



# THE NATIONAL MULTISECTOR NUTRITION ACTION PLAN

2024-2030

————— COMBAT STUNTING —————

TIMOR-LESTE

13 March 2025

Prepared by Mission Unit to End Stunting



**UNMICS**  
UNIDADE DE MISSÃO PARA O COMBATE AO STUNTING

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# FOREWORD

Adequate nutrition is a prerequisite for human growth and development, and nutrition to prevent stunting is one of the Government's top priorities. The Government of Timor-Leste has developed this Multisector National Nutrition Action Plan (NAP) 2024 – 2030 to guide the implementation and delivery of nutrition services to accelerate stunting reduction to less than 25 per cent over six years. The plan envisions a well-nourished future population that will effectively contribute to the economic growth and prosperity of Timor-Leste. The plan will facilitate the improvement of the nutritional status of all children 0-23 months and women of reproductive age within the 1000-day window of opportunity.

The NAP intends to galvanise the country's effort towards attaining acceptable levels of stunting and other nutritional indicators that have a bearing on child survival, growth and development, and human capital development. Stunting impacts the country's economic growth and productivity later in life, and investing in nutrition will help protect future productivity. The NAP, therefore, has been built on the aspiration of Zero Hunger (PAN-HAMTIL/CNAP) under Pillar 2, and the NAP provides an important stepping stone towards attaining a hunger and malnutrition-free country.

The development of the Multisector National Nutrition Action Plan came about after slow progress in reducing stunting and the need for concerted efforts to deal with the problem at all levels. The Government also acknowledges that nutrition is multifaceted and that no single sector can address it. It therefore seeks to promote a multisector approach, strengthening the capacity of government sectors based

on their comparative advantage for them to advance nutrition interventions and services. Currently, the delivery of nutrition services has long been executed under one sector and needs to be better coordinated, resulting in the vertical implementation of activities by various stakeholders with little or no impact at household and community levels. The NAP is a government tool for mobilising integrated nutrition resources, standardization, coordination, and improving the quality of nutrition service delivery that addresses stunting.

The Plan further intends to operationalize the implementation of the Zero Hunger (PAN-HAMTIL/ CNAP). The Decree-Law No. 91/2022 of December 2022 created the Mission Unit to Combat Stunting in the Office of the Vice Prime Minister to draft the National Plan to Combat Stunting, implementing the measures provided for in it and contributing to population data concerning the causes and consequences of stunting. The Plan also aims to mobilise the population in general, adopt stunting preventive behaviours, support stunting treatment and mitigation activities and ensure the coordination of administrative bodies and services in combating stunting and child malnutrition.

I am confident that by now everybody is aware that nutrition is a crosscutting issue and requires a multisector approach to address stunting and other forms of malnutrition. I therefore call upon: the public and private sectors; civil society organizations; tradition and faith leaders; and development partners to support the implementation of the NAP by ensuring that their programmes and projects are aligned to it for a united response with a purpose.

**Mariano Assanami Sabino**  
Vice Prime Minister and Minister Coordinator  
Minister for Social Affairs and Minister of  
Rural Development and Community Housing  
& President of CONSSAN-TL

**Francisco Kalbuadi Lay**  
Vice Prime Minister and Minister Coordinator for  
Economic Affairs and Minister of Tourism and  
Environment

# PREFACE

Nutrition disorders continue to be a silent crisis in Timor-Leste despite efforts by the Government and partners to improve the situation. This poses a serious challenge to the attainment of the national growth and development goals as set out in the SDGs. Currently, 47 per cent of children under 5 are chronically malnourished (stunted), 8.6 per cent have acute malnutrition (wasting) and 32 per cent are underweight. Non-communicable nutrition related disorders are also silently contributing to the high mortality rate in the country. Micronutrient deficiencies of vitamin A, iron and iodine are equally high and have long term adverse effects on the intellectual and physical ability of an individual and undermine their academic and professional achievement and productivity later in life.

The Multisector National Nutrition Action Plan (NAP) seeks to enhance the Government's response towards the malnutrition crisis with much focus on stunting. Implementation of the NAP will be complemented with other sector specific plans. Ultimately, it responds to the overarching Zero Hunger (PN-HAM-TIL/ CNAP NFS) in Pillar 2 and complements with Pillars 1, 3 and 5. The Plan also spells out the

institutional and resource requirements for effective implementation and further describes the institutional arrangements and framework as well as the key roles and responsibilities of stakeholders in operationalising the plan. The NAP has provided major priority areas to be emphasized in the first two years with coverage of over 80 per cent for meaningful results while in phase two it promotes continuation and structure enforcements.

It is expected that all nutrition stakeholders in the country will work in close collaboration with the Mission Unit in the Office of the Vice Prime Minister and use this plan to guide and direct design and services provision based on the priorities outlined in this plan in a bid to accelerate reduction in stunting. As the Director Generals from various ministries, we will work together to fulfil the Government's agenda of reducing stunting. Together with our implementing partners, we commit our services to make nutrition more visible in our programmes and projects. Showing our commitment and togetherness we jointly co-sign the NAP:



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Minister of Presidency and Council of Ministers



Sérgio de Jesus Fernandes da Costa Hornal  
Minister of Justice



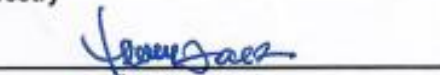
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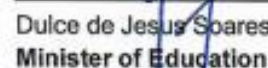
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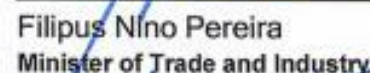
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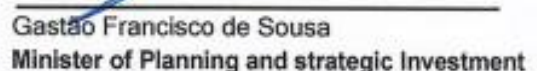
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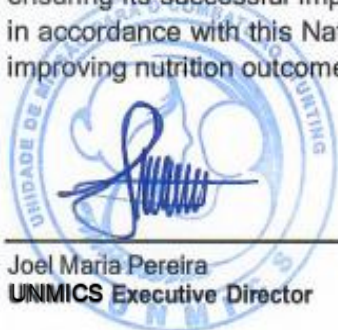
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Timor-Leste has made progress in implementing policies, strategies, and mechanisms to address malnutrition in all forms. Due to the serious consequences of stunting and the need to accelerate its reduction, the government of Timor-Leste established a Mission Unit to Combat Stunting, known as Unidade de Missão para o Combate ao Stunting (UNMICS), through Decree Law No. 91/2022 dated December 22, 2022. This unit was created with a two-year mandate under the office of the Prime Minister. Based on Decree Law No. 46/2023 of July 28, the Organic Law of the IX Constitutional Government, Article 14, Paragraph 3, UNMICS is now under the Minister Coordinator for Social Affairs.

One of the primary mandates of UNMICS is to develop the National Plan to Combat Stunting. To fulfill this mandate, UNMICS, with technical assistance from UNICEF and other partners, has led the development of the National Action Plan for Combating Stunting (PANKOS 2024-2030). This plan was developed through a comprehensive and participatory approach, involving representatives from the relevant Ministries Development Partners and other interested entities. Additionally, UNMICS gathered information and insights from the municipal level to ensure the plan reflects the needs and realities of all regions. The plan aims to disseminate information and raise awareness among the population about the causes and consequences of stunting, mobilize the entire population to adopt behaviors to prevent stunting, provide support for activities related to the treatment and mitigation of stunting conditions, and ensure coordination with relevant institutions in efforts to combat stunting. As we finalize this comprehensive document, your continued support and collaboration will be crucial in ensuring its successful implementation. We urge all line ministries to adjust their plans in accordance with this National Action Plan for Nutrition to achieve our shared goal of improving nutrition outcomes for all citizens of Timor-Leste.



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Joel Maria Pereira  
**UNMICS Executive Director**

# ABBREVIATIONS

AIFAESA	Autoridade de Inspeção e Fiscalização da Actividade Económica, Sanitária e Alimentar
ASEAN	Association of Southeast Asian Nations
EBF	Exclusive Breastfeeding
ECD	Early Childhood Development
EPI	Expanded Programme on Immunisation
BFHI	Baby Friendly Hospital Initiative
CCFLS	Community led Complementary Feeding Sessions
CSOs	Civil Society Organisations
CLN	Centro Logística National
CMAM	Community Based Management of Acute Malnutrition
CNAP-NFS	Consolidated National Action Plan for Nutrition and Food Security
DHS	Demographic and Health Survey
DLI	Disbursement Linked Indicator
DPs	Development Partners
ECD	Early Childhood Development
EU	European Union
FAO	Food and Agriculture Organisation
GMP	Growth Monitoring Promotion
HAZ	Height for Age
IEC	Information Education and Communication
IFA	Iron and Folic Acid
IHF	Integrated Homestead Farming
IMAM	Integrated Management of Acute malnutrition
IMTSA	Inter-Ministerial Taskforce on Social Affairs
IQTL	Instituto Qualidade Timor-Leste (Timor-Leste Quality Institute)
CONSSAN-TL	National Council for Food Security, Sovereignty and Nutrition in Timor-Leste
LICs	Low-income Countries
MAD	Minimum Acceptable Diet
MDD	Minimum Dietary Diversity
MDD-W	Minimum Dietary Diversity for Women
M and E	Monitoring and Evaluation
MEC	Municipal Executive Committee
MICS	Multiple Indicator Cluster Survey
MIYCN	Maternal Infant and Young Child Nutrition
MDGs	Millennium Development Goals
MMF	Minimum Meal Frequency
MMTG	Municipal Multisector Technical reference group
MNSBS	Multisector Nutrition Social and Behaviour Change
NAP	National Multisector Nutrition Action Plan
N4G	Nutrition for Growth
NGOs	Non-Governmental Organisations
NFS-WG	Nutrition and Food Security Working group
NIMS	Nutrition Information Management System
MICS	Multi-cluster Indicator Surveys
MMTCN	Municipal Multisector Technical Committee on Nutrition
NMTCN	National Multisector Technical Committee on Nutrition
NSSP	Nutrition-Sensitive Social Protection

MUAC	Mid Upper Arm Circumference
PAN-HAM-TIL	National Action Plan for a Hunger and Malnutrition Free Timor-Leste
PLW	Pregnant and Lactating Women
PPP	Public Private Partnership
RA	Result Area
RUSF	Ready to Use Supplementary Food
SAC	School Aged Children
SBC	Social and Behaviour Change
SD	Standard Deviation
SDG	Sustainable Development Goals
SUN	Scaling Up Nutrition
TLDHS	Timor-Leste Demographic and Health Survey
TLFNS	Timor-Leste Food and Nutrition Security Policy
TWG	Technical Working Group
TNP	Targeted Nutrition Programme
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNIMICS	Unidade de Missão para o Combate ao <i>Stunting</i>
WASH	Water, Sanitation and hygiene
WB	World Bank
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organisation
WHZ	Weight for Height Z-score
WRA	Women of Reproductive Age

# GLOSSARY

**Adolescence:** A stage of human life at which one transits from childhood to adulthood. It is a period when significant physical, psychological, hormonal, and behavioural changes take place and offers the second window of opportunity for growth and development.

**Adolescents:** Persons aged between 10 and 19 years. Those aged between 10 and 14 years are termed young adolescents while those aged between 15 and 19 years are called older adolescents.

**Food Security:** Exists 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.

**Nutrition Security:** A condition when an individual or a household has access to nutritious and diversified foods that supply nutrients in adequate proportions to meet body requirements coupled with adequate health services, appropriate hygiene, sanitary environment and care practices to ensure a healthy and active life for all household members.

**Food Systems:** This includes all interactions and actors within the food value chain cycle (from production to consumption) including inputs and by-products within the whole system, food production, food handling, food marketing, food processing, marketing, and consumer behaviour.

**Nutrition:** The process by which the body obtains and utilises food. It is the science that interprets the interaction of nutrients and other substances in food in relation to maintenance, growth, reproduction, health, and disease of an organism.

**Optimal Nutrition:** The consumption of food in a quantity and quality sufficient to satisfy the dietary needs of an individual.

**Undernutrition:** A lack of nutrients caused by inadequate dietary intake. It encompasses a range of conditions including acute undernutrition, chronic undernutrition, and micronutrient deficiency.

**Underweight:** A form of undernutrition characterised by low weight-for-age

**Moderate Acute Malnutrition:** Undernutrition indicated by low weight-for-height/length. Otherwise known as moderate wasting (<-2 SD)

**Severe Acute Malnutrition:** Undernutrition indicated by very low weight-for-height/length otherwise known as severe wasting (<-3SD)

**Stunting:** Impaired growth reflected in a child who is too short for his/her age and is the result of chronic or recurrent malnutrition and failure to reach their physical and cognitive potential. Stunting is a contributing risk factor to child mortality and is also a marker of inequalities in human development.

**Moderate Chronic Malnutrition:** This is a form of undernutrition; it reflects retarded growth defined as low height/length-for-age. Otherwise known as moderate (Between -3 and <-2 SD) severe chronic malnutrition also referred as severe stunting (<-3 SD) form of undernutrition

**Nutrition Sensitive Interventions:** These are interventions or programmes that address the underlying and basic determinants of malnutrition.

**Nutrition Specific Interventions:** These are interventions or programmes that address the immediate causes of undernutrition, such as inadequate dietary intake and some of the underlying causes like feeding.

**Nutrition Surveillance:** This refers to monitoring the state of health, nutrition, eating behaviour, and nutrition knowledge of the population for the purpose of planning and evaluating nutrition policy and programmes. Especially in low-income countries, monitoring may include factors that may give early warning of nutritional emergencies.

# 1. INTRODUCTION

The Government of Timor-Leste prioritises nutrition in its 2011 to 2030 Strategic Development Plan (SDP). The SDP guided the development of the National Action Plan for a Hunger and Malnutrition Free Timor-Leste (PAN-HAM-TIL) and the Consolidated National Action Plan for Nutrition and Food Security (CNAP-NFS). The PAN-HAM-TIL/CNAP-NFS is an overarching framework from which sectoral plans are drawn. The National Action Plan (NAP) 2024-2030 upholds Government commitment to eliminate stunting while addressing all other forms of malnutrition. The NAP was informed by the decree-law No. 91/2022 of 22 December and PAN-HAM-TIL goals, aligned with other sectoral plans to galvanise efforts of the National Council for Food Security, Sovereignty and Nutrition in Timor-Leste (CONSSAN-TL). Launched in 2010, the CONSSAN-TL aims to end undernutrition and food insecurity while strengthening government systems to sustain the gains made.

This Multisector National Nutrition Action Plan (NAP 2024-2030) responds to Pillar 2 of the 2014 PAN-HAM-TIL, which seeks to halt the intergenerational cycle of stunting by prioritising health and nutrition of women, adolescents and children through a life cycle approach with a particular focus on the first 1,000 days of life to enable children to grow and develop to their full potential. The 2024 to 2030 NAP also contributes to the promotion of sustained livelihoods and resilience through access to, and consumption of, diverse diets among vulnerable groups while managing food waste as stipulated in Pillars 1, 3 and 5 of the PAN-HAM-TIL. The NAP further intends to serve as a guiding framework to successfully implement doable actions that would facilitate reduction in stunting while strengthening coordinated multisectoral approaches and integrated actions. Given that inadequate nutrition within the first 1,000 days of life has irreversible and life-long consequences, it also emphasizes promotion of optimal maternal and child nutrition in all strategic objectives. The consequences include poor cognition and educational performance, low adult wages, lost productivity and, when accompanied by

excessive weight gain later in childhood, it leads to increased risk of nutrition-related chronic diseases.

To address a wide-range of challenges that prevent Timor-Leste children from achieving their growth and development potential, the plan focuses on prenatal and early-life interventions to prevent growth failure and enhance child survival and development. The interventions outlined include: early initiation of breastfeeding with exclusive breastfeeding up to six months; promotion, protection and support of continued breastfeeding along with appropriate complementary feeding from six months up to two years and beyond; access to diverse and nutritious foods; micronutrient supplementation; blanket complementary feeding; early health seeking behaviours; improved water, early case identification and appropriate care/treatment of children with wasting, maternal nutrition, hygiene and sanitation practices; mother education; targeted fortification; Nutrition Sensitive Social Protection; and, intensive social and behaviour change. If implemented at scale, such interventions can sustainably accelerate a reduction in stunting and other forms of malnutrition.

The Plan outlines the following key result areas based on the global and regional guiding strategies and practices including from the Association of Southeast Asian Nations (ASEAN) and Lancet series: Early childhood nutrition; Adolescent nutrition, Maternal nutrition; Nutrition and care for children with wasting; Partnerships and governance for nutrition; Nutrition sensitive social protection; and, Nutrition in food systems. The key result areas have been derived by unpacking the strategic outcomes of the PAN-HAM-TIL/CNAP-NFS. The Plan lists actions that can be well understood by sectors, municipal, sub-municipal and community levels. Implementation of the Plan is through a harmonised approach that enhances synergy and linkages among various programmes.

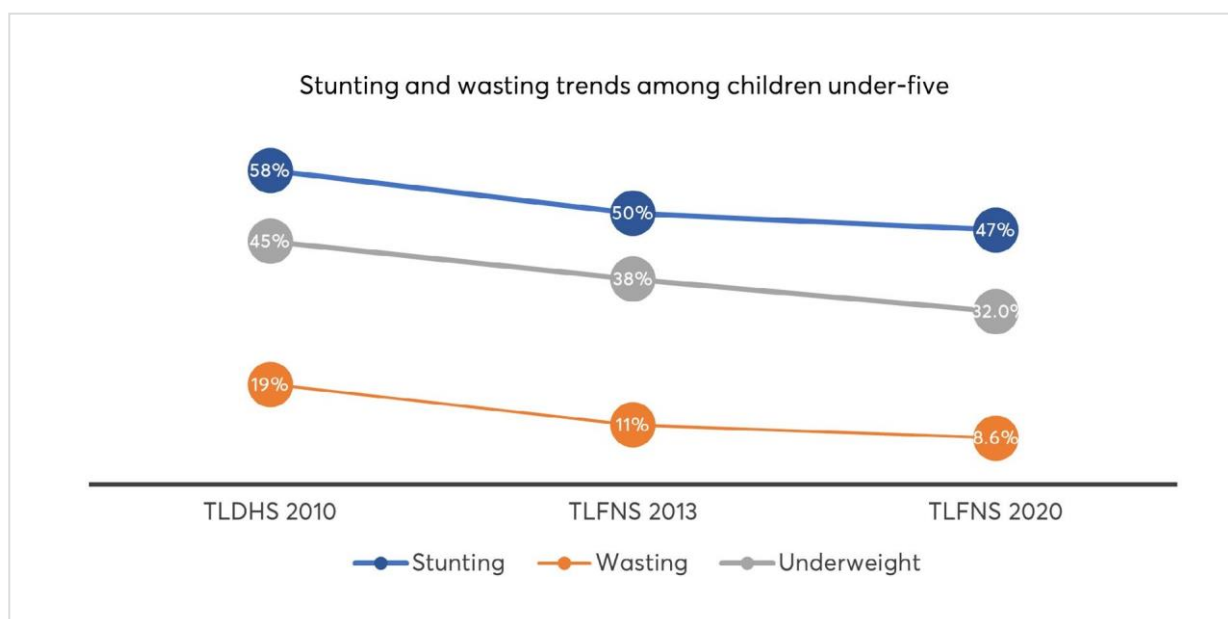
## 2. CONTEXT IN TIMOR-LESTE

### 2.1 Nutrition situation

Timor-Leste has made significant strides in reducing stunting over the years from 58 per cent in 2010, to 47 per cent in 2020 (TLDHS 2010 /TLFNS 2020). Similarly, wasting declined from 19 per cent in 2010 to 8.6 per cent in 2020 (Fig. 1). However, despite registering such strides, stunting is still very high according to World Health Organisation (WHO) classification and higher than the regional Asian average (22 per cent) and is among the highest in the world. Further, anaemia among children under 5 is at 63 per cent (TLFNS 2013) and is categorised

as a severe public health problem (>40% according to WHO). However among women of reproductive age (15 to 49 years), the number is equally high at 38.9 per cent (TLFNS 2013). Anaemia in women is associated with high risk of low birth weight (which in Timor Leste stands at 18.2 per cent) and subsequently puts the child at higher risk of stunting if not addressed in the first 1000 days of life. Furthermore, 18 per cent of adolescent girls are thin (TLFNS) contributing to low-birth-weight babies among teen pregnancies which may lead to a vicious cycle of undernutrition.

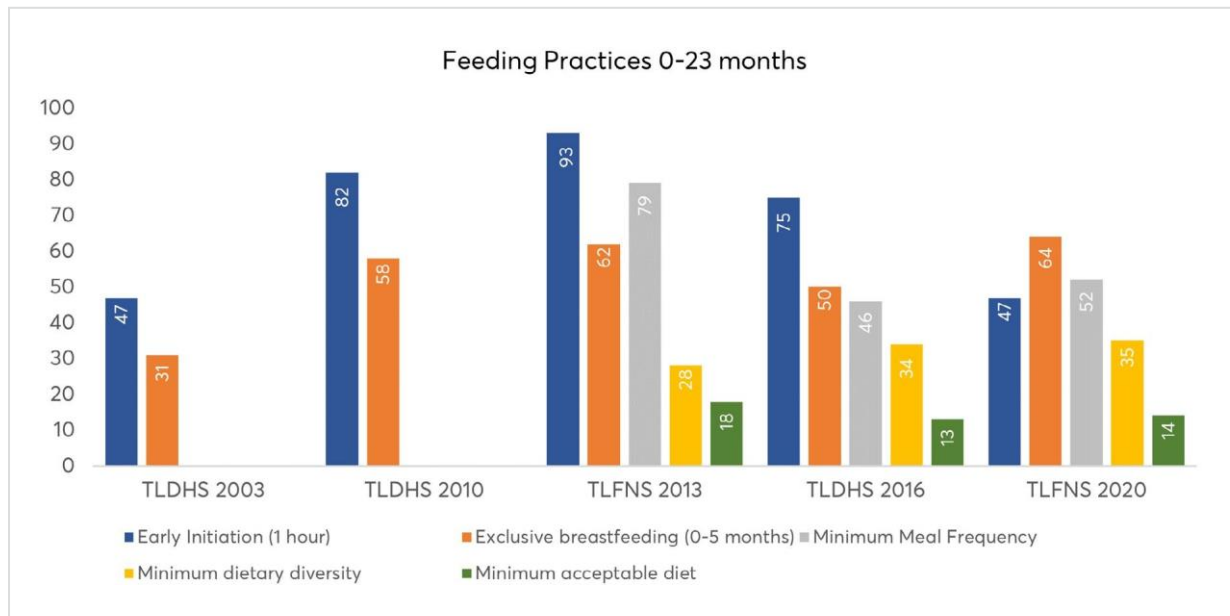
Fig 1: Trends of Stunting and Wasting in Timor-Leste



The rate of underweight children reduced between 2010 and 2020 from 45 per cent to 32 per cent respectively, however, higher prevalence (37 per cent) was registered among children from poorer households compared with wealthier households (27 per cent). Similarly, women with higher education beyond secondary school had a lower per centage of underweight children (22 per cent) compared to those with no education (35 per cent) (TLFNS, 2020). Similarly, improvements in infant and young child feeding practices were also registered during the same period, for example, exclusive breastfeeding (EBF)

among infants 0-5 months increased from 50 per cent in 2016 to 64 per cent in 2020. Exclusive Breast Feeding (EBF) is higher among women living in rural areas at 71 per cent, than women in urban areas at 61 per cent, and lower among wealthier women (57 per cent) than women earning a lower income (72 per cent).

**Fig 2: Infant and Young Child Feeding Practices (2003 - 2020)**



Progress was also made in complementary feeding practices among infants and young children (6-23 months) on meeting the minimum acceptable diets (MAD), dietary diversity (MDD) and meal frequency (MMF) (Fig 2.). These coincided with the decline in under nutrition (Fig 1) between 2013 and 2020 (TLDS). However, feeding practices still remain sub-optimal with only 14 per cent meeting minimum acceptable diets (MAD) and 35 per cent of children meeting the minimum dietary diversity (TLFNS, 2020). Improvements were also registered in young children, for instance: i) meal frequency from 48 per cent in 2016 to 52 per cent in 2020; ii) dietary diversity from 28 per cent to 35 per cent; and iii) minimum acceptable diets from 13 per cent in 2016 to 26 per cent in 2020.

A woman’s nutritional status determines birth outcomes (risk of low birth weight, preterm birth and intrauterine growth retardation). Women of reproductive age (WRA) 15 – 49 years have increased nutritional needs due to their physiological status and become more vulnerable if their dietary needs are not met. The majority of women (65 per cent) met the minimum dietary diversity (MDD-W) but with disparities depending on geographical location with 65 per cent living in urban areas meeting MDD compared to 58 per cent in rural areas (TLFNS). This is also associated with wealth and access to nutritious diets which is compromised among vulnerable and resource poor women. Additionally, the Timor-Leste Food and Nutrition Survey of 2020 reported that,

approximately, 1 in every 5 (19 percent) women of reproductive age group are undernourished, with younger women (15 – 19 years) at more risk compared to older women.

Micronutrient deficiencies are equally a public health concern in Timor-Leste with 3 out of 5 (63 per cent) children 6 – 59 months being anaemic (Hb <110g/L) (Provo, A., et al., 2017) and is higher among children 6 – 23 months. Likewise, vitamin A deficiency is at 8 per cent and is classified as a mild public health problem according to WHO classification. Prevalence of anaemia in mothers (Hb <120g/L) was estimated at 39 per cent and classified as moderate according to WHO classification.

The UNICEF conceptual framework of malnutrition, inadequate dietary intake and disease burden are immediate causes of undernutrition. According to the TLFNS2020, 15 per cent of infants and young children experienced diarrhoea, 10 per cent acute respiratory infection, and 24 per cent presented with fever (two weeks prior to the survey). Frequent episodes of these illnesses are associated with higher rates of wasting often leading to stunting. However, Timor-Leste has high coverage of some child and maternal health and nutrition interventions, for example, the coverage of measles vaccination, vitamin A supplementation (VAS) and deworming are at 86, 78 and 71 per cent respectively. However, the coverage of micronutrient powder aimed at

improving the quality of complementary food for children 6-23 months was low at 18 per cent. Access to antenatal services was reported to be at 64 per cent for 4 to 7 visits and 19 per cent reported having 8 or more visits, TLFNS 2020.

Hygiene and sanitation services are limited with 60 per cent of the population having no hand washing facilities with soap compared to 27 per cent (TLFNS, 2020) (Water, Sanitation and Hygiene UNICEF, September 2022). In addition, less than half (49 per cent) of rural households have access to basic sanitation compared to 74 per cent in urban and 28 per cent of rural households still practice open defecation (TLFNS, 2020). These might lead to frequent episodes of diarrhoea among children leading to undernutrition/stunting.

Decision-making disparities over resource allocation due to power imbalances and societal gender norms dictate resource distribution leading to unequal access to nutritious food and healthcare within a household. These challenges are exacerbated by persistent poverty, chronic food and nutrition insecurity leading to chronic undernutrition among children especially in the first 1000 days. Several other factors that contribute to this complex situation include: widespread poverty; inequality in education; access to health services; frequent natural shocks/disasters; climate-related factors such as El Niño leading to worsening food insecurity (UN, 2018, committee for Development policy 20th plenary session).

## 2.2 Nutrition Response

The Government of Timor-Leste is committed to improving nutritional status and the well-being of the general population especially for children 0 to 23 months, pregnant women and lactating mother in the bid to reducing stunting. To achieve this, Timor-Leste promoted large scale implementation of the 13 high impact cost effective nutrition interventions across the country. Implementation of these interventions are yielding results in improvement of nutritional status of children though at a slow pace. In order to accelerate the reduction in stunting, the Government developed the PAN-HAM-TIL and the Consolidated National Action Plan for Nutrition and Food Security (CNAP-NFS) with clear objectives on nutrition. This was done to enhance implementation of nutrition

interventions in a multisectoral approach through key sectors, however only the Ministry of Health was the most visible player with clearly defined roles and mandate compared to other sectors. Bringing sectors and other actors together requires an effective enabling environment especially: coordination at all levels; human capacity development; positioning of nutrition as a priority area in key sectoral ministries and municipal with dedicated nutritionists; and funding; and setting up clear linkages of service delivery platforms from facility to community level.

The setting up of the high-level leadership of the National Council for Food Security, Sovereignty and Nutrition (CONSSAN-TL) provided an opportunity to advance the nutrition agenda. However, the functionality of the CONSSAN-TL was scaled back in 2015 (Provo, A., et al., 2017, CONSSAN-TL, 2014), due to some challenges which led to the coordination of the office of the Vice Prime Minister. The setting up of the Mission Unit to end stunting in the same office will therefore support the functions of CONSSAN-TL and serve as a catalyst for effective implementation of nutrition interventions in a multisectoral approach while holding each sector accountable based on their mandate.

# 3. NATIONAL NUTRITION ACTION PLAN CONTEXT

This NAP is developed to operationalise the Zero Hunger, CNAP-FNS and PAN-HAM-TIL with a focus on Pillar 2 of the plan while contributing to Pillars 1, 3 and 5.

## 3.1 Purpose

The purpose of this plan is to support acceleration in the reduction of stunting from 47 to <25 per cent while strengthening the systems for governance of nutrition.

## 3.2 Strategic Analysis

An analysis was conducted through: desk review; consultation and key informant interviews with stakeholders at national, municipal and community levels. A number of strengths, weaknesses, opportunities and threats were identified as presented below:

### 3.2.1 Strengths

The inclusion of nutrition in the National Development Agenda and development of an overarching action plan PAN-HAM-TIL/CNAP complemented by sector plans shows government commitment and effort to address nutritional challenges. The plans provide guidance for nutrition programming within sectors and across sectors.

### 3.2.2 Weaknesses

There are multiple high-level plans on nutrition with no overarching National Multisector Nutrition Policy to provide guidance to sectors and stakeholders on nutrition programming. Implementation of nutrition interventions is vertical and not harmonised with accountability by sectors. Social and behaviour change approaches are limited with much focus on the health sector. There is limited programme linkage to provide continuum care for nutrition from facility to community level.

### 3.2.3 Opportunities

The existence of Inter-Ministerial Taskforce on Social Affairs (IMTSA) and the National Council for Food Security, Sovereignty and Nutrition in Timor (CONSSAN-TL) that provides policy

leadership. The creation of the Mission Unit to combat stunting by the Council of Ministers to lead and provide technical leadership in nutrition enhance an effective enabling environment. The presence of donor partners, CSOs, UN among others, are key for supporting nutrition and is an opportunity to advance the practical operationalisation of nutrition interventions at scale.

### 3.2.4 Threats

Natural disasters due to climate such as floods, droughts, and other public health pandemics affecting food and nutrition security including health service delivery. Limited community platforms to deliver nutrition interventions at community level will compromise sustaining gains and community ownership. Competing priorities by both government and development partners may affect funding and implementation of interventions. The absence of an institutionalised coordinating office will affect oversight, harmonisation, leveraging of resources and sustainability of nutrition programmes across the sectors.

# 4. VISION, GOAL, MISSION, OUTCOMES AND OBJECTIVES OF THE NAP

## 4.1 Vision

A well-nourished future population that grows and develops to their fullest potential to effectively contribute to the economic growth and prosperity of Timor-Leste.

## 4.2 Goal

Attain optimal nutrition for all children 0-23 months and women of reproductive age group.

## 4.3 Outcomes

The expected strategic outcomes to be met by 2030 are:

- Reduced percentage of children under 5 who are stunted from 47% to <25%
- Reduced rate of anaemia among children by <40%
- Reduced rate of anaemia among women of reproductive age groups to <20%
- Increased rate of exclusive breastfeeding in the first 6 months from > 80%
- Increased rate of children meeting the Minimum Acceptable Diet 40%
- Improved multi-sectoral nutrition programming and coordination, financing, implementation and accountability

management of acute malnutrition among under five children, pregnant and lactating women.

- iv. Promote social behaviour, change interventions to enhance optimal nutrition.
- v. Improve Nutrition Sensitive Social Protection programmes.
- vi. Improve nutritional status of school aged children and adolescents for optimal growth and development.
- vii. Advocate for healthy and nutritious diet within the food systems that promote for Maternal Infant and Young Child Nutrition.
- viii. Enhance Nutrition Sensitive Water, Sanitation and Hygiene in Nutrition and WASH programmes.
- ix. Enhance delivery of nutrition interventions during emergencies.
- x. Strengthen and create an enabling environment for the effective implementation of nutrition services and programmes that build national, community and household resilience.
- xi. Strengthen Monitoring, Evaluation, Accountability, Research and Learning

## 4.4 Overall objective

The overall objective is to lay a solid sustainable foundation for stunting reduction in Timor-Leste.

## 4.5 Strategic objectives

The strategic objectives of the NAP are to:

- i. Prevent undernutrition with emphasis on stunting.
- ii. Prevent micronutrient deficiencies among vulnerable groups.
- iii. Promote prevention, treatment, and

## BOX 1: KEY ASPIRATIONS OF THE NAP (2024-2030)

The NAP intends to achieve the following:

- Steer the implementation of evidence-based and high impact interventions for sustainable improvements in the nutritional status of infants, young children, pregnant and lactating women with focus on the 1000 days including adolescents and women of reproductive age group.
- Promote adoption of optimal nutrition practices that enhance linear growth and development for children under 2 years to reach their full potential.
- Increase access to key nutrition services by up and out scaling the coverage including supplies.
- Advocate for the institutionalization of a nutrition coordinating office as part of government systems for sustainability.
- Mobilise resources, support partnerships and focus on interventions around shared aims.
- Strengthen institutional and sectoral capacity for effective nutrition service delivery at all levels.
- Promote evidence generation, research and information sharing of best practices in nutrition.

The key strategic areas of investment envisaged under each strategic objective will emphasise high impact interventions known to reduce short and long-term under nutrition. Priority areas have been carefully selected based on the existing gaps in maternal and child nutrition, especially within the first 1000 days of life and are aligned with aspiration of the CNAP-NFS of attaining less than 25% stunting by 2030.

## BOX 2: CLASSIFICATION OF NUTRITION ACTION

### 1. **Direct** health sector nutrition interventions

- Maternal and child micronutrient supplementation
- Maternal and child food supplementation
- Support for early initiation of breastfeeding
- Promotion and support for exclusive and continued breastfeeding
- Promotion of age-appropriate complementary feeding practices
- Management of moderate and severe acute malnutrition
- Anaemia treatment
- Regular growth monitoring coupled with nutrition counselling

### 2. **Indirect** health sector nutrition interventions

- Disease prevention and management strategies, especially for diarrhoea

### 3. Other sector interventions **directly** affecting nutrition

- Staple food fortification
- Nutrition interventions in schools including school feeding and nutrition education
- Mass and social media messaging for improved nutrition
- Promotion of age-appropriate complementary feeding in social protection programmes

### 4. Other sector interventions **indirectly** affecting nutrition

- Household food security
- Poverty alleviation strategies
- Women's empowerment
- Early child stimulation
- Water, sanitation, and hygiene interventions
- School health and nutrition

These will define implementation of high impact nutrition actions at the lowest level, by care givers, households, communities and service providers to improve women and children's nutrition to accelerate the reduction of stunting with a focus on the 1000 days as promoted by the Lancet series.

### **BOX 3: NUTRITION INTERVENTIONS WITH HIGH IMPACT WHEN SCALED UP TO FULL COVERAGE**

#### **1. Reductions in child mortality at full coverage**

##### 1.1 Child interventions that reduce child mortality

- Breastfeeding promotion
- Vitamin A supplementation
- Zinc supplementation
- Treatment of moderate and severe acute malnutrition
- Complementary feeding promotion/supplementation

##### 1.2 Maternal interventions that reduce child mortality

- Energy/protein supplementation
- Multiple micronutrients supplementation

#### **2. Reductions in maternal mortality at full coverage**

- Iron and folic acid supplementation

#### **3. Reductions in child stunting at full coverage**

- Zinc supplementation
- Complementary feeding promotion/supplementation
- Hygiene promotion

Adapted from Horton, et al. 2009.

## Strategic Objective 4.5.1: To prevent undernutrition with emphasis on stunting

**Results Area 1:** Improved early childhood nutrition; This will encompass strengthening country programming to prevent undernutrition in the first two years of life namely, stunting, wasting, underweight and micronutrient deficiencies with a focus on Maternal Infant and Young Child Nutrition (MIYCN).

Adequate nutrition before, during and after pregnancy is therefore critical for linear growth and development of the child. Sub-optimal maternal nutrition at conception may result in anaemia and compromised nutritional status of the mother which may result in adverse birth outcomes such as impaired foetal growth, congenital birth defects including spina bifida and congenital iodine deficiency syndrome. Promoting optimal nutrition during the first 1000 days of life is key in reducing stunting. The two stages of nutritional vulnerability for women will help prevent under nutrition in women, low birthweight in newborns and optimal nutrition for the infant.

### BOX 4: SUB-STRATEGIC OUTCOMES TO BE ACHIEVED BY 2024 to 2030

1. Increased rate of newborns initiated on breastfeeding within one hour of birth from 47 to over 70 per cent.
2. Increased rate of children exclusively breastfed from 64 to over 70 per cent in the first 6 months.
3. Increased rate of children 6-23 months meeting minimum acceptable diet by 14 to 40 per cent.

To achieve these, the following strategies shall be promoted:

#### Strategy 4.5.1.1: Promote optimal Maternal Infant and Young Child Nutrition



##### Actions

- a. Develop/review training manual on MIYCN to integrate early stimulation and nurturing and nutrition counselling packages for community and facility platforms including IEC material to incorporate emerging issues.
- b. Conduct community sensitization on optimal maternal nutrition using various channels
- c. Strengthen and scale up community mother groups for delivery of MIYCN interventions.
- d. Develop/Review Adolescent nutrition strategy/plan.
- e. Facilitate integration of MIYCN in other sector plans such as agriculture.
- f. Conduct gap analysis on sector plans and strategies to identify gaps on MIYCN and build their capacity to deliver nutrition services effectively.
- g. Ensure optimal feeding and care for mothers, infants and young children with special medical conditions is delivered.
- h. Strengthen MIYCN between facility and

community platform to ensure continuum of care and support for sustainability by linking with other sectors and players working at community level.

- i. Ensure nutrition counselling sessions for mothers and caregivers using existing service delivery platforms such as growth monitoring and promotion, postnatal and ante-natal clinics, and community platforms.
- j. Monitor implementation of MIYCN interventions in all service delivery platforms-based sector on mandate.
- k. Build capacity of extension workers to deliver MIYCN at village level.
- l. Strengthen coordination between nutrition coordinator and extension worker to ensure complementarity.

#### Strategy 4.5.1.2: Promote stimulation, nurturing, and caring practices before, during and after pregnancy



##### Actions

- a. Revise nutrition training packages to integrate early stimulation and nurturing and other nutrition sensitive interventions for different service delivery points including in patient care.

- b. Roll out the revised integrated nutrition, early stimulation and nurturing package by training service providers (health, agriculture, gender, education, and other community workers).
- c. Develop and disseminate age specific nutrition, stimulation, nurturing and caring messages for all platforms.
- d. Facilitate the development/review of the nutrition training package for pre-schools/ Early Childhood Development (ECD) centres to include stimulation, nurturing and caring
- e. Link children 3 to 5 years to pre-schools for early learning and development.

**Strategy 4.5.1.3: Promote optimal age-appropriate complementary feeding and continued breastfeeding for infants and young children aged 6 - 23 months**



**Actions**

- a. Develop Community led Complementary Feeding and Learning Sessions (CCFLS) manual and training service providers.
- b. Integrate (CCFLS) into community mother groups activities.
- c. Conduct continuous monitoring and mentorship to service providers.
- d. Facilitate the Review/Development, printing and dissemination of age-appropriate complementary feeding guidelines.
- e. Sensitise the general population on age-appropriate complementary feeding using various channels including radios and TVs.
- f. Facilitate provision of blanket (locally available) complementary feeding for children 6 to 24 months, pregnant women, and lactating mothers of children 0 to 6 months.
- g. Conduct baby showers for newly born infants to promoted exclusive breastfeeding and mobilise support from communities to support the mother.
- h. Support the establishment of community structures, build capacity of community workers and volunteers for effective delivery of appropriate complementary feeding sessions in the community.
- i. Conduct community baby showers to promote optimal complementary feeding and continued breastfeeding from 6 to 23 months and beyond.

**Strategy 4.5.1.4: Promote male involvement and address gender and socio - cultural issues that affect optimal MIYCN practices**



**Actions**

- a. Facilitate mobilisation of communities and general population to promote Social and Behaviour Change (SBC) interventions that address gender and socio-cultural issues affecting MIYCN.
- b. Conduct awareness campaigns on the importance of women's empowerment in improving nutrition outcomes.
- c. Design, produce and disseminate education messages on MIYCN aimed at breaking cultural barriers for nutrition.
- d. Facilitate identification of champions at different levels to promote and break cultural barriers for men to participate in nutrition programming.

**Strategy 4.5.1.5: Strengthen and institutionalize the implementation of the baby friendly hospital initiative (BFHI) and enforcement of legal instruments**



**Actions**

- a. Advocacy for institutionalisation and scale up of the Baby Friendly Hospital Initiative (BFHI) in health care services and communities.
- b. Ensure assessment and certification of health facilities as BF hospital/health facility.
- c. Enforce the code of marketing of breastmilk substitutes.
- d. Monitor adherence of the Code of Marketing of Breastmilk substitute including during emergencies.
- e. Advocate for review of the maternity protection law to increase maternity leave.
- f. Conduct civic education sessions at all levels including industries and business on the code of marketing of breastmilk substitutes.
- g. Orient various stakeholders including the media and civil society on the code of marketing of breastmilk substitutes.

## Strategic Objective 4.5.2: To prevent micronutrient deficiencies among vulnerable groups

Micronutrient deficiencies remains a public health concern due to low intake of iron, folate, Vitamins A and B, iodine, zinc and other minerals. The lack of dietary diversity exacerbates the problem and requires a holistic approach to address it. The problem is more significant among children under 5 years, pregnant and lactating mothers, and women of reproductive age group.

Food fortification has been identified as one of the most cost-effective strategies of increasing access to essential micronutrients. In Timor-Leste legal frameworks for food fortification of staple food including salt iodization has not been enforced. This strategic objective aims to address micronutrients deficiencies through multiple strategies and interventions;

**Results Area 2:** Micronutrient promotion; this shall ensure that micronutrient interventions (short, medium and long-term) are promoted to reduce deficiencies with a focus on children and women of reproductive age group.

### Strategy 4.5.2.1: Promote food fortification.



#### Actions

- a. Advocate for food fortification in commonly consumed foods such as rice, sugar, cooking oil, flour, including salt iodization.
- b. Monitor the quality and safety of locally produced and imported foods to meet national fortification standards.
- c. Develop standards for food fortification.
- d. Conduct awareness campaigns to traders and food industries on food standards.
- e. Train port health officers and monitors on monitoring the quality of imported food and in country fortified foods.
- f. Develop fortification logo for use by industries.
- g. Advocate for mandatory fortification on widely consumed staple foods including salt iodization.
- h. Develop policies, standards, and regulations for food labelling, marketing, and taxation.
- i. Enforcement of mandatory fortification.
- j. Strengthen public-private partnerships for food fortification and salt iodization by creating the National Fortification Alliance.

### Strategy 4.5.2.2: Promote micronutrient supplementation.



#### Activities

- a. Scale-up and out scale up Multiple Micronutrient Supplements among pregnant women in all health facilities.
- b. Advocate for scale up of Multiple Micronutrient Supplements to pregnant women and multiple micronutrient powders for children aged 6 to 23 months.
- c. Scale up Iron-Folate Supplementation among

adolescent girls and women of reproductive age groups using various platforms such as schools and community.

- d. Provision of vitamin A supplements and deworming among children under 5 using various platforms such as (campaigns, health facilities, ECD centres).
- e. Advocate for the integration of micronutrient supplementation with other public health programmes/interventions that impact positively on the nutrition status of under 5 children i.e. Expanded Programme on Immunisation (EPI), deworming, and water, hygiene and sanitation.

### Strategy 4.5.2.3: Promote Dietary Diversity

- a. Conduct mobilisation of the general population on recommended food storage, processing, preparation, and utilisation.
- b. Scale up local accessibility and utilisation of biofortified foods.
- c. Advocate for the production of diversified crops and livestock (including indigenous high nutritive value crops, fish; animals such as poultry, small ruminants and milk producing animals for improved nutrition).
- d. Conduct mobilisation campaigns on the importance of consuming a diversified diet that is based on all food groups locally available and context.
- e. Conduct cooking demonstrations to promote dietary diversity for improved nutrition.
- f. Scale up IHF in all communities for optimal nutrition.
- g. Disseminate and strengthen capacity of service providers including community volunteers on utilisation of dietary guidelines to improve dietary practices to reduce stunting and other forms of malnutrition.

### Strategic Objective 4.5.3: To promote prevention, treatment, and management of acute malnutrition among under five children, pregnant and lactating women.

**Results Area 3:** Nutrition and care for children with wasting; this shall encompass strengthening government health care systems in prevention of morbidity and mortality due to acute malnutrition. It will focus on systems strengthening for effective treatment and management of acute malnutrition.

Treatment and management of acute malnutrition is a lifesaving intervention across the life cycle. The Government adopted CMAM/IMAM as strategy for management of acute malnutrition to increase access, coverage, early detection and timely management of acute malnutrition among children. To achieve this objective, the NAP places emphasis on quality of services, early case detection, referral and management.

#### BOX 5: PRIORITY SERVICES FOR STRENGTHENING MANAGEMENT OF ACUTE MALNUTRITION

1. Update CMAM/IMAM to align with the 2023 WHO guidelines.
2. Scale up of CMAM/IMAM, services across the country.
3. Scale up activities that promote early case identification.
4. Strengthen supply chain management, logistics, linkages, and referral mechanisms for continuum of care of children with malnutrition up to the community level including Early Childhood Development centres.
5. Establish/strengthen linkage and follow up system for discharged IMAM patients or most at risk to livelihood programmes.
6. Ensure all treatment centres have stimulation and nurturing materials and spaces for children to play.

#### Strategy 4.5.3.1: Strengthen the implementation of CMAM/IMAM through a lifecycle approach to ensure quality of services.



##### Actions

- a. Advocate and ensure availability of anthropometric/nutrition equipment in all facilities.
- b. Advocate for nutrition supplies for management of acute malnutrition in all health facilities.
- c. Procure and distribute Ready to use supplementary food (RUSF) for management of moderate undernutrition in line with the new WHO guidelines.
- d. Lobby for provision of adequate space for storage the nutrition supplies.
- e. Ensure regular growth monitoring are taking place as schedule.
- f. Ensure necessary capacity is built in management of acute malnutrition to ensure quality of services.
- g. Support creation of linkage in between facility and community platform including livelihood programmes for continuum of care and early case detection.
- h. Link discharged, cured and most at-risk individuals from treatment programmes to social protection and other livelihood programmes.
- i. Advocate for inclusion of nutrition supplies in the Ministry of Health essential supply list for sustainability.
- j. Advocate for establishment of an award in each municipal hospital for timely management of severe acute undernutrition for children with complications.
- k. Advocate for the update of nutrition curriculum for pre-service and para-medical professionals.
- l. Lobby for scale up of Integrated Management of Acute Malnutrition (IMAM/ CMAM) services in all health facilities and communities within the municipals.
- m. Facilitate capacity building of volunteers and caregivers or community caregivers for early case identification and referral using family Mid Upper Arm Circumference (MUAC).
- n. Advocate for inclusion of nutrition supplies in the Ministry of Health logistics management information system for real time monitoring.
- o. Advocate for creation of a safe playing space for malnourished children at treatment centres.
- p. Lobby for provision of stimulation and nurturing materials in treatment centres.

## **Strategic Objective 4.5.4: To promote social behaviour, change interventions to enhance optimal nutrition**

Social and Behaviour Change (SBC) is key in promoting positive change. A well-designed SBC can ignite change in nutritional status at individual, household, community and national levels. It facilitates a shift in policy environment and changes in knowledge, attitudes, practices, norms, beliefs, and actions, which are key in attaining sustainable nutritional outcomes. The NAP therefore shall promote multisectoral social and behaviour change (SBC) approaches through different platforms. This strategic objective aims at promoting a combination of nutrition education and other social behaviour change interventions that facilitate social and measurable change to enhance uptake of optimal nutritional, Water, Sanitation and Hygiene (WASH) interventions among others.

**Results Area 4:** Social and Behaviour Change; this shall ensure that SBC improves uptake of knowledge, altitude and practices on nutrition and health practices.

### **Strategy 4.5.4.1: Facilitate increase in knowledge and skills to promote adoption of positive norms and practices to improve nutrition outcomes.**

#### **Actions**

- a. Develop multisectoral SBC and advocacy strategy.
- b. Review and develop a harmonized national communication material (counselling cards, IEC, job aids for different service delivery platforms) to align with emerging issues.
- c. Review/Develop standardized nutrition key message booklet for use by different community service providers.
- d. Facilitate popularisation of age specific recipe book for use by households, communities, and general population as a tool to end stunting.
- e. Develop and air nutrition messages focusing on stunting using different communication channels.
- f. Institutionalisation of mother support groups across sectors.

### **Strategy 4.5.4.2: Promote behaviour change for collective action and community ownership to enhance nutrition knowledge, skills, attitudes, norms, beliefs, and practices.**

#### **Actions**

- a. Facilitate community awareness on early health seeking behaviour and adoption of positive norms and practices at individual, household and community level using available platforms.
- b. Advocate for engagement of influential leaders to participate in behaviour change activities.

### **Strategy 4.5.4.3: Promote gender transformative stakeholder involvement in social and behaviour change programming at all levels**

#### **Actions**

- a. Advocate for inclusion of gender transformative social behaviour change interventions in national and municipal plans for sustainability.
- b. Conduct barrier analysis to identify bottlenecks in uptake of positive nutrition behaviour.

## Strategic Objective 4.5.5: To promote Nutrition Sensitive Social Protection programmes.

**Results Area 5:** Nutrition Sensitive Social Protection; this shall ensure that social protection systems that reached and provide adequate support to vulnerable households with children under 2 years and pregnant and lactating women to ensure that they access social protection schemes to enhance optimal nutrition.

Social protection programmes can improve access to affordable and nutritious complementary foods and nutrition counselling services among vulnerable households. Nutrition-Sensitive Social Protection (NSSP) such as cash transfers, integrated microcredit, and nutrition education can improve household food security, dietary diversity and caregiver empowerment and have all shown to contribute towards addressing undernutrition. They also address some of the basic causes of child malnutrition by narrowing the gaps in economic access and promoting women's decision-making. In Timor-Leste, social protection has been recognised as a right by the constitution and is understood as a fundamental element of social cohesion and peace, as well as a prerequisite for achieving sustainable and inclusive growth and development. The social protection programmes play a role in eradicating poverty, requiring mobilisation of multiple resources and public expenditure on health, education and social protection of the system itself. The National Strategy for Social Protection (NSSP, 2021-2030) seeks to address the challenges, opportunities and demands in the development of strategic approaches to pursue universal systems. The NSSP also emphasises the importance of addressing poverty, with which nutrition is promoted to deal with undernutrition among vulnerable groups especially in the first 1000 days of life. This strategic objective aims at enhancing social protection interventions to become more nutrition sensitive and strengthen linkages with various platforms to contribute to the reduction of stunting among deprived families.

### Strategy 4.5.5.1: Integrate nutrition in social-protection programmes.

#### Actions

- a. Advocate for the deliberate targeting for households with children under 2 years and pregnant women to contribute to addressing stunting in the first 1000 days of life.
- b. Advocate for national social protection strategic documents to explicitly incorporate nutrition.
- c. Advocate for a review of the social cash protection programme targeting criteria to include households with malnourished children and the most at-risk groups such as households with children under 5 and pregnant women.
- d. Develop guidelines for implementation of cash transfers that aim at promoting optimal nutrition.
- e. Build capacity of municipal teams to design, plan, implement and monitor nutrition sensitive social protection programmes that aim at reducing stunting.
- f. Participate in the design of social protection programmes and policy development to ensure nutrition is adequately integrated.
- g. Develop a comprehensive IEC package for promotion of optimal nutrition in social

protection beneficiaries.

- h. Strengthen linkages and monitoring of cash transfer programmes to limit double dipping.

### Strategy 4.5.5.2: Enhance nutrition uptake among social protection beneficiaries through social behaviour change

#### Actions

- a. Create awareness on the importance of dietary diversity and consumption of micronutrient rich foods among social protection beneficiaries.
- b. Develop/review and harmonise key nutrition and social protection messages for various platforms.
- c. Advocate for the provision of nutritious foods and supplements to ultra-poor households
- d. Develop a comprehensive IEC package for promotion of optimal nutrition in social protection beneficiaries.
- e. Conduct awareness to create demand for early health seeking behaviours among vulnerable groups and ultra-poor households to prevent malnutrition.
- f. Establish linkage between social protection service providers and community nutrition volunteers.

## **Strategic Objective 4.5.6: To improve nutritional status of school aged children and adolescents for optimal growth and development.**

Optimal nutrition in pre and school aged children 3 to 9 years (SAC) and adolescents (10 to 19 years) is key in achieving optimal growth, concentration in class, and education performance. Adolescence is the second window of opportunity for growth, development and breaking the intergenerational cycle of undernutrition including stunting. The SAC and adolescents are the future human capital and require a solid foundation by promoting and investing in nutrition for their growth and development. Poor nutrition in early years (0 to 2 years) slows down physical as well as cognitive development resulting in poor school performance, increased health cost and poor work productivity later in life. This strategic objective aims at addressing the nutritional needs of adolescents, pre and school aged children:

**Results Area 6:** Nutrition in adolescent, pre and school aged; this shall ensure that nutrition contributes to improved nutrition status, school performance and retention among learners.

### **Strategy 4.5.6.1: Promote nutrition and healthy well-being of school aged children and adolescents.**



#### **Activities**

- a. Develop essential nutrition package (IEC materials (training guides, demonstration handbook, leaflets, posters, key message booklets etc), interventions for school aged and adolescents.
- b. Promote school gardens and planting of fruit trees around schools.
- c. Promote access to safe/portable water for drinking.
- d. Develop nutrition guidelines that include locally available recipes for primary and pre-primary.
- e. Conduct community mobilisation to prevent early marriages and keep girls in school.
- f. Develop adolescent nutrition guidelines.
- g. Conduct cooking demonstrations on diversified diets for learners with those responsible for school feeding at community level.
- h. Provide iron-folate supplements to adolescent girls in schools and through other community platforms.
- i. Conduct community mobilisation campaigns on IFA at all levels.
- j. Conduct routine vaccination, deworming, vitamin A supplementation, physical health assessment, WASH, dengue prevention and treatment in all schools.
- k. Build capacity and caregivers on teachers on school health and nutrition interventions.
- l. Conduct assessment effectiveness and impact of the school feeding programme including in ECD.

### **Strategy 4.5.6.2: Promote positive behaviour to enhance knowledge, attitude, norms, beliefs and practices on school aged children and adolescent nutrition.**



#### **Activities**

- a. Conduct community mobilisation campaigns on the importance of optimal nutrition for adolescent growth and development.
- b. Advocate for protection of adolescents from early pregnancy and marriages and keep them in school to break the cycle of undernutrition.
- c. Mobilise adolescents both in and out of school to participate in youth friendly platforms.
- d. Advocate for peer champions to accelerate empowerment of adolescents (identify role models, conduct career talks in schools and community)

## Strategic Objective 4.5.7: To Promote health and nutritious diets within the food systems that promote for Maternal Infant and Young Child Nutrition.

**Results Area 7:** Complementary feeding through health and nutritious diets within the food system; this shall ensure that food systems are responding to the nutritional needs of children 6 – 23 months, pregnant women and lactating mothers through advocating for the production of diversified nutritious crops, food processing, production of nutritious complementary foods and value addition through the value chains. It shall also support empowerment of women through various initiatives in Food systems.

Adequate nutrition in the first 1000 days is a fundamental right for every child to grow and develop to their fullest potential. Children 6 – 23 months who are fed nutritious diversified diets in the right amount and frequency coupled with access to critical health services are more likely to survive, grow, develop and learn. From 6-23 months of age, complementary feeding with adequate amounts of essential nutrients, vitamins, and minerals are required for children to develop to their full physical and cognitive potential, with benefits that endure well into adulthood. The complementary feeding period is also a critical opportunity to prevent stunting and all other forms of childhood malnutrition. In addition, lifelong food preferences, tastes and habits are often established in childhood. The food systems pathway promotes: diversification of food production, value addition, food safety, food waste management, safe food storage, utilisation, food processing, and production of nutritious complementary foods among others. The food system therefore provides an opportunity to strengthen complementary feeding by promoting health and nutritious diets for children 6-23 months, pregnant women and lactating mothers (1000 days of life). This strategic objective aims to advocate for health and nutritious diets within the food systems to respond to the nutritional needs of children within the 1000 days to end stunting as envisioned by PAN-HAMTL/CNAP-NFS.

### Strategy 4.5.7.1: Improve complementary feeding 6-23 months and maternal nutrition through diversified production of nutritious and safe foods.

#### Actions

- Advocate for production of diversified crops including legumes, small ruminants and underutilised food species to enhance complementary feeding.
- Promote Community Led Complementary Feeding Learning Sessions.
- Target women with inputs and access to productive resources.

### Strategy 4.5.7.2: Promote technologies that reduce post-harvest losses in production, storage, preservation and food processing to ensure continued supply of complementary foods.

#### Actions

- Scale up effective technologies for food storage, preservation and processing that promotes nutrient retention for optimal nutrition.
- Train communities on the use of improved technologies for local production of high

nutritious complementary food through value addition within the food systems.

- Support the development of food-based dietary guidelines to improve complementary food for children 6 - 23 months and maternal nutrition.
- Train communities on food budgeting, meal planning and meal preparation to reduce food waste and nutrient loss.
- Encourage women to participate in post-harvest processing and value addition to increase access to nutritious complementary food and income generation.

### Strategy 4.5.7.3: Promote Integrated Homestead Farming (IHF).

#### Actions

- Scale up IHF initiatives to ensure access to food that promote complementary feeding throughout the year.
- Facilitate the development of community demonstration gardens as part of community empowerment and self-reliance.
- Promote the establishment and scale up of seed banks for nutritious crops for easy access of seedlings by communities.
- Train communities on IHF with focus on

- households with children under 5 with an aim to increase access to food with a focus on children 6 - 23 months and pregnant women.
- e. Provide start-up materials (seeds and livestock) for IHF in communities for pass-on programme.
  - f. Integrate IHF in mother groups for optimal complementary feeding.
  - g. Develop models for aquaculture production at household and community level.

**Strategy 4.5.7.4: Advocate for adequate market supply and access of diverse and nutritious foods.**

 **Actions**

- a. Conduct community mobilisation, targeting households with children under 2 and pregnant women to participate in income generating activities to increase access to diversified foods for optimal nutrition.
- b. Train women and youth groups on off-farm income generating activities to obtain sufficient income for food and nutrition requirements.
- c. Advocate for the strengthening of food markets to deliver affordable, sufficient, high quality, and nutritious foods for optimal nutrition within the first 1000 days.
- d. Leveraging community platforms to raise consumer demand for nutritious foods by engaging with key influencers, fostering partnerships to scale-up community-based approaches, and supporting nutrition-sensitive agriculture and livelihoods.

**Strategy 4.5.7.5: Strengthen social and behaviour change communication for improved diets with emphasis on the first 1000 days.**

 **Actions**

- a. Develop, print and disseminate food and nutrition IEC materials that promote dietary diversity, biofortification, under-utilised foods and key messages using different channels (e.g., radio, newspapers, mobile vans, social media, television) and include messages to counteract negative food and nutrition messages and taboos.
- b. Develop age specific recipe books for children 0 - 23 months promoting optimal complementary feeding.
- c. Conduct community awareness campaigns on dietary diversity using different forums and channels (including diversified production and utilisation of nutrient-rich indigenous and

- bio-fortified foods from all food groups) with an emphasis on stunting.
- d. Conduct food and nutrition fairs, food demonstrations and open days using already developed food group charts.
  - e. Conduct household visits to provide tailor made food and nutrition education and counselling and reinforce positive behaviours using positive deviate mothers to improve nutritional status of children 6-23 months, pregnant women and lactating mothers.

**Strategy 4.5.7.6: Promote optimal complementary feeding through food preparation and safety.**

 **Actions**

- a. Sensitise communities on hygienic food preparation and handling to enhance nutrition with the first 1000 days.
- b. Sensitize communities on food selection that promote optimal complementary feeding for children 6-23 months and pregnant mothers.
- c. Promote water, sanitation and hygiene practices at household level.
- d. Follow-up on recommendations from the national food control system assessment report for implementation.

**Strategy 4.5.7.7: Promote gender integration, women and community empowerment and participation for improved maternal and child nutrition in the first 1000 days.**

 **Actions**

- a. Develop guidelines for integration of gender in food and nutrition programmes.
- b. Conduct mobilisation campaigns on gender and social-cultural issues, including male involvement to participate in maternal and child nutrition within the first 1000 days.
- c. Identify positive deviant men as nutrition champions for promoting gender and social-cultural practices in food and nutrition at all levels.
- d. Conduct community sensitization on youth involvement on food and nutrition issues that impact child growth and development especially in the first 1000 days.
- e. Encourage men and youth participation on food and nutrition issues (e.g. development of homestead gardens, food preparation demonstrations and nutrition fairs).

**Strategy 4.5.7.8: Strengthen institutional capacity to effectively implement food and nutrition interventions at all levels.**

 **Actions**

- a. Develop a nutrition-sensitive training package and training extension workers and other cadres with a focus on improving complementary food.
- b. Advocate for the establishment of a nutrition unit and nutrition positions in the Ministry of Agriculture and Fisheries at national level and placement of Food and Nutrition Officer (FNO) at municipal level.
- c. Train extension workers on planning, implementation, monitoring and evaluation of food and nutrition programmes with an emphasis on the first 1000 days.
- d. Conduct capacity needs assessment on food and nutrition for the agriculture sector.
- e. Advocate for the integration of food and nutrition in the agricultural extension curriculum.
- f. Train community mother's groups on optimal complementary feeding practices for the first 1000 days of life.

**Strategy 4.5.7.9: Strengthen food and nutrition monitoring, evaluation, research, and surveillance systems for effective implementation of NAP**

 **Actions**

- a. Advocate for integration of nutrition indicators in the agriculture sector monitoring tool.
- b. Build capacity of service providers on food and nutrition surveillance systems, monitoring, evaluation and research.
- c. Support food and nutrition research and dissemination including development of new recipes using locally available foods.
- d. Advocate for development of a food chart with different food groups for commonly consumed foods into the agriculture and food data system.
- e. Facilitate the provision of community growth charts for the monitoring of progress in their catchment.

## **Strategic Objective 4.5.8: Enhance Nutrition Sensitive Water, Sanitation and Hygiene in Nutrition and WASH programmes**

The environment people are exposed to determines their wellbeing and growing up in a clean and safe environment is every child's right. Access to clean water, basic toilets, and good hygiene practices not only keeps children thriving, but also gives them a healthier start in life. The consequences of unsafe WASH on children can be deadly. Globally, over 700 children under 5 die every day of diarrhoea diseases due to lack of appropriate WASH services. In areas prone to emergencies the problem is much higher. Integrating wash interventions has the potential to contribute to reducing undernutrition. This strategic objective aims to promote the integration of WASH in programmes;

**Results Area 8: Nutrition Sensitive Water, Sanitation and Hygiene;** This shall ensure the integration of WASH activities in all nutrition programmes and vice versa to ensure improved hygiene and sanitation for optimal nutrition among children, pregnant women and lactating mothers.

### **Strategy 4.5.8.1: Improve hygiene and sanitation practices and other public health interventions**



#### **Actions**

- a. Facilitate the integration of WASH interventions in nutrition and WASH programmes.
- b. Use partnerships as an approach in implementing WASH/nutrition integration.
- c. Promotion and provision of WASH interventions to vulnerable households especially those with children under 5, pregnant women and lactating mothers.
- d. Develop a WASH/nutrition package to be implemented at community and household level.
- e. Develop indicators to monitor WASH in nutrition and WASH programmes.
- f. Ensure communities are mobilised on WASH and other public health interventions using different platforms.
- g. Ensure provision of chlorine to pregnant and lactating mothers with children 0 to 24 months.

## Strategic Objective 4.5.9: To enhance delivery of nutrition interventions during emergencies

**Results Area 9:** Maternal and child nutrition in humanitarian/emergency context; to ensure systemic approaches, the NAP shall include this result area in developmental programmes to ensure timely planning and government ownership.

In areas where there are recurrent disasters, nutrition must be included as part of a developmental priority to ensure preparedness is always in place. Beyond treatment and management of acute malnutrition during emergencies there is a need to strengthen delivery of preventive and mitigation interventions such as: maternal, infant and young child nutrition; targeted food rations; and other nutrition sensitive interventions. Further, the code of marketing for breastmilk substitutes must also be enforced.

This strategic objective aims at strengthening implementation of a set of actions that promote optimal nutrition during emergencies and save lives of children, pregnant mothers, lactating women and other vulnerable groups. It will also promote building nutritional resilience of households and communities to ensure that community led sustainable approaches are implemented to prevent children from becoming stunted.

### Strategy 4.5.9.1: Strengthen prevention, treatment, care and management of acute malnutrition during emergencies



#### Actions

- a. Conduct routine screening for early case identification and referral of malnourished children, pregnant women, lactating mothers and other vulnerable groups.
- b. Train health service providers, frontline workers and other cadres in management of acute malnutrition during emergencies.
- c. Integrate nutrition into other services to ensure continuum of care through various platforms to prevent morbidity and mortality due to malnutrition.
- d. Procure and distribute nutrition supplies including micronutrient supplements and equipment for management of acute malnutrition in all affected areas.
- e. Create linkages between IMAM and social protection programmes to build resilience among vulnerable groups.
- f. Procure and distribute food supplements to at-risk groups such as pregnant and lactating women, under five children.
- g. Advocate for inclusion of high energy nutritious foods in the food basket for optimal nutrition.
- h. Develop nutrition IEC materials including counselling cards on MIYCN for emergency response.
- i. Mobilise resources to ensure preparedness for emergency in nutrition response.
- j. Monitor and enforce implementation of the code of marketing for breastmilk substitutes during emergencies.
- k. Develop emergency response and recovery plans.
- l. Develop M and E system for real time data collection and management.

## **Strategic Objective 4.5.10: To create an enabling environment for the effective implementation of nutrition services and programmes that build national, community and household resilience.**

**Results Area 10:** Partnerships and governance for nutrition, firmly position nutrition on the national development agenda and include nutrition in the key ministries development programmes, allocate adequate resources, strengthen institutional and human capacities, establish and strengthen necessary coordination mechanisms in all sectors for the effective implementation of the National Multisector Nutrition Plan at all levels.

An enabling environment is a set of interrelated conditions such as legal, organisational, fiscal informational, political, and cultural conditions that impact the capacity of stakeholders to engage in nutrition interventions in a sustained and effective manner. Creating an enabling environment involves ensuring that there is effective coordination, advocacy, regulations, governance, accountability, capacity building, and resource mobilisation. The implementation of this NAP will require the creation of an effective enabling environment that promotes partnerships, institutional and human resource capacity development, coordination, advocacy, accountability, knowledge management, and increased financial resources.

### **a. Coordination and Networking**

Coordination is key in achieving positive nutrition results. The absence of an effective coordinating mechanism affects the availability, accessibility and utilisation of quality nutrition services and most interventions become ad-hoc, fragmented and vertical with little cross-fertilisation of ideas. The operationalisation of CNAP-NFS through this NAP will therefore require a multisectoral approach in nutrition due to varied mandates of key sectors whose services and programmes are crucial in operationalisation of the CNAP-NFS. Nutrition services in Timor-Leste are mainly implemented through Ministries of: State (coordinator for Social Affairs); Agriculture and fisheries; Health; Social solidarity and Inclusion; Education; Justice; Public works; Tourism, and Trade and Industries. Both multilateral and bilateral development partners have actively supported building nutrition programmes through systems strengthening and creation of an effective coordination oversight of programmes through the Inter-Ministerial taskforce on Social Affairs (IMTSA), the Nutrition and Food Security taskforce, and the CONSSAN-TL and development of policies and plans. Civil society organisation in collaboration with municipalities have actively supported the Government of Timor-Leste in implementation of various interventions including nutrition, while communities form part of this ecosystem with specific roles and responsibilities. This NAP therefore requires the establishment/strengthening of the nutrition

ecosystem and the architecture to effectively implement nutrition services as it contributes to the CNAP-NFS aspiration of ending stunting by building synergies across sectors. The roles and responsibilities of key stakeholders in nutrition have been proposed and are described in Annex 1 based on their comparative advantage, mandates and core functions.

### **b. Community support systems**

The success of the NAP to facilitate the reduction of stunting will depend or be influenced by community structures available. It will further depend on understanding and respecting the existing beliefs, attitudes and cultural norms which have a bearing on uptake of positive nutritional behaviours. Special attention must be placed on strengthening community multi-sectoral nutrition support systems to ensure synergies and leveraging of resources.

### **c. Leadership**

Leadership is key in delivery of nutrition services at national, municipal, sub-district and community levels. The attainment of the CNAP-NFS (Pillar 2) requires collective efforts with sound leadership and strong government stewardship. The creation of the Mission Unit provides an opportunity to strengthen coordination of nutrition players and convergence of efforts in nutrition programming.

## BOX 6: AREAS TO BE PRIORITISED

1. Multisector Social Behaviour Change and Communication Plan in place.
2. Establishment of a well-defined coordination mechanism for nutrition services, programmes and projects at national, municipal and community levels.
3. Advocacy for institutionalization/permanency of a coordinating office (Mission Unit) within government structures for sustained nutrition response at highest level.
4. Building institutional and human capacities to effectively deliver of nutrition services.
5. Nutrition Financing Improved.

### Strategy 4.5.10.1: Promote an evidence-based policy environment

#### Actions

- a. Advocate for the development of the National Multisectoral Nutrition Policy.
- b. Develop a Multisector Social Behaviour Change and Communication Plan.
- c. Develop/review programme specific strategic plans for operationalisation of the national multi-sector plan (micronutrient, adolescent, maternal infant and young child feeding, nutrition sensitive agriculture, school health and nutrition) where necessary.

### Strategy 4.5.10.2: Strengthen multisectoral coordination for nutrition at all levels

#### Actions

- a. Strengthen/establish multisector coordination mechanisms at all levels
- b. Compile a list of all existing nutrition committees and their terms of reference (ToR).
- c. Develop ToR for each of the newly established technical working group and ensure alignment with the existing ones.
- d. Mobilise resources to support the functions of the committees.
- e. Advocate and support functionality of CONSSAN-TL to discuss the nutrition agenda at national and municipal levels.
- f. Scale up and strengthen nutrition implementation structures at community level.

### Strategy 4.5.10.3: Enforce legal instruments to guide implementation of nutrition services

#### Actions:

- a. Advocate for the development of legal frameworks for nutrition such as mandatory fortification for certain elements in centrally

processed foods.

- b. Advocate for development of the national framework for standards for fortified foods.
- c. Create awareness to the general population on the existing nutrition legal frameworks
- d. Monitor the adherence of code of marketing for breastmilk substitutes.

### Strategy 4.5.10.4: Strengthen accountability in nutrition financing at all levels

#### Actions

- a. Advocate for nutrition financing through the IMTSA throughout the budget cycle.
- b. Monitor compliance on nutrition financing commitments, budget and expenditure analysis at national and municipal level.
- c. Increase efficiency of nutrition budget allocations prioritizing interventions for reducing stunting (Priority interventions 1) especially at municipal levels.
- d. Conduct financial needs assessment for all sectors for programme-based budgeting to ensure that nutrition budget allocations are evidence-based.

### Strategy 4.5.10.5: Strengthen capacity for nutrition programming at all levels

#### Actions

- a. Develop a competency-based capacity building strategy for community nutrition workers, incorporating nutrition-specific and nutrition-sensitive components.
- b. Advocate for the inclusion of nutrition in primary and secondary school curriculum as examinable subjects.
- c. Conduct short courses on nutrition to non-nutrition professionals working in nutrition.
- d. Develop a nutrition resource pack including key message booklet for influential nutrition stakeholders (faith leaders, local leaders, media, politician, nutrition champions etc.).

- e. Orient municipal presidents and traditional leaders on nutrition programming and their role in stunting reduction.
- f. f) Develop guideline for integration on nutrition interventions in municipal plans.
- g. g) Facilitate/ensure orientation of village headmen on causes, prevention and implication of undernutrition in their communities.
- h. Advocate for strengthening capacity of the Authority for Inspection and control for Economic Sanitation and Food through establishment of national reference laboratory and human resources to effectively monitor imported and locally manufactured foods.
- i. Advocacy for National Food Law encompassing food control and labelling regulations and inter-ministerial responsibilities.
- j. Enforce labelling of food products for quality assurance.

## Strategic objective 4.5.11: To strengthen monitoring, evaluation, accountability, research and learning

Nutrition monitoring, evaluation, research, and learning are key components in programme management that help to: identify and apply knowledge gained from precious evidence and any potential issues; track progress and measure outcomes; and ensure accountability for the resources used to achieve them. They also serve as a beacons for evidence-based decision-making in project management and development work and foster a culture of continuous improvement, enhancing their impact and achieving their mission. This plan therefore seeks to strengthen M and E systems in nutrition while building on the existing systems as guided by the PAN-HAM-TIL.

**Results Area 11:** Focus on strengthening monitoring and evaluation outcomes.

1. Nutrition in key sectoral plans and policies integrated.
2. Coordinating mechanism for nutrition research, knowledge management and sharing information established.
3. Web-based Nutrition Information Management System (NIMS) in place.
4. Results-oriented monitoring and evaluation system in support of CNAP-NFS M and E Framework in place.

### Strategy 4.5.11.1: Facilitate joint planning and programming among sectors to ensure effective implementation accountability and learning among sectors in accordance with the Four Ones Principle.



#### Actions

- a. Conduct a stakeholders' meeting to define and reach consensus on key mandates, functions, priority areas roles and responsibilities of each stakeholder in the implementation of the Plan.
- b. Disseminate the roles and responsibilities at municipal level.
- c. Make follow-up each sector quarterly for progress reports.
- d. Consolidate the sectoral plans into one comprehensive nutrition work plan for the purpose of monitoring progress by the Mission Unit.

### Strategy 4.5.11.2: Promote evidence-based programming of nutrition programmes, projects, interventions and services through research and best practices.



#### Actions

- a. Advocate for the establishment or inclusion of a Nutrition in Ethics Research Committee.
- b. Establish a technical working group on research with clear terms of reference and work plan.
- c. Document existing research including on-

going research by various Institutions and individuals through consultative meetings with nutrition research experts.

- d. Develop a national nutrition research agenda and support students carry out research.
- e. Conduct annual review meetings of on-going research.

### Strategy 4.5.11.3: Establish web-based Nutrition Information Management Systems (NIMS) that is linked to all nutrition services and programmes.



#### Actions

- a. Commission a consultancy to develop web-based NIMS and process indicators to be tracked in line with the PAN-HAM-TIL and the Nutrition and Food Security framework to be hosted by a Mission Unit.
- a. Procure and distribute the necessary equipment, materials and supplies to roll out the NIMS.
- a. Procure and distribute monitoring tools, equipment and supplies including a community growth chart for use in communities through mother care support groups.

# 5. IMPLEMENTATION FRAMEWORK

The implementation framework for the NAP aims to support nutrition stakeholders at all levels to successfully coordinate and operationalize the sectoral plans that promote synergies, the leveraging of resources and complementarity. It shall also strengthen coordination mechanisms for effective delivery of the nutrition services that aim to reduce stunting based on the Four One's Principle, namely: **One** Plan, **One** coordinating office, **One** social and behaviour change plan, and **One** monitoring and evaluation framework. This will assist in ensuring accountability and harmonisation of efforts among stakeholders.

## 5.1 Implementation Strategy

There are three interrelated and mutually reinforcing dimensions to the successful implementation of the Plan.

- a. **Nutrition in the First 1000 days of life;** this recognizes the importance of taking advantage of the window of opportunity for child growth and development.
- b. **UNICEF conceptual framework for nutrition;** this recognizes that, for nutrition interventions to be successful, they have to address the three levels of causes of malnutrition: **(i)** immediate causes relating to the nutrient intake and wellbeing of the individual; **(ii)** underlying causes relating to the household/ family level situation; and **(iii)** basic causes at the societal level which are linked to institutions, political and ideological frameworks, economic structures and the resource environment -including technology and the people.
- c. **Efficacy and cost-effectiveness of nutrition interventions;** resource constraints dictate that top priority be given to interventions proven to have high potential for impact and cost-efficiency.

## 5.2 Sequencing for the Delivery of Interventions

Based on the conceptual framework, the following four categories of interventions will be prioritised for immediate implementation and gradual expansion:

### 5.2.1 Priority Level 1: Interventions for Years 1 - 2

**Priority Level 1:** Interventions consist of a minimum package that not only addresses prevention and management of under nutrition, but also system bottlenecks in order to sustain the nutritional gains especially reducing stunting. It shall also promote up and out-scaling of these interventions in the municipals and communities while addressing system-wide bottlenecks for outreach and community-based interventions. **In summary Box 7 below** shows activities that are envisaged under Priority Level 1 and are believed to accelerate reduction in stunting if implemented at scale with over 80 percent coverage. The implementation of these shall use the ongoing existing structures while strengthening them.

**BOX 7: AREAS OF INVESTMENT AND ACTION TO BE PRIORITISED**

<b>INTERVENTIONS</b>	<b>TARGET</b>	<b>KEY RESPONSIBLE MINISTRIES</b>
Complementary feeding (locally available)	All children 6 to 23 month	Health Agriculture, Trade and Industry, Information and Communication
Early initiation of breastfeeding	Pregnant women	Health, State Secretary of Social communication and Ministry of State Administration,
Exclusive breastfeeding to 6 months	Lactating women of children 0 to 6 months	Health, Agriculture, Justice, Civil service commission, Information and Communication, Parliamentarians, State Secretary of Social communication and Ministry of State Administration, Chamber of Commerce
Multiple Micronutrient, Iron-Folate Supplements	<ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Women pre-conception</li> </ul>	Health, State Secretary of Social communication, Ministry of State Administration, and Finance
Adolescent care, delayed pregnancy and family planning	Communities	Health, Education, Gender, social solidarity, Information and Communication, State administration, Religious Leader, Ministry of Youth and Sports
Vitamin A and Zinc supplementation including deworming	Children 6 to 59 months	Health, Education, State Secretary of Social communication and Ministry of State Administration
WASH services (including chlorinated water)	<ul style="list-style-type: none"> <li>• Households with under 2 years</li> <li>• Communities at high risk</li> </ul>	Public works, Health, Agriculture, Education, Secretary of Social communication, Ministry of State Administration
Multiple micronutrient powders	All children 6 to 23 months	Health, Agriculture, Secretary of Social communication, Ministry of State Administration
Social safety nets and maternity cash transfers with intensive Nutrition education and SBC	<ul style="list-style-type: none"> <li>• Mothers of children 0 to 23 months</li> <li>• Pregnant women</li> </ul>	Mission Unit, Social Solidarity, Gender and inclusive, Health, Agriculture, Secretary of Social communication
Subsidy on nutritious complementary food	<ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Lactating (6-23 months)</li> </ul>	Mission Unit, Health, agriculture, Private sector, Finance, and social solidarity and inclusion, Equality
Community led Complementary Feeding and Learning sessions (CCFLs)	<ul style="list-style-type: none"> <li>• Mothers of children 6 to 23 months</li> <li>• Pregnant women</li> </ul>	Social Solidarity and inclusion, Equality, Health, Agriculture, Secretary of Social communication and Ministry of State Administration
Addressing food taboos in pregnancy and during complementary feeding age 6-24 months	<ul style="list-style-type: none"> <li>• Mothers of children 6 to 23 months</li> <li>• Communities</li> </ul>	Social Solidarity and inclusion, Equality, Health, Agriculture, Secretary of Social communication and Ministry of State Administration, UNIMICS
Home gardening	<ul style="list-style-type: none"> <li>• Household with children under 2 years and Pregnant women</li> </ul>	Agriculture, State Administration, Secretary of Social communication
Social Behaviour Change interventions with a focus on stunting	<ul style="list-style-type: none"> <li>• All population groups</li> <li>• Mothers and pregnant women</li> </ul>	Mission Unit, State Administration, Secretary of Social communication All sectors, NGOs/CSOs, and DPs

Note: To achieve impact, implementation of these priorities/interventions would require at least 80 per cent coverage at national, municipal and community levels. However, the use of NGOs/CSOs through sub-grants using Disbursement Linked Indicators (DLI) would help to accelerate delivery within shortest time.

## 5.2.2 Priority Level 2: Interventions in Years 3 - 5

This priority will ensure that interventions continue while reducing system-wide bottlenecks and providing support for greater outreach and community level impact.

Activities to be implemented include:

- Scale-up and out scaling of all interventions from Phase 1 so that all municipalities and communities are covered, reaching all target groups even the ones joining the cohort.
- Establishing Nutrition Management Information Systems (NMIS).
- Undertaking integrated nutrition surveillance including surveys.
- Establishing a functioning research framework.
- Dissemination, monitoring and enforcement of nutrition policies, plans; strategies and guidelines developed under Phase 1.

The NAP expects that by the end of five years, there is a cohort of children under 5 years that have benefitted from the accelerated comprehensive programme. Registration and routine monitoring will be key in delivery of Priority 1 and 2. It should be noted that while promoting these, other programmes shall continue running as normal.

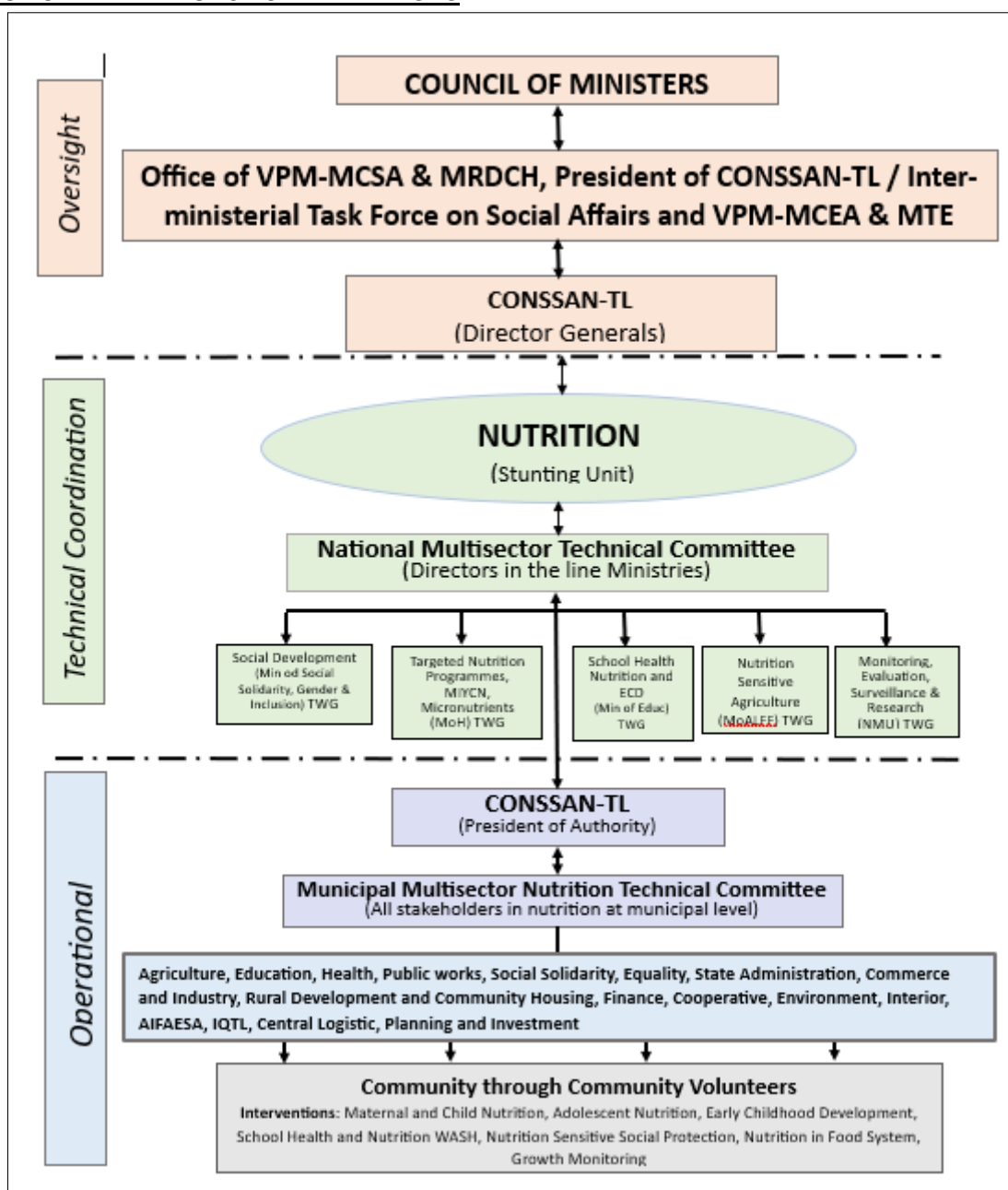
# 6. INSTITUTIONAL ARRANGEMENTS

## 6.1 Nutrition Institutional and Functional Linkage Framework

The Vice Prime Minister is the minister responsible for nutrition in Timor-Leste, and holds the mandate for the overall policy direction, oversight and supervision planning through the Mission Unit. At the sectoral and municipality levels, appropriate institutional arrangements and capacities will be created and resources mobilised to facilitate their participation.

Implementation and coordination shall follow the multisectoral approach that promotes inclusiveness and accountability at various levels. The structure below shows the institutional and functional linkage framework that demonstrates oversight, technical coordination and operational linkages:

### INSTITUTIONAL AND FUNCTIONAL LINKAGES



## 6.2 Coordination Arrangements

### 6.2.1 National Level

National level coordination of nutrition will be achieved through the various nutrition technical committees. In particular, the Inter-Ministerial Taskforce on Social Affairs, CONSSAN-TL and the National Multi-sectoral Technical Nutrition Committee will be key in ensuring a coordinated nutrition response in Timor-Leste. The Mission Unit will be the secretariat for coordinating various nutrition working groups.

### 6.2.2 Level Coordination

Municipal level coordination will be through the Municipal Multisector Technical reference group-CONSSAN-TL (MMTG). It will be composed of representatives from key sector departments, civil society organizations and private sector agencies implementing nutrition activities and producing food products who are operating in the municipality. This committee will function and link with other existing platforms in the municipal. The MMTG-CONSSAN-TL will be responsible for the provision of technical advice to the Municipality President in addition to coordinating nutrition. The MMTG-CONSSAN-TL will work closely with lower-level structures as defined by the municipality.

## 6.3 Roles and Responsibilities

The Government recognises the importance of stakeholders and partnership in implementation of this National Action Plan. It further recognizes that dealing with stunting requires a multi-sectoral approach with a visible coordinating entity. Furthermore, coordination under line Ministries compromises the delivery of services and accountability as much focus is paid on sector mandate. Stakeholders include ministries, departments, agencies, development partners, academic and research institutions, the private sector, CSOs, NGOs, and communities.

### 6.3.1 National Level

#### a. CONSSAN-TL

This is high level inter-ministerial platform which brings together representatives of government departments and services in relevant areas related to food and nutritional security. It is responsible for ensuring a coordinated approach on matters of Food and Nutrition whose aim is to improve the wellbeing of the general population.

This is under the responsibility for coordinating the National Council for Food and Nutritional Security and Sovereignty of Timor-Leste to the Vice-Prime Minister, the Coordinating Minister of Social Affairs and Minister of Development Rural and Community Housing, taking into account the powers vested to the office.

The Committee is responsible for: approving the Indicative Operational Investment Plan on matters of food and nutritional security and sovereignty; promoting measures that strengthen the capacity of public administration for the development and execution of public policies related to food and nutritional security and sovereignty; reviewing and recommending the approval of policies, laws and regulations relating to food and nutritional security; monitoring and reviewing the implementation of the Food and Nutritional Security Policy; approving the monitoring and evaluation system prepared by the Permanent Technical Secretariat; and ensuring effective coordination mechanisms on implementation of programmes that relate to Food and Nutrition. The committee meets monthly or on an ad hoc basis based on agenda. Details are referred to in the decree law.

**b. Mission Unit** in Vice Prime Minister's Office will be guided by the provisions as stipulated in the decree. In addition, at technical level it shall be responsible for:

- Providing policy direction, oversight, guidance, high level advocacy; spearheading the mainstreaming and integration of nutrition in the national development agenda, sectorial policies, programmes, and outreach services and ensuring implementation of the NAP by other sectors based on their mandate.
- Facilitate cross-sector collaboration through a multi-sectoral approach.
- Facilitate proposal development and lead in resource mobilisation and negotiations with development partners.
- Support municipal to coordinate and implement nutrition activities in a coordinated and multisector approach.
- Coordinate joint planning and review with ministries and stakeholders to take stock of progress.
- Conduct interface meetings with development partners for key programmatic updates in line with available sector plans.

### c. Sectoral ministries and department

Their role will include:

- Integrate nutrition into their sector policies, plans and support implementation efforts at all levels based on their mandate.
- Ensure nutrition has adequately been reflected and financed in municipal plans.
- Coordinate nutrition programmes, projects and activities within their sectors to ensure synergies.
- Preparation and submission to Mission Unit, annual plans, monitoring and evaluation reports.
- Provision of technical and policy guidance on nutrition to stakeholders and service providers on issues pertaining to their sector.
- Ensure joint planning and budgeting of nutrition activities into sectoral budgets and the implementation of the sectoral nutrition work plans.
- Prepare programme and financial monitoring reports for the sector and submit to the Mission Unit for monitoring purposes.

#### **Ministry responsible for Agriculture, Fisheries and Forest (MAF)**

The Ministry is mandated to promote production of crops, livestock and fisheries. The Food and Nutrition Security Policy links agriculture and nutrition, highlighting that agricultural and rural development for small scale farmers is necessary to improve market access and “reduce poverty, ensure food and nutrition security, and promote economic growth in rural areas, and thus, across the nation”. Further, the Ministry leads in sustainable food systems pathways that promote nutrition and will responsible for food and nutrition security and mainstreaming nutrition as a core priority area by focusing on improving food access and promoting consumption of diversified diets. It also promotes bio-fortification, and strengthening value chains to improve production, availability, distribution, and access to high-quality and safe nutritious foods. It shall also ensure nutrition is integrated within various agriculture departmental plans to fulfil Pillar 2 of the PAN-HAM-TIL/CNAP.

#### **Ministry of Health**

The Timorese Constitution enshrines the right to universal healthcare under article 57 stating, “All Timorese citizens are entitled to health care and the State has a duty to promote and protect this right free of charge, in accordance with its capabilities and in conformity with the law” (RD TL

2002). As such, the provision of universal, free, and high-quality health care is a central focus of the health sector. The Ministry therefore will be responsible for the provision of leadership and technical direction in health sector programming and the delivery of quality and cost-effective clinical and biomedical nutrition services including health promotion and education. Further, it shall ensure coordination among various departments within the Ministry on nutrition to ensure synergy and complementarity. Furthermore, it shall provide policy direction related to clinical and biomedical nutrition to stakeholders.

#### **Secretary of State for equality**

The Secretary will be responsible for provision of leadership and technical direction in gender mainstreaming in nutrition interventions. The Secretary will further promote women’s economic empowerment, integration of nutrition in social protection for vulnerable households and, community mobilisation in support of nutrition. Furthermore, the Secretary shall ensure deliberate targeting for children, pregnant mothers and lactating women of children under two years.

#### **Ministry of Education**

The Ministry will be responsible for implementation school health and nutrition and early childhood development programmes, including school feeding programmes for pre and primary school. Further, the Ministry will be responsible for promotion of adolescent nutrition in primary and high schools including integration of nutrition education in school curricula at all levels of the education system.

#### **Ministry of Social Solidarity and Inclusion (MSSI) and Ministry of Interior**

The Ministry of Social Solidarity and Inclusion in collaboration with the Ministry of Interior is responsible for the designing, execution, coordination and policy direction for social assistance, social security, disaster risk management including emergency response and recovery, the social protection of the most vulnerable people including people with special needs in society. Due to their critical role in protecting the vulnerable groups, it shall work hand in hand with the Mission Unit to advocate for inclusion of pregnant women and lactating mothers of children under 2 years to betargeted for cash transfers and other livelihood programmes. These should be implemented with strong and intensive nutrition education to prevent stunting in the early years of life.

### **Secretary of State for Social Communication**

The Secretary of State for Social Communication is mandated for dissemination of information to the general public and shall be responsible for development and dissemination of multi-sectoral nutrition information and public awareness through various platforms to the general population.

### **Ministry of Trade and Industry**

The Ministry is mandated to design, implement, coordinate and evaluate policy for commercial and industrial economic activities. The Ministry is responsible for enforcement of trade-related sections of legislation that have impact on food, nutrition, including the counterfeit law, food standards, mandatory food fortification decree law including salt iodization. It shall also advance fortification of certain vitamins and minerals that have a bearing on child growth including the Code of Marketing of Breastmilk Substitutes and shall be coordinated through the approved structures.

### **Ministry of Planning and Strategic Investment**

The Minister of Planning and Strategic Investment following its mandate, is responsible for designing, coordinating, and evaluating the policy for promoting the country's economic and social development through strategic and integrated planning and rationalization of available financial resources. This specific role assumes its responsibilities for the implementation of the Strategic Development Plan, especially concerning to Infrastructure and Urban Planning and Spatial Planning and Organisation linking with social protection; water and sanitation. It will including advisory of strategic private partnership for investment in nutrition.

### **Ministry of Public Works**

The Minister of Public Works is responsible for proposing and implementing the Ministry's policy lines in the areas of public works, housing, water distribution, water management, sanitation, and electricity. Apart on its major responsibilities, the Ministry also required coordination with the relevant ministries for implementing the Strategic Development Plan, specifically concerning water and sanitation related to nutrition.

### **Ministry of Justice**

The Ministry will be responsible for drafting legislations that supports food, nutrition and the wellbeing of the people of Timor-Leste. They shall also monitor and enforce implementation of the legislations.

### **Ministry of Finance**

The Ministry is mandated for preparing budgets, state account, custom duties for imports and allocation of funds for the ministries including disbursement. The Ministry therefore shall be responsible for the creation of budget lines for nutrition in line ministries and the municipal upon request.

### **Ministry of State Administration**

The Ministry of State Administration is mandated for designing, implementing, coordinating and evaluating policy for local government, administrative decentralization, support for community organizations, promotion of local development, organization and implementation of electoral and referendum processes, promotion of hygiene and urban organization, and classification and conservation of official documents with historical value. The Ministry therefore shall be responsible for institutionalization of structures at municipal and community level, advocating for multisector nutrition financing and the community volunteer including PSF/mother support groups.

### **Ministry of Economic Affairs (AIFAESA, IQTL&CLN)**

The Ministry of Economic Affairs is mandated to inspect, monitor quality, control and Sanitation of environment in which food is produced. The Authority therefore shall be responsible for ensuring that food produced or imported is of a standard for consumption. The Ministry will facilitate development and review of food standards, regulate food manufacturing organizations, monitor and maintain food standards, certify and control marketing of food to ensure they are of high quality. The Ministry will perform its work in collaboration with the Ministry of Trade and Industry.

## Rural Development

The Ministry of Rural Development and Community Housing will collaborate with all the line ministries to plan, implement, and monitor the interventions and activities highlighted in the national multisectoral nutrition action plan to combat stunting (NMNAP) at the municipality level. The Ministry of Rural Development will work closely to ensure resource allocation to scale up the implementation of interventions in rural areas, especially in remote areas. The Ministry will advocate with and support sectors to plan to attain effective coverage for interventions listed in the national action plan.

## Environment

degradation and climate change in all sectors and assisting, discussing and advising on appropriate approaches, mitigation measures, and adaptation of interventions within the sectors. The Ministry of Environment will also be responsible for advocating and ensuring the allocation of resources for climate-adapted interventions that impact the nutritional status of children, women of reproductive age and the entire population.

## Cooperatives

The Cooperatives will work with the Ministry of Agriculture Livestock, Fisheries and Forestry and Rural Development and Community Housing to mobilize smallholder farmers and small-scale food producers to unite them and reduce fragmentation and high transaction costs for improved quality of diet through ensuring sustainable food. Cooperative will facilitate the availability of information and increase knowledge of smallholder farmers and small-scale food producers, lobby with the Ministry of Public Works and Ministry of Planning and Strategic Investment, Secretary of State of Equality, and the Ministry of Finance to influence financial resources to reduce constraints in infrastructure and markets. The Cooperatives will enable smallholder farmers and small-scale food producers to overcome these constraints by increasing access to resources and services, including information, market and

economic opportunities, enhancing social inclusion and giving their members a voice to defend their interests in policy and decision-making processes.

## Academic and Research Institutions

Academic and research institutions will be responsible for conducting rigorous nutrition research and dissemination of findings to inform policy direction and programming. Academic institutions will also play an important role in ensuring that pre- and in-service education curriculum addresses up-to-date nutrition issues relevant to the Timor-Leste context. It shall work hand in hand with the Public Health Institute and other institutions.

### d. Development partners:

The role of development partners includes:

- Undertaking high level advocacy for nutrition as a priority for human capital development in the national agenda.
- Supporting policy decisions that have a bearing on nutrition outcomes.
- Identifying funding resources and joint resource mobilization, allocation and support.
- Facilitating service delivery initiatives with:
  - Required resources.
  - Supporting analytical work to inform policy implementation and monitoring.
  - Aligning their nutrition support to the National Multisector Nutrition Action Plan and agreed common result framework (the NAP).
  - Lobbying for increased nutrition financing from government for sustainability.

## 6.3.2 Operational

**a. Municipals:** The Municipal Head will be in charge of nutrition activities and will be supported by the DPHO nutrition. The municipal will be responsible for the following:

- Mobilise resources for implementation nutrition programmes at the municipal level.
- Develop municipal annual plans for implementation of nutrition interventions.
- Ensure multisector nutrition coordination (CONSSAN-TL) is functional.
- Supervise and monitor implementing partners at sub municipality level.
- Provision of nutrition services.
- Ensure social and behaviour change interventions are promoted in all communities.

- Mobilise resources for nutrition activities at the municipal level.
- Ensure CSOs in their municipal are aligned to their needs and priorities based on national agreed action to reduce stunting.
- Backstop nutrition community worker (extension worker, nutrition coordinator) including CSOs operating below the district.

**b. Civil Society Organizations:** These will be CSOs operating within specific municipalities and possibly in a specific area covering a range of Groups. They will:

- Support in capacity building and work closely with the extension workers, nutrition coordinators, and other community workers
- Support up and out scaling of mothers' groups.
- Support implementation of key activities agreed upon at national level as priorities for stunting reduction.
- Align and implement their programmes and projects to complement governments efforts.
- Provide technical support to sectors they are aligned to where needed.
- Support in functionality of coordination structures.
- Support in social and behaviour change activities in the communities.

# 7. MONITORING AND EVALUATION FRAMEWORK

## 7.1 Rationale for Monitoring and Evaluation in the NAP

In line with the results-based management as stipulated in the CNAP, this plan will support the ongoing work to consolidate CNAP M&E Framework in the tracking of a set of performance indicators at sub national level. It will build on the existing systems that have shown to be effective while exploring approaches for real time data. This system shall be harmonised with other sector plans to avoid duplication in data management. It shall also continuously draw lessons and document evidence on the: overall performance of the National Action plan; coverage of high impact nutrition interventions and drivers of success; and impact on the provision and utilisation of selected nutrition interventions that aim to reduce stunting.

## 7.2 Objectives of the NAP Monitoring and Evaluation Framework

The aim of the NAP Monitoring and Evaluation framework is to support the in-tracking progress in implementation of Pillar 2 and nutrition interventions that contribute to Pillars 1, 3 and 5 of the National Action Plan for a Hunger and Malnutrition Free Timor-Leste (PAN-HAM-TIL/CNAP-NFS) in a coordinated manner. The specific objectives of the monitoring and evaluation framework are to:

- a. Define key performance indicators that will track progress in the implementation of nutrition interventions.
- b. Define data sources necessary for nutrition M and E.

## 7.3 Information Requirements

The key outcomes to be monitored will include nutrition status of children under 5 years and women of reproductive age group (WRA). It will also monitor effectiveness of nutrition programmes in terms of quality-of-service delivery, coverage and resource gaps.

## 7.4 NAP Monitoring and Evaluation Activities

The following activities will constitute the elements of the NAP M and E system:

### 7.4.1 Monitoring Activities

- **Quarterly field monitoring visits:** Field monitoring visits will be undertaken to selected sites to assess progress on the implementation of activities and also identifying gaps and bottlenecks faced. It will also serve as the basis for dialogue with service providers and implementers.
- **Bi-annual nutrition reviews:** These will be conducted to review the implementation progress of the activities of the NAP at national level for decision making.

### 7.4.2 Evaluation

Evaluation of the nutrition outcomes and impacts will be done through:

- **Periodic national surveys:** such as the Demographic Health Surveys (DHS), Multi-cluster Indicator Surveys (MICS) and other national surveys to measure impact.
- **Mid-Term Evaluation:** This will be done mid-way of its implementation as in priority 1 (year 1 and 20) to measure the impact of selected interventions,
- **End of NAP Evaluation:** This will be done at the end of NAP to assess the overall impact and draw lessons to inform future programming.

## 7.5 Monitoring and Evaluation Structure

Monitoring and Evaluation will be carried out at community, municipal and national levels under the leadership of the Mission Unit.

- a. **National level:** The Mission Unit in the Office of the Vice Prime Minister will retain a repository of information from various sources on the NAP performance. Stakeholder agencies at the national, municipal and sub- municipal levels will periodically provide reports (programme and fiscal) to the secretariat on their respective areas (mandates) of focus in line with the agreed reporting lines.
- b. **Municipal level:** The Municipal Office will coordinate and consolidate nutrition related information from various sector departments, CSOs and other players. This will be done through routine administrative reports such as monthly, quarterly and annual reports.
- c. **Community level:** It is anticipated that extension workers, nutrition coordinators, and other cadres as defined by stakeholders at national level will collect and submit nutrition related data based on the agreed checklist.

The implementation matrix showing output indicators, targets, and responsibilities has been presented in Annex 2 and Annex 3 showing the Monitoring and Evaluation Framework.

## 7.6 Information Flow

Information will flow from communities to municipal for consolidation then submitted to the Mission Unit as Secretariat. A consideration can be made to establish a web-based M and E system for real time data. programming.

# ANNEX

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# ANNEX 1: TERMS OF REFERENCE FOR GOVERNANCE STRUCTURES

## A. OVERSIGHT STRUCTURES

### 1. Nutrition and Food Security Working Group (NFS-WG)

This is a high-level committee that is under the overall guidance and supervision of the Inter-Ministerial Task Force for Social Affairs (IMTSA) led by the Vice Prime Minister. The committee oversees and provides guidance on matters of nutrition and food security to ensure harmonization and synergies in programme implementation.

#### Scope of Work

- Under the guidance of and reporting to the Inter-Ministerial Task Force for Social Affairs (IMTSA), coordinate nutrition and food security related activities and interventions by providing a platform where all relevant organizations can come together at the technical level and align with the GoTL priorities to address nutrition and food security related issues and promote inter-sectoral collaboration.
- Ensure that the relevant government ministries implement the actions of the “Consolidated National Action Plan for Nutrition and Food Security (CNAP-NFS)” by including the activities with explicit nutrition objectives and performance indicators in the Ministry annual action plans.
- Ensure that the relevant ministries allocate budget to implement the activities of CNAP-NFS as an integral process of national/sub-national and sectoral budgeting and ensure development partner contributions are aligned for optimal synergies and impact.
- Report to the Inter-Ministerial Task Force for Social Affairs (IMTSA) on the progress of implementation of CNAP-NFS.
- Advocate to the development partners to fill any funding gaps and provide technical assistance in alignment with the CNAP-NFS, as needed, with relevance of pooled financing for maximum impact.
- Socialization of CNAP-NFS to the relevant ministries and stakeholders, including with sub-national governments.

#### Composition of the NFS-WG:

The committee is comprised of core members and consultative members as described below:

- Focal Point from Vice Prime Minister’s Office
- Core Members include DGs for: Ministry of Agriculture, Livestock, Fisheries, and Forestry; Ministry of Social Solidarity and Inclusion; Ministry of Health
- Executive Director – Unidade de Missão para o Combat of Stunting (UNMICS), and Focal Point of Sun Secretariat
- National Council for Food Security, Sovereignty and Nutrition (CONSSAN-TL)
- Government partners: Australia, USAID, New Zealand, Japan, Korea, Indonesia
- Multilateral Organizations: EU, the World Bank, WFP and UNICEF (as Co-Chairs of the UN Sustainable Development Cooperation Framework Results Group on Nutrition and Food Security, representing all UN agencies)
- Civil Society Organizations: The Timor-Leste NGO Forum (FONGTIL)
- Consultative Members, which will be invited as and when needed include DGs from: Ministry of Education; Ministry of Higher Education; Ministry of Youth, Sports, Art, and Culture; Ministry of Trade and Industry; Ministry of Finance; Ministry of Public Works; Ministry of Justice; Ministry of State Administration; Coordinating Ministry for Social Affairs; Ministry of Rural Development and Community Housing; State Secretary for Equality; Secretary of State for Electricity, Water, and Sanitation; Government partners: Dili and Jakarta based embassies; Inter-Governmental Organizations: ASEAN and others as needed; Multilateral Organizations: ADB and others as needed; civil society organizations; academia; private sector.

### **Frequency and logistics of the meetings:**

- The focal point from the VPM Office, and Core Members from ministries, and development partners will meet every two months. Additional meetings may be organized as and when required. The meetings will be chaired by Focal Point at the Office of VPM and must be attended by all core members as shown above. Decisions of the NFS-WG must be endorsed by a quorum of at least six members. Minutes of meetings will be shared within a week of the meeting.
  - The consultative Members from the Ministries, and development partners will be invited as and when needed.
  - The focal point from the VPM's office, as part of the IMTSA Secretariat, will be responsible for sending meeting invites with agenda, circulate minutes and relevant documents as well as reporting meeting outcomes and NFS-WG's progress to IMTSA.
- the ministries, CSO, UN and other partners.
  - Facilitate linkages, dialogue and information sharing amongst municipal, national and international stakeholders working in nutrition.
  - Ensure ministries, departments and agencies adopt a common understanding of nutrition approaches based on their mandates, activities, and priorities aligned with the NAP and high-level documents such as PAN-HAM-TIL/CNAP.
  - Provide feedback to and from the Municipal Multisector Nutrition Technical Committee on emerging issues.
  - Provide strategic and technical guidance to the Nutrition Coordinating Office (The Mission Unit)
  - Track progress in implementation of country commitments and global commitments that Timor-Leste signed to as a country.
  - Participate in the Joint annual reviews.

## **B. TECHNICAL COORDINATION STRUCTURES**

### **1. National Multi-sectoral Nutrition Technical Committee (NMTC)**

The National Multi-Sectoral Technical Reference Group aims to strengthen coordination and networking among stakeholders in the national response. The committee shall receive technical updates and reports. The Committee shall be led by Mission Unit core chair by a UN organisation on rotation and shall be responsible for setting the agenda and following up on decisions and actions agreed. The committee shall also be a platform for information sharing and dissemination including project updates. It shall also validate nutrition strategic documents before submission to the Nutrition and Food Security Working group (NFS-WG) for endorsement. The Committee shall also be responsible for discussing any emerging global issues such as from SUN, N4G, UN resolution etc. and provide technical opinion to the NFS-WG.

#### **Scope of Work**

The of scope of work for the committee includes the following:

- Provide a platform for coordination, accountability, alignment and harmonization of nutrition programmes amongst partners supporting nutrition.
- Receive technical reports and updates from

#### **Composition**

The Committee will be an open platform for nutrition professionals and will comprise of a cross section of stakeholders at technical level that includes: ministries; departments and agencies; development partners; UN agencies, civil society organizations; private sector; media; researchers, academia among others with interest on nutrition. The Mission Unit shall be the secretariat and will be responsible for sending invitations, share minutes, and set up the agenda.

#### **Frequency of meetings:**

- The focal point from the Mission Unit and the core chair, shall be responsible for setting up the agenda and convening meetings quarterly.
- Ad hoc meetings shall convene upon submission of critical agenda items to the Mission Unit who together with the core chair shall determine the need for the meeting.
- The core chairs shall be a development partner on rotation every two years.

## C. OPERATIONAL LEVEL

### 1. MUNICIPAL KOSSANTIL TORs

At municipal level, the Interministerial Working Group is represented by the President of the Municipal Authority. It is composed of the municipal intersectoral representatives. It is responsible for: ensuring the implementation of the recommendations of the CONSSAN-TL in municipalities; creating synergies and strengthen coordination between sectors and actors at municipal level; establishing dialogues between different parties regarding the development and implementation of food and nutrition security policies, plans and programmes; executing other responsibilities that are determined by CONSSAN-TL. The municipal is the secretariat and is composed of at least three public servants from government departments and is responsible for: collecting and analysing information on the state of food security in the respective municipalities; preparing reports for this purpose; preparing monthly reports on the progress of implementation, monitoring and evaluation of public policies related to food and nutritional security and sovereignty; dissemination of safety publications on food and nutrition in the municipalities; and reporting to the Permanent Technical Secretariat and carrying out other tasks assigned.

### 2. Municipal Multisector Nutrition Technical Committee

The Municipal Nutrition Technical Committee aims to strengthen nutrition coordination and networking among stakeholders working in the municipal. It shall provide technical direction in implementation of nutrition interventions and receives updates from line government departments, and reports from all implementing partners. It also provides a platform for all stakeholders working in the municipal to share information and disseminate strategic documents including results from programme assessments.

#### Scope of Work

- The of scope of work for the committee includes, but is not limited to, the following:
- Providing a platform for coordination, accountability, alignment, harmonization and information sharing amongst partners at Municipal level.
- Providing updates, reports and technical guidance to KOSSANTIL against the set

goals.

- Advocate for nutrition to ensure that it is prioritized in municipal plans across departments.
- Participate in annual review meetings, learning forums, research dissemination and other national nutrition events.
- Conduct stakeholder mapping to ensure effective coverage of nutrition interventions in the municipality.
- Mobilise resources for nutrition programmes within the municipal including monitoring of activities.
- Facilitate in setting up and strengthening community structures for implementation of nutrition interventions such as mother groups.

#### Composition of the NFS-WG:

The Committee will be an open platform for all nutrition implementers and will comprise of a cross section of stakeholders at technical level that includes: departmental nutrition desk officers in health, agriculture, public works, education, etc; civil society organizations; media; researchers and academia among others with an interest in nutrition.

#### Frequency of meetings:

- The designated focal point from the municipal will be the chair and the core chair and shall be elected by members and on rotation every two years.
- Ad hoc meetings shall be convened upon submission of critical agenda items to the focal point who together with the core chair shall determine the need for the meeting.
- The meetings shall be held every two months or on ad hoc based on the agenda.

## ANNEX 2: IMPLEMENTATION MATRIX

Strategic objective 4.5.1: To prevent undernutrition with emphasis on stunting			
Strategy 4.5.1.1: Promote optimal Maternal Infant and Young Child Nutrition			
Actions	Output/ process indicator	Target	Responsibility
Develop/review training manual on MIYCN to integrate early stimulation and nurturing and nutrition counselling packages for community and facility platforms including IEC material to incorporate emerging issues.	Training package on MIYCN reviewed		Mission Unit, Social Solidarity and inclusion, Equality, Health, Agriculture, Secretary of Social communication and Ministry of State Administration, Media, DPs, UN.NGOs
Conduct community sensitization on optimal maternal nutrition using various channels	Number of community sensitization campaigns conducted		Mission Unit & MoH, Social Solidarity, MoA, NGOs, Agriculture, State Administration, Secretary of Social communication, Media, DPs, UN
Strengthen and scale up community mother groups for delivery of MIYCN interventions.	Number of mother groups delivering MIYCN interventions		Mission Unit & MoH, Social Solidarity, MoA, NGOs, DPs, UN
Develop/Review Adolescent nutrition strategy/plan.	Adolescent nutrition strategic plan reviewed		Mission Unit & MoH, Social Solidarity, MoA, Equity and Inclusion, Education, NGOs, DPs, UN
Facilitate integration of MIYCN in other sector plans such as Agriculture.	Number of sessions conducted.		Mission Unit, MoA, Municipals DPs, UN
Conduct gap analysis on sector plans and strategies to identify gaps on MIYCN and build their capacity to deliver nutrition services effectively.	Number of gap analysis sessions conducted		Mission Unit, UNICEF, Secretary of Social communication, DPs
Ensure optimal feeding and care for mothers, infants and young children with special medical conditions is delivered.	Number of sessions on mothers, infants and young children with special medical conditions conducted		MoH, UNICEF, MoA, NGOs, DPs
Strengthen MIYCN between facility and community platform to ensure continuum of care and support for sustainability by linking with other sectors and players working at community level.	Number of facilities and community platforms implementing MIYCN		Mission Unit & MoH, Social Solidarity, MoA, NGOs, DPs, UN
Ensure nutrition counselling sessions for mothers and caregivers using existing service delivery platforms such as growth monitoring and promotion, postnatal and ante-natal clinics, and community platforms are conducted.	Number of counselling sessions conducted		MoH, Social Solidarity, MoA, NGOs, State Administration, Equality. DPs, UN
Monitor implementation of MIYCN interventions in all service delivery platforms-based sector on mandate.	Number of monitoring visits conducted		Health, Agriculture, Education, Information and Communication, Parliamentarians, State Secretary of Social, DPs, UN communication and Ministry of State Administration, Mission Unit, Media, DPs, UN
Build capacity of extension workers to deliver MIYCN at village level.	Number of extension workers trained		Mission Unit & MoH, MoA, NGOs, DPs, UN
Strengthen coordination between nutrition coordinator and extension worker to ensure complementarity.	Number of meetings conducted		Mission Unit & MoH, Social Solidarity, MoA, NGOs, DPs, UN

<b>Strategic objective 4.5.1: To prevent undernutrition with emphasis on stunting</b>			
<b>Strategy 4.5.1.2: Promote stimulation, nurturing, and caring practices before, during and after pregnancy</b>			
<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Revise nutrition training packages to integrate early stimulation and nurturing and other nutrition sensitive for different service delivery points.	Nutrition training package revised		Mission Unit, MoH, INSPTL, DPs, UN
Roll out the revised integrated nutrition, early stimulation and nurturing package by training service providers (health, agriculture, gender, education, and other community workers).	Revised integrated nutrition, early stimulation and nurturing package rolled out.		Mission Unit, MoH, INSPTL, DPs, UN
Develop and disseminate age specific nutrition, stimulation, nurturing and caring messages for all platform.	Age specific nutrition, stimulation, nurturing and caring messages developed		Mission Unit & MoH, Social Solidarity, MoA, NGOs, DPs, UN
Facilitate the development/review of the nutrition training package for pre-schools/ECD centres to include stimulation, nurturing and caring.	Nutrition raining package for pre-schools/ECD centres developed		Mission Unit, MoH, Education, DPs, UN
Link children 3 to 5 years to pre-schools for early learning and development.	Number of children 3-5 years linked.		Mission Unit & MoH, Social Solidarity, MoA, Education, NGOs, DPs, UN
<b>Strategy 4.5.1.3: Promote optimal age-appropriate complementary feeding and continued breastfeeding for infants and young children aged 6 - 23 months</b>			
<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Develop CCFLS manual and training service providers.	CCFLS manual developed.		Mission Unit & MoH, Social Solidarity, MoA, DPs, UN
Integrate Community led Complementary Feeding and Learning Sessions (CCFLS) into community mother groups activities.	Number of mother groups conducting CCFLS		Mission Unit & MoH, Social Solidarity, MoA, NGOs, DPs, UN
Conduct continuous monitoring and mentorship to service providers.	Number of monitoring visits conducted.		Mission Unit & MoH, Social Solidarity, MoA, NGOs
Facilitate the review/development, printing and dissemination of age-appropriate complementary feeding guidelines.	Age-appropriate complementary feeding guidelines developed		Mission Unit & MoH, Social Solidarity, MoA, DPs, UN
Sensitise the general population on age-appropriate complementary feeding using various channels including radios and TVs.	Number of community sensitization sessions conducted		Health, Agriculture, Education, Information and Communication, State Secretary of Social communication and Ministry of State Administration, Mission Unit, Media. Religious leaders, DPs, UN
Facilitate provision of blanket (locally available) complementary feeding for children 6 to 23 months, pregnant women, and lactating mothers of children 0 to 6 months.	Number of Target audience reached		Mission Unit & MoH, Social Solidarity, MoA, Equality, DPs, UN
Conduct baby showers for newly born infants to promoted exclusive breastfeeding and mobilise support from the communities to support the mother.	Number of showers conducted for promotion of EBF		Health, Agriculture, Education, Information and Communication, State Secretary of Social communication and Ministry of State Administration, Mission Unit, DPs, UN

**Strategic objective 4.5.1: To prevent undernutrition with emphasis on stunting**

**Strategy 4.5.1.3: Promote optimal age-appropriate complementary feeding and continued breastfeeding for infants and young children aged 6 - 23 months**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Support the establishment of community structures, build capacity of community workers and volunteers for effective delivery of appropriate complementary feeding sessions at the community.	Number of community structures established		Health, Agriculture, Education, Information and Communication, State Secretary of Social communication and Ministry of State Administration, Mission Unit, DPs, UN
Conduct community baby showers to promote optimal complementary feeding and continued breastfeeding from 6 to 23 months and beyond.	Number of showers conducted for promotion of complementary feeding and continued breastfeeding		Health, Agriculture, Education, Information and Communication, State Secretary of Social communication and Ministry of State Administration, Mission Unit, DPs, UN

**Strategy 4.5.1.4: Promote male involvement and address gender and socio - cultural issues that affect optimal MIYCN practices**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Facilitate mobilisation of communities and general population to promote SBC interventions that address gender and socio-cultural issues affecting MIYCN.	Number of community mobilisation sessions conducted		Health, Agriculture, Education, Information and Communication, Equality and Inclusion, State Secretary of Social communication and Ministry of State Administration, Parliamentarians, Mission unit, Mission Unit, Faith Leaders, DPs, UN
Conduct awareness campaigns on importance of women empowerment in improving nutrition outcomes.	Number of awareness campaigns conducted		Health, Agriculture, Education, Information and Communication, State Secretary of Social communication, Ministry of State Administration, Equality and inclusion, Parliamentarians, Mission Unit, Mission Unit, Faith Leaders, DPs, UN
Design, produce and disseminate education messages on MIYCN aimed at breaking cultural barriers for nutrition.	Number of education messages on MIYCN developed		Health, Agriculture, Equality and Inclusion, Information and Communication, State Secretary of Social communication and Ministry of State Administration, Mission unit, DPs, UN
Facilitate identification of champions at different level to promote and break cultural barriers for men to participate in nutrition programming.	Number of champions identified		Mission Unit & MoH, Social Solidarity, MoA, State Secretary of Social communication and Ministry of State Administration, DPs, UN

<b>Strategic objective 4.5.1: To prevent undernutrition with emphasis on stunting</b>			
<b>Strategy 4.5.1.5: Strengthen and institutionalize the implementation of the baby friendly hospital initiative (BFHI) and enforcement of legal instruments</b>			
<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Advocacy for institutionalisation of BFHI in health care services and communities.	Number of advocacy meetings conducted.		Mission Unit, MoH, NGOs, Municipals, Ministry of State Administration, DPs, UN
Ensure assessment and certification of health facilities as BF hospital/health facility.	Number of health facilities assessed		Mission Unit, MoH, Municipals, DPs, UN
Enforce the code of marketing of breastmilk substitutes.	Code of marketing for breast milk substitutes enforced		Mission Unit, MoH, Municipals, Trade and Industry, Justice, DPs, UN
Monitor adherence of the Code of Marketing of Breastmilk substitute including during emergencies.	Number of monitoring visits conducted		Mission Unit, MoH, Trade and Industry, Justice, DPs, UN
Advocate for review of the maternity protection law to increase maternity leave.	Number of advocacy meetings conducted		Health, Equality and Inclusion, Information and Communication, State Secretary of Social communication and Ministry of State Administration, Mission Unit, DPs, UN
Conduct civic education sessions at all levels including industries and business on the code of marketing of breastmilk substitutes.	Number of civic education sessions conducted		Information and Communication, State Secretary of Social communication and Ministry of State Administration, Mission unit,, Municipals, Equality and Inclusive, DPs, UN
Orient various stakeholders including the media and civil society on the code of marketing of breastmilk substitutes.	Number of stakeholders oriented on the code of marketing.		Mission Unit, MoH, Municipals, Trade and Industry, Information and Communication, DPs, UN
Advocate for food fortification in commonly consumed foods such as rice, sugar, cooking oil, flour, cooking oil including salt iodization.	Number of advocacy meetings conducted		Mission Unit, MoH, Municipals, Trade and Industry, Information and Communication, Economic Affair, Agriculture, State Administration, Social Communication, DPs, UN
Monitor the quality and safety of locally produced and imported foods to meet national fortification standards.	Number of monitoring visits conducted		Mission Unit, MoH, Municipals, Trade and Industry, Municipals, Economic Affairs, DPs, UN
Develop standards for food fortification.	Standards for food fortification developed		Mission Unit, MoH, Municipals, Trade and Industry, Agriculture, Economic Affairs, DPs, UN
Conduct awareness campaigns to traders and food industries on food standards.	Number of awareness campaigns conducted		Social Communication, Mission unit, Municipals, Media, Economic Affairs, Trade and Industry, Agriculture, MoH, DPs, UN

## Strategic objective 4.5.1: To prevent undernutrition with emphasis on stunting

### Strategy 4.5.1.5: Strengthen and institutionalize the implementation of the baby friendly hospital initiative (BFHI) and enforcement of legal instruments

Actions	Output/ process indicator	Target	Responsibility
Train port health officers and other key stakeholders on monitoring the quality of imported and in country fortified foods.	Number of port health officers and other key stakeholders trained		Mission Unit, MoH, Trade and Industries, Municipals, Economic Affairs, DPs, UN
Develop fortification logo for use by industries.	Fortification logos developed		Social Communication, Mission unit , Media, Economic Affairs, Trade and Industry, Agriculture, MoH, DPs, UN
Advocate for mandatory fortification on widely consumed staple foods including salt iodization Advocate for mandatory fortification on widely consumed foods.	Number of advocacy meetings conducted		Mission Unit, MoH, MoA, Trade and Industry
Enforcement of mandatory fortification.	Mandatory fortification enforced		Mission Unit, MoH, Trade and Industry, Justice, Equality and Inclusion Social communication, Economic Affairs, DPs, UN
Strengthen public-private partnerships for food fortification and salt iodization by creating the National Fortification Alliance.	National fortification alliance established		Mission Unit, Trade and Industry, Social communication, MoH, CCITL, DPs, UN
Up and out scale up Multiple Micronutrient Supplements among pregnant women in all health facilities.	Number of health facilities implementing MMS		MoH, Municipals, DPs, UN
Advocate for scale up of Multiple Micronutrient Supplements to pregnant women and multiple micronutrient powders for 6 to 23 months children.	Number of advocacy meetings conducted		Mission Unit, MoH, NGOs, Municipals, Information and Communication, DPs, UN
Scale up Iron-folate Supplementation among adolescent girls and women of reproductive age groups using various platforms such as schools and community.	Number of adolescent girls and women of reproductive age groups with IFA supplementation.		MoH, Education, NGOs, Municipals,
Provision of vitamin A supplements and deworming among under five children using various platforms such as (campaigns, health facilities, ECD centres.	Number of under five children reached		MoH, Education, Municipals
Advocate for the integration of micronutrient supplementation with other public health programmes/interventions that impact positively on nutrition status of under five children i.e. Expanded Programme on Immunisation (EPI), deworming, and water, hygiene and sanitation.	Number of advocacy meetings conducted		Mission Unit, MoH, NGOs, Municipals, Public works, DPs, UN
Conduct mobilisation of the general population on recommended food storage, processing, preparation, and utilisation.	Number of mobilisation campaigns conducted		State Secretary of Social communication and Information, Mission unit, Agriculture, health, Municipals, Equality and Inclusive, Economic Affairs, DPs, UN

<b>Strategic objective 4.5.1: To prevent undernutrition with emphasis on stunting</b>			
<b>Strategy 4.5.1.5: Strengthen and institutionalize the implementation of the baby friendly hospital initiative (BFHI) and enforcement of legal instruments</b>			
<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Scale up local accessibility and utilisation of biofortified foods.	Number of households accessing biofortified foods		Agriculture, NGOs, Municipals, Social Communication, MoA, DPs, UN
Advocate for the production of diversified crops and livestock (including indigenous high nutritive value crops, fish; animals such as poultry, small ruminants and milk producing animals for improved nutrition).	Number of advocacy meetings conducted		Agriculture, NGOs, Municipals, DPs, UN
Conduct mobilisation campaigns on the importance of consuming a diversified diet that is based on all food groups locally available and context.	Number of community mobilisation campaigns conducted		Agriculture, Health, NGOs, Municipals, Social communication and Information, communication and Information, DPs, UN
Conduct cooking demonstrations to promote dietary diversity for improved nutrition.	Number of communities conducting cooking demonstrations		Agriculture, Health, NGOs, Municipals, Secretary of Social communication, Economic Affairs, DPs, UN
Scale up Integrated Homestead Farming (IHF) in all communities for optimal nutrition.	Number of households practicing IHF		Agriculture, NGOs, Municipals, DPs, UN
Disseminate and strengthen capacity of service providers including community volunteers on utilisation of dietary guidelines to improve dietary practices to reduce stunting and other forms of malnutrition.	Dietary guidelines for Timor-Leste developed		Mission Unit, MoH, Agriculture, NGOs, Municipals, DPs, UN
Advocate and ensure availability of anthropometric/nutrition equipment in all facilities.	Number of anthropometric/nutrition equipment		Mission Unit, MoH, UNICEF, WHO, WFP, Ministry of Finance, DPs,
Procure and distribute Ready to use supplementary Food (RUSF) for management of moderate undernutrition.	Number of children reached		Mission Unit, MoH, UNICEF, WHO, WFP, Ministry of Finance, DPs,
Advocate for nutrition supplies for management of acute malnutrition in all health facilities.	Quantity of supplies procured		Mission Unit, MoH, UNICEF, WHO, WFP, Ministry of Finance, DPs
Lobby for provision of adequate space for storage the nutrition supplies.	Space for storage of nutrition supplies provided		Mission Unit, MoH, UNICEF, WFP, Ministry of Finance, CLM, DPs
Ensure regular growth monitoring are taking place as schedule.	Number of monitoring visits conducted		MoH, Municipals
Ensure necessary capacity is built in management of acute malnutrition to ensure quality of services.	Number of service providers trained on management of acute malnutrition.		MoH, UNICEF, WHO, Municipals, DPs
Support creation of linkage in between facility and community platform including livelihood programmes for continuum of care and early case detection.	Linkage between facility and community platform created		Health, Agriculture, Equality and Inclusion, Information and Communication, State Secretary of Social communication and Ministry of State Administration, Mission Unit, DPs

## Strategic objective 4.5.1: To prevent undernutrition with emphasis on stunting

### Strategy 4.5.1.5: Strengthen and institutionalize the implementation of the baby friendly hospital initiative (BFHI) and enforcement of legal instruments

Actions	Output/ process indicator	Target	Responsibility
Link discharged, cured and most at-risk individuals from treatment programmes to social protection and other livelihood programmes.	Number of mothers with cured children from treatment programmes benefited from Livelihood programmes		Health, Agriculture, Equality and Inclusion, State Secretary of Social communication and Ministry of State Administration, Mission Unit, DPs
Advocate for inclusion of nutrition supplies in the ministry of health essential supply list for sustainability.	Supplies for IMAM included in Essential Health supply list		Mission Unit, MoH, Finance, DPs
Advocate for establishment of a award in each municipal hospital for timely management of severe acute undernutrition for children with complications.	Number of municipals hospitals with ward for management of severe acute under nutrition with complications		Mission Unit, Health, UNICEF, WFP, WHO, Municipals, DPs
Advocate for update of nutrition curriculum for pre service and para-medical professionals.	IMAM module included in medical schools		Mission Unit, MoH, Education, Superior Education, INSPTL, WHO, DPs
Lobby for scale up Integrated management of acute malnutrition (IMAM/CMAM) services in all health facilities and communities within the municipals.	Number of health facilities implementing IMAM/CMAM		MoH, UNICEF, WHO, WFP, Municipals, DPs
Facilitate capacity building of volunteers and caregivers or community caregivers for early case identification and referral using family MUAC.	Number of volunteers and caregivers or community caregivers trained		Mission Unit, Health, Agriculture, UNICEF, WFP NGOs, Municipals, Equality and Inclusion, DPs
Advocate for inclusion of nutrition supplies in the ministry of health logistics management information system for real time monitoring.	Nutrition supplies included in Health logistics Management		Mission Unit, MoH, UNICEF, WHO, DPs
Advocate for creation of a safe playing space for malnourished children at treatment centres.	Number of Facilities with safe playing space in treatment unit		MoH, UNICEF, WHO, WFP, NGOs, Municipals, DPs
Lobby for provision of stimulation and nurturing materials in treatment centres.	Number of treatment centres supplied with stimulation and nurturing material		MoH, UNICEF, WHO, WFP, NGOs, Municipals, DPs
Develop multisectoral SBC and advocacy strategy.	Multisectoral SBC and advocacy strategy developed		Mission Unit, Health, Agriculture, Equity and Inclusion, Social Communication, UNICEF, Media, State Administration, Education, NGOs, Faith leaders, Traditional Leaders, DPs
Review and develop a harmonized national communication material (counselling cards, IEC, job aids for different service delivery platforms) to align with emerging issues.	Harmonized national communication material developed		Mission Unit, Health, Agriculture, Equity and Inclusion, Social Communication, UNICEF, Media, DPs

<b>Strategic objective 4.5.1: To prevent undernutrition with emphasis on stunting</b>			
<b>Strategy 4.5.1.5: Strengthen and institutionalize the implementation of the baby friendly hospital initiative (BFHI) and enforcement of legal instruments</b>			
<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Review/Develop standardized nutrition key message booklet for use by different community service providers.	Standardized nutrition key message booklet developed		Mission Unit, Health, Agriculture, Equity and Inclusion, Social Communication, UNICEF, DPs
Facilitate popularisation of age specific recipe book for use by households, communities, and general population as a tool to end stunting.	Number of awareness campaigns conducted		State Secretary of Social communication and Information, Mission unit, Agriculture, health, Municipals, Equality and Inclusive, DPs
Develop and air nutrition messages focusing stunting using different communication channels.	Nutrition messages focusing on stunting developed and aired		State Secretary of Social communication, Mission unit, Agriculture, health, Equality and Inclusive, Media, DPs
Institutionalisation of the mother support groups across sectors.	Number of sectors institutionalising mother support groups		Mission Unit, UNICEF, Health, Agriculture, State Administration, Equality, Social solidary and Inclusion, DPs
Facilitates community awareness on early health seeking behaviour and adoption of positive norms and practices at individual, household and community level using available platforms.	Number of awareness campaigns conducted		State Secretary of Social Communication, Mission unit, Agriculture, health, Municipals, Equality and Inclusive, NOGs, State Administration, DPs
Advocate for engagement of influential leaders to participate in behaviour change activities.	Number of advocacy meetings conducted		State Secretary of Social Communication and Information, Mission unit, Agriculture, health, Municipals, Equality and Inclusive, DPs
Advocate for inclusion of gender transformative social behaviour change interventions in national and municipal plans for sustainability.	Number of advocacy meetings conducted		State Secretary of Social communication, Mission unit, Agriculture, health, Equality and Inclusive, Municipal, State Administration, Education, NGOs, DPs
Conduct barriers analysis to identify bottlenecks in uptake of positive nutrition behaviour.	Barrier analysis conducted		Mission Unit, UNICEF, State Secretary of Social communication and Information, Municipal, NGOs, DPs

**Strategic objective 4.5.5: To promote Nutrition Sensitive Social Protection programmes.**

**Strategy 4.5.5.1: Integrate nutrition in social-protection programmes.**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Advocate for deliberate targeting for households with under 2 years children and pregnant women to contribute in addressing stunting in the 1000 days of life.	Number of advocacy meetings conducted		Mission Unit, Equality and Inclusion, State Administration, Social Solidarity, MoH, NGOs, UNICEF, DPs
Advocate for national social protection strategic documents to explicitly incorporate nutrition.	Number of advocacy meetings conducted		Mission Unit, Equality and Inclusion, State Administration, Social Solidarity, WFP, Women Network, DPs
Advocate for review of social cash protection programme targeting criteria to include household with malnourished and most at-risk groups such as households with under five and pregnant women.	Number of advocacy meetings conducted		Mission Unit, Equality and Inclusion, State Administration, Social Solidarity, WFP, DPs
Develop guidelines for implementation of cash transfers that aim at promoting optimal nutrition.	Guidelines for implementing social cash transfer developed		Mission Unit, Equality and Inclusion, State Administration, Social Solidarity, WFP, MoH, MoA, DPs
Build capacity of municipal teams to design, plan, implement and monitor nutrition sensitive social protection programmes that aim at reducing stunting.	Number of municipal teams trained.		Mission Unit, MoH, Agriculture, UNICEF, WFP, NGOs, Equality and Inclusion, State Administration, Social, WFP Solidarity, DPs
Participate in the design of social protection programmes and policy development to ensure nutrition adequately integrated.	Number of working sessions conducted.		Mission Unit, Health, MoA UNICEF, WFP, NGOs, Equality and Inclusion, State Administration, Social, Solidarity, DPs
Develop a comprehensive IEC package for promotion of optimal nutrition in social protection beneficiaries.	Comprehensive IEC package developed.		Mission Unit, Health, MoA, UNICEF, WFP, NGOs, Equality and Inclusion, State Administration, Social, Solidarity, DPs
Strengthen linkage and monitoring of cash transfer programmes to limit double benefiting.	Beneficiary list linked.		Mission Unit, UNICEF, WFP, NGOs, Equality and Inclusion, State Administration, Social, Solidarity, MoH, Finance, DPs

**Strategy 4.5.5.2: Enhance nutrition uptake among social protection beneficiaries through social behaviour change**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Create awareness on importance of dietary diversity and consumption of micronutrient rich foods among social protection beneficiaries.	Number of awareness campaigns conducted		State Secretary of Social Communication and Information, Mission Unit, Agriculture, Health, Municipals, Equality and Inclusive, Education, NGOs, DPs
Develop/Review and harmonise key nutrition - social protection messages for various platforms.	Harmonised key nutrition social protection messages developed		Mission Unit, UNICEF, WFP, NGOs, Equality and Inclusion, State Administration, Social, Solidarity, Education, DPs

### Strategic objective 4.5.5: To promote Nutrition Sensitive Social Protection programmes.

#### Strategy 4.5.5.2: Enhance nutrition uptake among social protection beneficiaries through social behaviour change

Actions	Output/ process indicator	Target	Responsibility
Advocate for provision of nutritious complementary foods to the ultra-poor households.	Number of advocacy meetings conducted		Mission Unit, Equality and Inclusion, State Administration, Social, Solidarity, WFP, UNICEF, MoA, Health, Education, NGOs, DPs
Conduct awareness to create demand for early health seeking behaviours among vulnerable groups and ultra-poor households to prevent malnutrition.	Number of awareness campaigns conducted		State Secretary of Social communication and Information, Mission unit, Agriculture, Health, Municipals, Equality and Inclusive, NGOs, Public Works, DPs
Establish linkage between social protection service providers and community nutrition volunteers.	Beneficiaries linked with community nutrition volunteers		Mission Unit, Equality and Inclusion, State Administration, Social, Solidarity, WFP, UNICEF, MoA, Health, DPs

### Strategic objective 4.5.6: To improve nutritional status of school aged children and adolescents for optimal growth and development

#### Strategy 4.5.6.1: Promote nutrition and healthy wellbeing of school aged children and adolescents.

Actions	Output/ process indicator	Target	Responsibility
Develop essential nutrition package (IEC materials (training guides, demonstration handbook, leaflets, posters, key message booklets etc), interventions etc) for school aged and adolescents.	Essential nutrition package for school aged and adolescents developed		Mission Unit, MoH, Education, Agriculture, WFP, UNICEF, DPs
Promote school gardens and planting of fruit trees around the schools.	Number of schools with school garden and fruit trees		Mission Unit, Education, Agriculture, Municipals
Develop nutrition guidelines that include recipes for primary and pre-primary.	Nutrition guidelines that include recipes for primary and pre-primary schools developed		Mission Unit, MoH, Education, Agriculture, Municipals, DPs
Develop adolescent nutrition guidelines.	Adolescent nutrition guidelines developed		Mission Unit, MoH, Education, NGOs
Conduct cooking demonstrations on diversified diets for learners with those responsible for school feeding at community level.	Number of cooking demonstrations conducted		Mission Unit, Education, Agriculture, NGOs, Municipals, DPs
Provide iron-folate supplements to adolescent's girls in schools and other community platforms.	Number of adolescent girls receiving IFA		MoH, Education, NGOs, Municipals, DPs
Conduct community mobilisation campaigns on IFA at all levels.	Number of community mobilisation campaigns conducted		State Secretary of Social communication and Information, Mission unit, DPs, Education, Municipals, Equality and Inclusive
Promote access to safe/portable water for drinking.			Public Works, Municipal, DPs

**Strategic objective 4.5.6: To improve nutritional status of school aged children and adolescents for optimal growth and development**

**Strategy 4.5.6.1: Promote nutrition and healthy wellbeing of school aged children and adolescents.**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Conduct community mobilisation to prevent early marriages and keep girls in school.			State Secretary of Social communication and Information, Mission unit, Education, Municipals, Equality and Inclusive, DPs
Conduct assessment effectiveness and impact of the school feeding programmes including in ECD.			Municipal, Education, WFP, Health, UNICEF, Agriculture, DPs
Conduct routine vaccination, deworming, bilharzia control, Vitamin A supplementation, physical health assessment, WASH, malaria prevention and treatment in all schools.	Number of schools reached.		Education, MoH, NGOs, Public Works, Municipals, DPs
Build capacity and caregivers on teachers on school Health and Nutrition interventions.	Number of caregivers trained		Mission Unit, Education, Agriculture, MoH, NGOs, Municipals, DPs, UN

**Strategy 4.5.6.2: Promote positive behaviour to enhance knowledge, attitude, norms, beliefs and practices on school aged children and adolescent nutrition**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Conduct community mobilisation campaigns on importance of optimal nutrition for adolescents' growth and development.	Number of mobilisation campaigns conducted		Social communication and Information, Mission unit, Education, DPs, UN
Advocate for protection of adolescents from early pregnancy and marriages and keep them in school to break the cycle of undernutrition.	Number of advocacy meetings conducted		Mission Unit, Social communication and Information, Mission unit, Education, Equity and Inclusion, NGOs, DPs, UN
Mobilise adolescents both in and out of school to participate in youth friendly platforms.	Number of adolescent boys participating in youth friendly platforms		Education, Equity and Inclusion, NGOs, DPs, UN
Advocate for peer champions to accelerate empowerment of adolescents (identify role models, conduct career talks in schools and community).	Number of Champions identified and trained		Mission Unit, Social communication and Information, Mission unit, Education, Equity and Inclusion, Municipals, DPs, UN

**Strategic objective 4.5.7: To Promote health and nutritious diets within the food systems that promote for Maternal Infant and Young Child Nutrition.**

**Strategy 4.5.7.1: Improve complementary feeding 6-23 months and maternal nutrition through diversified production of nutritious and safe foods.**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Advocate for production of diversified crops including legumes, small ruminants and underutilised food species to enhance complementary feeding.	Number of advocacy meetings conducted		Mission Unit, Agriculture, NGOs, FAO, DPs
Promote Community Led Complementary Feeding Learning Sessions.	Number of advocacy meetings conducted		Mission Unit, Agriculture, NGOs, Municipals, FAO, DPs
Target women with inputs and access to productive resources.	Number of women with inputs and access to productive resources		Mission Unit, Agriculture, NGOs, Municipals, FAO, DPs

### Strategic objective 4.5.7: To Promote health and nutritious diets within the food systems that promote for Maternal Infant and Young Child Nutrition.

#### Strategy 4.5.7.2: Promote technologies that reduce post-harvest losses in production, storage, preservation, and food processing to ensure continued supply of complementary foods.

Actions	Output/ process indicator	Target	Responsibility
Scale up effective technologies for food storage, preservation and processing that promotive nutrient retention for optimal nutrition.	Effective technology for food storage, food preservation and food processing scaled up		Mission Unit, Mission Unit, Agriculture, NGOs, FAOs, Municipals, WFP, Central Logistics, DPs
Train communities on use of improved technologies for local production of high nutritious complementary food through value addition within the food systems.	Number of communities trained.		Mission Unit, Mission Unit, Agriculture, NGOs, FAOs, Municipals, DPs, UN
Support the development of food-based dietary guidelines to improve complementary food for children 6 - 23 months and maternal nutrition.	Number of communities trained.		Mission Unit, Agriculture, DPs, UN NGOs, FAOs, Municipals
Train communities on food budgeting, meal planning and meal preparation to reduce food waste and nutrient loss.	Number of communities using labour-saving devices		Mission Unit, DPs, UN Agriculture, NGOs, FAOs, Municipals
Encouraging women to participate in post-harvest processing and value addition to increase access to nutritious complementary food and income generation.	Number of women involved in post-harvest processing		Mission Unit, Agriculture, NGOs, FAOs, Municipals, DPs

#### Strategy 4.5.7.3: Promote Integrated Homestead Farming (IHF).

Actions	Output/ process indicator	Target	Responsibility
Scale up IHF initiatives to ensure access to food that promote complementary feeding for throughout the year.	IHF initiatives scaled up		Mission Unit, Mission Unit, Agriculture, NGOs, FAOs Municipals, DPs, UN
Facilitate development of community demonstration garden as part of community empowerment and self-reliance.	Number of community demonstration gardens established		Mission Unit, Mission Unit, Agriculture, NGOs, FAOs Municipals, DPs, UN
Promote establishment and scale up seed banks for nutritious crops that for easy access of seedlings by communities.	Number of seedbanks established		Mission Unit, Mission Unit, Agriculture, NGOs, FAOs NGOs, Municipals, World Fish
Train communities on IHF with much focus on household with under five children with an aim of increasing access to food with focus on children 6 - 23 months and pregnant women.	Number of communities trained.		Mission Unit, Mission Unit, Agriculture, NGOs, FAOs, Municipals, DPs, UN
Provide start-up materials (seeds and livestock) for IHF in communities for pass- on programme.	Number of communities provided with start-up materials for IHF.		Mission Unit, Mission Unit, Agriculture, NGOs, FAOs, Municipals
Integrate IHF in Mother groups for optimal complementary feeding.	Number of mother groups integrating IHF		Mission Unit, MoH, Mission Unit, Agriculture, NGOs, FAOs, Municipals
Develop models for aquaculture production at household and community level.	Models for aquaculture production developed		Mission Unit, Mission Unit, Agriculture, NGOs, FAOs, Municipals, DPs, UN

**Strategic objective 4.5.7: To Promote health and nutritious diets within the food systems that promote for Maternal Infant and Young Child Nutrition.**

**Strategy 4.5.7.4: Advocate for adequate market supply and access of diverse and nutritious foods.**

Actions	Output/ process indicator	Target	Responsibility
Conduct community mobilisation, targeting households with under two and pregnant women to participate in income generating activities to increase access to diversified foods for optimal nutrition.	Number of mobilisation campaigns conducted		Health, Agriculture, Equality and Inclusion, State Secretary of Social communication, State Administration, Mission unit, Social Solidarity, WFP
Train women and youth groups on off-farm income generating activities to obtain sufficient income for food and nutrition requirements.	Number of women/youths trained on off-farm income generating activities		Health, Agriculture, Equality and Inclusion, State Secretary of Social communication, State Administration, Mission unit, Social Solidarity, WFP
Advocate for strengthening of food markets to deliver affordable, sufficient, high quality, and nutritious foods for optimal nutrition within the 1000 days.	Targeted initiatives to promote income-generating activities developed		Health, Agriculture, Equality and Inclusion, State Secretary of Social communication, State Administration, Mission unit, Social Solidarity, WFP, FAO
Leveraging community platforms to raise consumer demand for nutritious foods through engaging with key influencers, fostering partnerships to scale- up community-based approaches, and supporting nutrition-sensitive agriculture and livelihoods.	Linkages to markets for the urban and rural poor supported groups promoted		Mission Unit, Agriculture, Commerce, Social Inclusion, Equality and Inclusion, NGOs, Municipals, DPs

**Strategy 4.5.7.5: Strengthen social and behaviour change communication for improved diets with emphasis on the 1000 days.**

Actions	Output/ process indicator	Target	Responsibility
Develop, print and disseminate food and nutrition IEC Materials that promote dietary diversity, biofortification, underutilised foods and key messages using different channels e.g., radio, newspapers, mobile vans, social media, television, among others; including messages to counteract negative food and nutrition messages and taboos.	The community food and nutrition training manual developed		Mission Unit, MoH, Agriculture, NGOs, Municipals, DPs
Develop age specific recipe books for children 0 - 23 months promoting optimal complementary feeding.	Food and nutrition IEC materials developed and disseminated.		Mission Unit, Social communication and information, , NGOs, UNICEF, WFP, FAO, Health, Education, Agriculture
Conduct community awareness campaigns on dietary diversity using different forums and channels (including diversified production and utilisation of nutrient-rich indigenous and bio-fortified foods from all the food groups) emphasizing stunting.	Age specific recipe books for the under-five children developed		Mission Unit, MoH, NGOs, Municipals, DPs
Conduct food and nutrition fairs, food demonstrations and open days using developed/available food groups chart.	Number of community awareness campaigns conducted		Mission Unit, MoH, Agriculture, NGOs, UNICEF, FAO, DPs

**Strategic objective 4.5.7: To Promote health and nutritious diets within the food systems that promote for Maternal Infant and Young Child Nutrition.**
**Strategy 4.5.7.5: Strengthen social and behaviour change communication for improved diets with emphasis on the 1000 days.**

Actions	Output/ process indicator	Target	Responsibility
Conduct household visits to provide tailor made food and nutrition education and counselling to reinforce positive behaviours using positive deviate mothers to improve nutritional status of children 6-23 months, pregnant women and lactating mothers.	Number of food and nutrition fairs conducted		Health, Agriculture, Equality and Inclusion, State Secretary of Social communication, State Administration, Mission unit, Social Solidarity, WFP, FAO

**Strategy 4.5.7.6: Promote optimal complementary feeding through food preparation and safety.**

Actions	Output/ process indicator	Target	Responsibility
Sensitize communities on hygienic food preparation and handling to enhance nutrition with 1000 days.	Number of sensitisation campaigns conducted		Health, Agriculture, Equality and Inclusion, State Secretary of Social communication, State Administration, Mission unit, Social Solidarity, WFP, FAO
Sensitize communities on food selection that promote optimal complementary feeding for children 6-23 months and pregnant mothers.	Number of sensitisation campaigns conducted		Health, Agriculture, Equality and Inclusion, State Secretary of Social communication, State Administration, Mission unit, Social Solidarity, WFP, FAO
Promote water, sanitation and hygiene practices at household level.	Number of households implementing water, sanitation and hygiene interventions		Mission Unit, Health, Agriculture, Public works, NGOs, Municipals, DPs, UN
Follow-up on recommendations from the National Food control system assessment report for implementation.	Number of recommendations implemented		Mission Unit, Health, Trade and Industry, Commerce, Economy, PHI, Public works

**Strategy 4.5.7.7: Promote gender integration, women and community empowerment and participation for improved Maternal and child nutrition in the first 1000 days.**

Actions	Output/ process indicator	Target	Responsibility
Develop guidelines for integration of gender in food and nutrition programmes.	Guidelines for integration of gender and food and nutrition developed		Mission Unit, Equality and Inclusion, NGOs, DPs, UN
Conduct mobilisation campaigns on gender and social-cultural issues, including male involvement to participate in maternal and child nutrition within the 1000 days.	Number of community mobilisation campaigns conducted		Equality and Inclusion, State Secretary of Social communication and information, State Administration, Mission unit, Social Solidarity, WFP, FAO
Identify positive deviant men as nutrition champions for promoting gender and social-cultural practices in food and nutrition at all levels.	Number of male nutrition champions identified		Mission Unit, Health, Agriculture, Equity and Inclusion, Communication and Information, NGOs, Municipals, DPs, UN

**Strategic objective 4.5.7: To Promote health and nutritious diets within the food systems that promote for Maternal Infant and Young Child Nutrition.**

**Strategy 4.5.7.7: Promote gender integration, women and community empowerment and participation for improved Maternal and child nutrition in the first 1000 days.**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Conduct community sensitization on youth involvement in food and nutrition issues that impact child growth and development especially in the first 1000 days.	Number of sensitisation campaigns conducted		Equality and Inclusion, State Secretary of Social communication and information, State Administration, Mission unit, Social Solidarity, WFP, DPs
Encourage men and youth participation in food and nutrition issues (e.g. development of homestead gardens, food preparation demonstrations and nutrition fairs).	Number of men and youth participating in food and nutrition issues		Mission Unit, Agriculture, Equity and Inclusion Social communication and Information, NGOs, Municipals, DPs, UN

**Strategy 4.5.7.8: Strengthen institutional capacity to effectively implement food and nutrition interventions at all levels.**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Develop nutrition-sensitive training package and training s extension workers and other cadres with focus on improving complementary food.	Nutrition sensitive training package developed		Mission Unit, Agriculture, FAO, NGOs, Municipals, DPs
Advocate for establishment of Nutrition Unit and nutrition positions in Ministry of Agriculture and Fisheries at national level and placement of Food and Nutrition Officer (FNO) at Municipal level.	Number of advocacy meetings conducted		Mission Unit, Agriculture, UNICEF, FAO, Finance,
Train extension workers on planning, implementation, monitoring and evaluation of food and nutrition programmes with emphasis on the 1000 days.	Number of extension workers trained		Mission Unit, Agriculture, FAO, UNICEF, NGOs, Municipals, DPs
Conduct capacity needs assessment on food and nutrition for agriculture sector.	Number of capacity needs assessment on nutrition conducted		Mission Unit, UNICEF
Advocate for integration of food and nutrition in agricultural extension curriculum.	Number of advocacy meetings conducted		Mission Unit, Agriculture, UNICEF, FAO, DPs
Train Community mother groups on optimal complementary feeding practices for the first 100 days of life.	Number of extension workers, nutrition coordinator and other service providers trained		Mission Unit, Agriculture, UNICEF, FAO, NGOs, Municipals, DPs

**Strategy 4.5.7.9: Strengthen food and nutrition monitoring, evaluation, research, and surveillance system for effective implementation of the food and nutrition strategy**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Advocate for integration of nutrition indicators in the agriculture sector monitoring tool.	Number of advocacy meetings conducted		Mission Unit, Agriculture, NGOs, FAO, UNICEF, DPs
Build capacity to service providers on food and nutrition surveillance systems, monitoring, evaluation and research.	Number of service providers trained		Mission Unit, Agriculture, NGOs, FAO, UNICEF, DPs

### Strategic objective 4.5.7: To Promote health and nutritious diets within the food systems that promote for Maternal Infant and Young Child Nutrition.

#### Strategy 4.5.7.9: Strengthen food and nutrition monitoring, evaluation, research, and surveillance system for effective implementation of the food and nutrition strategy

Actions	Output/ process indicator	Target	Responsibility
Support food and nutrition research and dissemination including developed new recipes using the locally available foods.	New recipes using locally available foods developed		Mission Unit, Agriculture, NGOs, FAO, UNICEF, DPs
Advocate for development of food chart with different food groups for commonly consumed foods into the agriculture and food data system.	Number of monitoring visits conducted		Mission Unit, Agriculture, UNICEF, DPs
Facilitate provision of community growth chart for monitoring of progress in their catchment.	Number of advocacy meetings conducted		Mission Unit, Agriculture, UNICEF, FAO, DPs

### Strategic objective 4.5.8: Enhance Nutrition Sensitive Water, sanitation and Hygiene in Nutrition and WASH programmes

#### Strategy 4.5.8.1: Improve hygiene and sanitation practices and other public health interventions

Actions	Output/ process indicator	Target	Responsibility
Facilitate integration of WASH intervention in nutrition and WASH programmes.	Number of nutrition programmes integrating WASH		Mission Unit, MoH, Public Works, UNICEF, NGOs, DPs
Partnerships as an approach in implementing WASH-nutrition integration.	Number of partnerships created		Mission Unit, MoH, Public Works, UNICEF, NGOs, Municipals, DPs
Promotion and provision of WASH intervention to vulnerable household especially those with under five children, pregnant women and lactating mothers.	Number of vulnerable households reached		Mission Unit, MoH, Public Works, UNICEF, NGOs, Municipals, DPs
Develop WASH-Nutrition package to be implemented at community and household level.	WASH nutrition package developed		Mission Unit, MoH, Public works, UNICEF, NGOs, Municipals, DPs
Develop indicators to monitor WASH in nutrition and WASH programmes.	Indicators to monitor WASH in nutrition and nutrition programmes developed		Mission Unit, MoH, Public works, UNICEF, DPs
Ensure community is mobilised on WASH and other public health interventions using different platforms.	Number of mobilisation campaigns conducted		Mission Unit, MoH, NGOs, Municipals, DPs
Ensure provision of chlorine to pregnant and lactating mothers with children 0 to 23 months.	Number of pregnant and lactating women provided with chlorine		Mission Unit, MoH, Public works, UNICEF, NGOs, Municipals, DPs

### Strategic objective 4.5.9: To enhance delivery of nutrition interventions during emergencies

#### Strategy 4.5.9.1: Strengthen prevention, treatment, care and management of acute malnutrition during emergency

Actions	Output/ process indicator	Target	Responsibility
Conduct routine screening for early case identification and referral of malnourished children, pregnant women, lactating mothers and other vulnerable groups.	Number of screening sessions conducted		Mission Unit, MoH, UNICEF, WFP, NGOs, Municipals, DPs

**Strategic objective 4.5.9: To enhance delivery of nutrition interventions during emergencies**

**Strategy 4.5.9.1: Strengthen prevention, treatment, care and management of acute malnutrition during emergency**

Actions	Output/ process indicator	Target	Responsibility
Train health service providers, frontline workers and other cadres in management of acute malnutrition during emergency.	Number of health service providers trained		Mission Unit, MoH, UNICEF, WFP, NGOs, Municipals, DPs
Integrate nutrition into other services to ensure continuum of care through various platforms to prevent morbidity and mortality due to malnutrition.	Number of integrated nutrition services across all platforms		Mission Unit, MoH, UNICEF, WFP, WHO, NGOs, Municipals, Agriculture, FAO, Equity and Inclusion, Solidarity, State for Civil Protection, DPs
Procure and distribute nutrition supplies including Micronutrients supplements and equipment for management of acute malnutrition in all affected areas.	Micronutrients supplements and equipment procured and distributed		Mission Unit, MoH, NGOs, Municipals, WFP, UNICEF
Create linkages between IMAM and social protection programmes to build resilience among the vulnerable groups.	Linkage between IMAM and social protection programmes created		Mission Unit, MoH, NGOs, Municipals, WFP, UNICEF, Social Solidarity, Equity and Inclusion, DPs
Procure and distribute food supplements to at-risk groups such as pregnant and lactating women, under five children.	Food supplements for at risk groups procured and distributed		Mission Unit, MoH, NGOs, Municipals, WFP, UNICEF, Social Solidarity, Equity and Inclusion, DPs
Advocate for inclusion of high energy nutritious foods in the food basket for optimal nutrition.	Number of advocacy meetings conducted		Mission Unit, MoH, DPs, UN
Develop nutrition IEC materials including counselling cards for emergency response.	Nutrition IEC materials for emergency in nutrition response developed		Social communication and information, State Administration, Mission unit, Social Solidarity, WFP UNICEF, MoH, State for Civil Protection, DPs
Mobilise resources to ensure preparedness for emergency in nutrition response.	Number of meetings conducted		Mission Unit, MoH, WFP, UNICEF, State for Civil Protection, DPs
Monitor and enforce implementation of the code of marketing for breastmilk substitutes during emergencies.	Number of monitoring visits conducted		Mission Unit, MoH, Trade and Industry, State for Civil Protection, DPs
Develop emergency response and recovery plans.	Emergency response and recovery plans developed		Mission Unit, MoH, UNICEF, WFP, WHO, NGOs, State for Civil Protection, DPs

**Strategic objective 4.5.10: To create an enabling environment for the effective implementation of nutrition services and programmes that build national, community and household resilience.**

**Strategy 4.5.10.1: Promote evidence-based policy environment.**

Actions	Output/ process indicator	Target	Responsibility
Advocated for the development of the National Multisectoral Nutrition Policy.	Number of advocacy meetings conducted		Mission Unit, DPs, UN

**Strategic objective 4.5.10: To create an enabling environment for the effective implementation of nutrition services and programmes that build national, community and household resilience.**

**Strategy 4.5.10.1: Promote evidence-based policy environment.**

Actions	Output/ process indicator	Target	Responsibility
Develop a Multisector Social Behaviour Change and Communication Plan.	Multisector Social Behavior Change and Communication Plan developed		Mission Unit, DPs, UN
Develop/review programme specific strategic plans for operationalization of the national multi-sector plan (micronutrient, adolescent, maternal infant and young child feeding, Nutrition Sensitive agriculture, School Health and Nutrition) where necessary.	Programme specific strategic plans for operationalization of the national multi-sector strategic plan developed		Mission Unit, Health, Agriculture, Education, WHO, WFP, UNICEF, NGOs, Municipals, Equality, Solidarity, Trade and Industry

**Strategy 4.5.10.2: Strengthen multisectoral coordination for nutrition at all levels.**

Actions	Output/ process indicator	Target	Responsibility
Strengthen/establish the Multisector Coordination mechanisms at all levels.	Multisector Coordination mechanisms established		Mission Unit, Municipals, DPs, UN
Advocate and support functionality of CONSSAN-TL to discuss the nutrition agenda at National and Municipal levels.	Number of advocacy meetings conducted		Mission Unit, Municipals, DPs, UN
Scale up and strengthen nutrition implementation structures at community level.	Nutrition implementation structures at community level established		Health, Agriculture, NGOs, Municipals, UNICEF, DPs, UN

**Strategy 4.5.10.3: Enforce legal instruments to guide implementation of nutrition services**

Actions	Output/ process indicator	Target	Responsibility
Advocate for development of legal frameworks for nutrition such as mandatory fortification for certain elements in centrally processed foods.	Number of advocacy meetings conducted		Mission Unit, Health, Trade and Industry, UNICEF, WHO, Authority for Inspection and control for Economic Sanitation and Food, DPs
Advocate for development of framework for standards for fortified foods.	Fortification standards developed		Mission Unit, Health, Trade and Industry, UNICEF, WHO, Authority for Inspection and control for Economic Sanitation and Food, DPs
Enforce labelling of food products for quality assurance.	Food labelling enforced		Mission Unit, Health, Trade and Industry, UNICEF, WHO, Authority for Inspection and control for Economic Sanitation and Food, State Administration, DPs
Create awareness to the general population on the existing nutrition legal frameworks.	Number of awareness campaigns conducted		Mission Unit, Social communication and information, DPs
Monitoring adherence of code of marketing for breastmilk substitutes.	Number of monitoring visits conducted		Mission Unit, Health, Justice, Municipals, Trade and Industry, Commence, DPs

**Strategic objective 4.5.10: To create an enabling environment for the effective implementation of nutrition services and programmes that build national, community and household resilience.**

**Strategy 4.5.10.4: Strengthen accountability in nutrition financing at all levels**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Advocate for nutrition with Vice Prime Minister, Parliamentarians, and Ministry of Finance throughout the budget cycle.	Number of advocacy meetings conducted		Mission Unit, Sectors, Finance, Municipals, Social communication, Public works, MoH, Agriculture, DPs
Monitor compliance on nutrition financing commitments, budget and expenditure analysis at national and municipal level.	Number of monitoring visits conducted		Mission Unit, Finance, DPs, UN
Increase efficiency of nutrition budget allocations: prioritize financing of programmes which have greatest evidence of impact and sustainable results especially at Municipal levels.	Percentage of Nutrition Budget Allocated to Evidence-Based and Sustainable Programmes at Municipal Levels		Mission Unit, Sectors, Finance, Municipals, DPs, UN
Conduct financial needs assessment for all sectors for programme-based budgeting to ensure that nutrition budget allocations is evidence-based.	Number of sectors conducting financial needs assessment		Mission Unit, Finance, DPs, UN

**Strategy 4.5.10.5: Strengthen capacity for nutrition programming at all levels**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Develop a competency-based capacity building strategy for community nutrition workers, incorporating nutrition-specific and nutrition-sensitive components.	Competency-based capacity building strategy developed		Mission Unit, Sectors, DPs
Advocate for inclusion of Nutrition in primary and secondary school curriculum as examinable subjects.	Number of advocacy meetings conducted		Mission Unit, Health, Education, DPs, UN
Conduct short courses on Nutrition to none nutrition professionals working in nutrition.	Number of non-professionals completing short courses in nutrition		Mission Unit, Sectors, DPs, INSPTL, Academia
Develop guideline for integration on nutrition interventions in Municipal plans.	Guidelines developed		Mission Unit, State Administration, MoH, Agriculture, Public works, Academia, INSPTL, Equality, Social solidarity and Inclusion, Education
Develop nutrition resource pack including key message booklet for influential nutrition stakeholders (faith leaders, local leaders, media, politician, nutrition champions etc.)	Nutrition resource pack developed		Mission Unit, State Administration, MoH, Agriculture, Public works, Academia, INSPTL, Equality, Social solidarity and Inclusion, Education, DPs
Orient Municipal Presidents on Nutrition programming and their role in stunting reduction.	Number of orientation session and Presidents oriented		Mission Unit, State Administration, Agriculture, Health, Equality, Social solidarity, Academia

**Strategic objective 4.5.10: To create an enabling environment for the effective implementation of nutrition services and programmes that build national, community and household resilience.**

**Strategy 4.5.10.5: Strengthen capacity for nutrition programming at all levels**

Actions	Output/ process indicator	Target	Responsibility
Facilitate/ensure orientation of village headmen on causes, prevention and implication of undernutrition in their communities.	Number of village headmen oriented		Mission Unit , Municipal, NGOs
Advocacy for National Food Law encompassing food control and labelling regulations and inter-ministerial responsibilities.	Food control and labelling in place		Mission unit, Finance, Health, Trade and industry, Authority for Inspection and control for Economic Sanitation and Food
Advocate for strengthening capacity of the Authority for Inspection and control for Economic Sanitation and Food through establishment of national reference laboratory and human resource to effectively monitor imported and locally manufactured foods.	Laboratory established with adequate human capacity		Mission unit, Finance, Health, Trade and industry, Authority for Inspection and control for Economic Sanitation and Food

**Strategic objective 4.5.11: To strengthen Monitoring, Evaluation, Accountability, Research and Learning**

**Strategy 4.5.11.1: Facilitate joint planning and programming among sectors to ensure effective implementation accountability and learning among sectors in accordance with the Four Ones Principle.**

Actions	Output/ process indicator	Target	Responsibility
Conduct a stakeholders' meeting to define and reach consensus on key mandates, functions, priority areas roles and responsibilities of each stakeholder in the implementation of the Plan.	Key mandates, functions, priority areas roles and responsibilities of each stakeholder defined		Mission unit, line Ministries
Disseminate the roles and responsibilities at municipal level.	Roles and responsibilities disseminated in all municipals		Mission unit, State Administrator
Make follow-up each sector quarterly for progress reports.			Mission unit
Consolidate the sectoral plans into one comprehensive nutrition work plan for purpose of monitoring progress by Mission Unit.	Sectoral plans consolidated		Mission unit

**Strategy 4.5.11.2: Promote evidence-based programming of nutrition programmes, projects, interventions and services through research and best practices.**

Actions	Output/ process indicator	Target	Responsibility
Advocate for the establishment or inclusion of a Nutrition in Ethics Research Committee.	Nutrition Ethics committee established		Mission unit
Establish a technical working group on research with clear terms of reference and work plan.	Technical Working Groups Established		Mission unit, UNICEF
Document existing research including on-going research by various Institutions and individuals through consultative meetings with nutrition research experts.	Research documented		Mission unit, Academia, research institutions

**Strategic objective 4.5.11: To strengthen Monitoring, Evaluation, Accountability, Research and Learning**

**Strategy 4.5.11.2: Promote evidence-based programming of nutrition programmes, projects, interventions and services through research and best practices.**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Develop a national nutrition research agenda and support students carry out research.	Research agenda developed		Academia and TWG
Conduct annual review meetings of on-going research.	Review meetings conducted		Academia and TWG

**Strategy 4.5.11.3: Establish web-based Nutrition Information Management Systems (NIMS) that is linked to all nutrition services and programmes.**

<b>Actions</b>	<b>Output/ process indicator</b>	<b>Target</b>	<b>Responsibility</b>
Commission a consultancy to develop web-based NIMS and process indicators to be tracked in line with the PAN-HAM-TIL and the Nutrition and Food Security framework to be hosted by a Mission Unit.	Web based NIMS developed and rolled out		Mission unit
Procure and distribute the necessary equipment, materials and supplies to roll out the NIMS.	NIMS equipment procured		Mission unit
Procure and distribute monitoring tools, equipment and supplies including a community growth chart for use in communities through mother care support groups.	Monitoring tools procured		Mission unit

## ANNEX 3: MONITORING AND EVALUATION FRAMEWORK FOR THE NATIONAL ACTION PLAN

Performance Indicator	Baseline 2024	Target						Source of Verification
		2025	2026	2027	2028	2029	2030	
Percentage of children 0-59 months who are stunted	47	42.4	37.8	33.3	28.6	24.0	<25	DHS, MICS, NS
Percentage anaemia among children 6 -59 months	63	58.2	53.4	48.6	43.8	39	<40	DHS,MNS, NS
Proportion of children 6-59 months with vitamin A deficiency	8	6.8	5.6	4.4	3.2	2	<3	DHS, MNS, NS
Percentage of mothers initiated their new born to breastmilk with one hour of birth	47	53.8	60.6	67.4	74.2	81	>80	Hospital Reports
Percentage of children 0-5 months exclusively breastfed	64	65.4	66.8	68.2	69.6	71	>70	DHS, MICS, KAPS
Proportion of children 6-23 months achieving Minimum Acceptable Diet (MAD)	14	19.2	24.4	29.6	34.8	40	40	DHS, MICS, KAPS
Percentage women of reproductive age 15-49 years with iron deficiency anaemia	39	35	31	27	23	19	<20	DHS, MNS
Proportion of women achieving Minimum Dietary Diversity (MDD-W)	65	66.2	67.4	68.6	69.8	71	>70	DHS, MICS, KAPS
Percentage women of reproductive age 15-49 years who are thin	19	17	15	13	11	9	<10	DHS, MICS,
Coordinating unit for Nutrition Institutionalised (Mission Unit)	1	1	1	1	1	1	1	Annual Reports
number of key relevant Ministries with nutritionists or nutrition unit	1	2	3	4	6	6	6	Annual Reports
Number of Ministries and Municipal with budget line for priority actions	1	2	3	4	6	6	6	Annual Reports
Web Based M and E system established at all levels	1	2	3	4	6	6	6	Annual Reports
Proportion of Municipals utilising Nutrition Information System	1	2	3	6	6	6	6	Annual Reports
Number of Bi-annual Multisector coordination meetings at National and Sub National level	1	4	4	4	4	4	4	Annual Reports
Number of quarterly TWGs meeting across sectors	5	5	5	5	5	5	5	Annual Reports
Number National Nutrition surveys conducted	0		1			1	2	Annual Reports









# THE NATIONAL MULTISECTOR NUTRITION ACTION PLAN

2024-2030

