributed across the country – to 214 Mother Support Groups in five municipalities, all 70 community health centres and 300 health posts. These community health centres, supported by Mother Support Group members, hold cooking demonstrations in communities based on recipes in the book. The demonstrations are attended by parents and caregivers so they get first-hand information on how best to ensure the health of their children and families.

"This cookbook and TV series are all about helping mothers, fathers, caregivers and entire families make healthy and nutritious food choices, but most importantly to make cooking and eating fun," says Scott Whoolery, UNICEF's Deputy Representative. "By ensuring children have a balanced and diverse diet, and that they enjoy eating it, we are giving them the very best chance to thrive and develop to their full potential in life."

The Preliminary Report on the Timor-Leste Food and Nutrition Survey 2020 highlights that complementary feeding is a key challenge among children and that adolescents have the poorest nutritional status for all indicators. It also shows that Timor-Leste's rate of children under 5 years of age who are stunted is very high, at 47 per cent. In a regional context, the recently released 'Asia and the Pacific Regional Overview of Food Security and Nutrition 2020: Maternal and Child Diets at the Heart of Improving Nutrition report' states that Timor-Leste has the highest prevalence of undernourishment in South-East Asia, at more than 40 per cent.

