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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Timor-Leste

Proposed indicative UNFPA assistance:	\$21.3 million: \$7.8 million from regular resources and \$13.5 million through co-financing modalities or other resources
Programme period:	Five years (2026-2030)
Cycle of assistance:	Fifth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026–2030

I. Programme rationale

1. Timor-Leste is a small island developing State in Southeast Asia that aspires to build a stronger, upper-middle-income nation by 2030. Its political landscape, shaped by its colonization history and struggle for independence, has evolved into a stable democracy. The country's economy remains heavily dependent on oil extraction, contributing 80 per cent of the gross domestic product (GDP). Real GDP growth has declined, from 4.0 per cent in 2022 to 2.4 per cent in 2023. With oil reserves projected to deplete by 2035, fiscal stability, economic diversification and private-sector development have become critical government priorities. The Government strives to meet the prerequisites to become a full member of the Association of Southeast Asian Nations (ASEAN), as full accession to ASEAN will present political and economic benefits.

2. Nearly 42 per cent of the population lives in poverty, and many of them are experiencing multidimensional poverty with food insecurity. The labour force participation rate was 30.5 per cent in 2021. The Human Development Index for Timor-Leste was 0.566 in 2022, ranking it 155th out of 193 countries.

3. According to the 2022 Population Census of Timor-Leste, the country has a population of 1,341,737. The total fertility rate declined from 6.4 to 3.6 live births per woman between 2010 and 2022, while the life expectancy has increased, from 62.9 years in 2000 to 68 years in 2022. Only 28.6 per cent of the population lives in urban areas. With 62 per cent of the population under the age of 25, Timor-Leste's youthful demographic presents both opportunities and challenges. Although harnessing a demographic dividend is possible, nearly 29.3 per cent of youth are not in education, employment or training (NEET), underscoring the urgent need for investment in education, vocational training, job creation and gender-inclusive labour policies, as well as meaningful youth engagement and leadership.

4. The latest official maternal mortality ratio is 195 maternal deaths per 100,000 live births, one of the highest in Asia. Skilled birth attendance increased from 30 per cent in 2009-2010 to 57 per cent in 2016, and deliveries in health facilities rose from 22 per cent to 49 per cent during the same period; however, 51 per cent of births still occur at home and 43 per cent are not attended by skilled personnel. Most maternal deaths occur at home, particularly in rural areas, among poorer communities, during the peripartum period. Persistent disparities in access to high-quality healthcare remain: 84 per cent of urban women delivered in health facilities, compared to only 34 per cent of rural women. The "three delays" – poor healthcare-seeking behaviour; costly transportation and referrals; insufficient skilled health attendants, inadequate healthcare infrastructure and poor services – contribute to the high maternal mortality. The leading causes of maternal deaths are obstetric haemorrhage (52 per cent); obstetric hypertension (19 per cent); and sepsis (10 per cent). Coverage and quality of basic emergency obstetric and newborn care need to be improved in rural areas to accelerate a decline in maternal mortality.

5. Despite declining fertility, the unmet need for modern methods of family planning remains high among married women (25.3 per cent) and unmarried women (15.7 per cent) – particularly among young women aged 20-24 years (14 per cent), women with lower education (18.8 per cent) and lowest wealth quintile (18.2 per cent), as well as those in rural areas (16.4 per cent). This gap limits women's autonomy over their reproductive choices. Although the Family Planning Policy was adopted in 2022, with a focus on married couples, access to contraceptive services for sexually active young people and key populations remains a challenge. The 2024 Facility Survey reflected the most likely impact of such a policy targeting only married couples in accessing contraceptive services, as the proportion of unmarried clients surveyed in 2024 (32.9 per cent) has significantly decreased, compared to 2022 (49 per cent).

6. The Common Country Analysis highlights that gender-based violence (GBV) remains a persistent challenge in Timor-Leste. In 2015, 59 per cent of women reported having experienced physical or sexual violence in their lifetime, and 47 per cent in the prior 12 months. GBV is driven by entrenched gender inequality and negative social norms, with about 74 per cent of women and 53 per cent of men justifying intimate partner violence. Timor-Leste has made significant strides in addressing GBV, with the enforcement of the 2010 Law Against Domestic Violence and the implementation of three national action plans against GBV. Despite the gains from initiatives like "Spotlight" and "Together for Equality" – which have raised awareness; promoted gender equality and gender equitable attitudes; improved support services; strengthened institutions and legal frameworks; and strengthened civil society organizations – progress has been slow. As highlighted in the Common Country Analysis, the capacity of the Government to implement the various policies and action plans needs to be strengthened and substantiated with evidence. Help-seeking remains low (20 per cent) due to persistent stigma, lack of awareness and inadequate support, while technology-facilitated GBV is increasingly evident and requires evidence-based responses.

7. Persons in vulnerable situations, including people with disabilities, people living with HIV, and key populations, have limited access to sexual and reproductive health and rights (SRHR) and GBV services, and they face stigma and discrimination. Timor-Leste has a low prevalence of HIV infection, with an estimated total of 1,742 cases in 2023. Recent data from the Ministry of Health shows a tenfold increase in HIV prevalence among pregnant women and those treated for sexually transmitted infections in Timor-Leste. However, prevalence continues to be higher among key populations, as stigma and lack of inclusive health services pushed 75 per cent of recent study respondents to skip their HIV antiretroviral doses in the last 12 months as per the Sigma Index 2.0. Across the country, 6 per cent of households have at least one person with a disability. Among those households, 12,710 reside in rural areas, constituting 83.6 per cent, which poses challenges in the availability, accessibility and quality of social services in rural areas. The majority of persons with disabilities (76.1 per cent) have never attended school, with the highest disadvantages for women (82.1 per cent). The Government adopted the Disability National Action Plan, 2021-2030, and the Ministry of Social Solidarity and Inclusion leads coordination between line ministries and organizations of persons with disabilities on the implementation of the Plan.

8. The national statistical system, led by the National Institute of Statistics Office (INETL), collects, analyses and disseminates socioeconomic, demographic and environmental data through censuses, surveys and routine statistics. Although various line ministries gather administrative data, the quality, accessibility and use of these data for policy and decision-making need strengthening. The 2022 population and housing census was successfully conducted, and its results were disseminated. With the upcoming Timor-Leste Demographic and Health Survey scheduled for 2025, there is an opportunity to update and utilize data for the three transformative results. UNFPA is regarded as a partner of choice in supporting data for development, given its historical and collaborative support for INETL and other government agencies. UNFPA will continue to play a technical leadership role within the United Nations for coordinated cooperation with INETL and other partners across the data ecosystem.

9. Timor-Leste is ranked 86th globally among the countries with medium disaster risk, according to the INFORM Risk Index. Vulnerable to seasonal droughts, flooding and increased heat, the country has limited response and coping capacities, and a lack of evidence on the impacts of climate change on SRHR, GBV and other vulnerabilities. The Civil Protection Authority is entrusted with civil protection duties, including prevention, mitigation and response to emergencies and disasters, and its capacity is limited. When disasters strike, women and girls are disproportionately affected; therefore, their specific needs, including SRHR, and the heightened risk of GBV during emergencies must be integrated into national policies and plans for disaster risk reduction, preparedness and climate adaptation.

10. The new country programme design is informed by the evaluation of the previous programme. Key recommendations include: (a) targeting support for health system strengthening for maternal, newborn and adolescent health; (b) adopting rights-based approaches to improve the quality and availability of SRHR, and GBV services for the most vulnerable; (c) strengthening multisectoral responses to GBV through improved case management and referral systems; (d) enhancing the capacity of the primary healthcare system to deliver integrated SRH services in both development and humanitarian settings; (e) leveraging UNFPA data expertise to advocate for evidence-based policies, including those designed to harness the demographic dividend; and (f) revitalising efforts to deliver adolescent and youth-responsive SRH services while continuing to expand comprehensive sexuality education programmes to empower adolescents and maximize health and economic benefits.

II. Programme priorities and partnerships

11. The vision of the programme is to accelerate progress towards the three transformative results, to ensure that women, girls and young people – particularly those in rural and remote areas and people with disabilities – gain full access to SRHR and live free from violence. This will be achieved by transforming social and gender norms, enhancing national policies and resilient systems, and promoting a rights-based approach and data-driven decision-making. The programme is aligned with Timor-Leste's Strategic Development Plan, 2011-2030, the 9th Constitutional Government Plan, relevant sectoral strategies, the 2030 Agenda for Sustainable Development and the SDGs, the International Conference on Population and Development (ICPD) Programme of Action and the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2026-2030. In partnership with the government partners, United Nations agencies and civil society organizations (CSOs), the programme will support implementation of the recommendations of the Universal Periodic Review, the Convention on the

Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Persons with Disabilities and other human rights instruments.

12. The programme was designed in consultation with the Government, CSOs, development partners, United Nations agencies and representatives of vulnerable groups, including women-led and youth-led organizations and people with disabilities, in line with the principles of gender equality and ‘leaving no one behind.’ Given the country’s vulnerability to climate-induced disasters and fiscal instability, the programme will focus on the sustainability of programme support and resilience building at national, subnational and community levels across the humanitarian development continuum. The programme will also promote South-South and triangular cooperation to accelerate learning and leverage innovation from peer countries.

13. The programme will employ several strategies and accelerators: (a) expand strategic partnerships with traditional and non-traditional partners, including international financial institutions, the private sector and through South-South and triangular cooperation, to catalyse a shift from external funding to innovative financing, including increased domestic financing for the three transformative results. In anticipation of Timor-Leste’s full membership in ASEAN, the programme will also explore regional financing platforms and enhanced access to development cooperation mechanisms that could be leveraged through ASEAN integration; (b) transition gradually from direct service provision (downstream support) to upstream engagement by strengthening institutional capacities and systems for sustainable results and impact; (c) promote gender-transformative approaches to address GBV, teenage pregnancy, barriers to accessing SRHR, and discriminatory social and gender norms; (d) enhance evidence-based planning and decision-making at national and subnational levels by strengthening the national statistical system and improving data generation, analysis and dissemination; and (e) support resilience building across national, subnational and community systems, with an emphasis on SRHR and GBV, across the humanitarian development continuum.

14. In line with the UNFPA Strategic Plan, 2022-2025, the country programme will contribute to the four outcomes of the UNSDCF, 2026-2030: (a) equitable access to social services and protection; (b) economic development; (c) resilient infrastructure and climate change-induced disasters; and (d) inclusive and transparent good governance. The programme will aim to achieve four intended outputs that are interlinked.

A. Output 1. By 2030, the health system is strengthened at national and subnational levels to ensure universal access of women and adolescent girls, especially the most vulnerable, to integrated sexual and reproductive health and gender-based violence response services, in line with international and national standards across the humanitarian development continuum.

15. This output contributes to UNSDCF outcomes 1 and 3; UNFPA Strategic Plan outcomes 1, 2 and 3; SDGs 3, 5, 10 and 16; and aligns with the objective of “establishment of an effectively defined national health system” under the National Health Sector Strategic Plan, 2011-2030. It will be aligned with government priorities on human capital development, decentralization, rural development and health system strengthening through the primary health care approach. The programme will assist the Ministry of Health in assessing performance across health system building blocks, including service delivery, with a focus on high-quality SRHR and GBV services; health workforce policy, with an emphasis on the midwifery workforce; reproductive health commodity security; financing mechanisms; data quality through the advanced and integrated Health Management Information System (HMIS/DHIS2) platforms; and governance mechanisms. UNFPA will work closely with the Ministry of Health and partners to strengthen national and subnational capacities to deliver sustainable health outcomes. Ultimately, the health system will be resilient and strengthened at all levels to provide high-quality, integrated SRHR and GBV information and services to women and young people, particularly those living in rural areas and in the most vulnerable situations. UNFPA will work with the Ministry of Health and partners to embed integrated SRHR, including maternal health, family planning, HIV prevention and survivor-centred GBV response services, within a costed National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy, 2025-2030.

16. The key interventions for Output 1 include: (a) enhancing the capacity of selected primary health facilities to provide high-quality integrated SRH and GBV essential services, with a focus on basic emergency obstetric and newborn care, with referral networks of six comprehensive care facilities, and on improving screening and treatment of HIV among pregnant women during antenatal and post-natal care; (b) establishing adolescent-responsive health services by improving outreach and referrals, counselling and health care provider training, and revising national guidelines to international standards; (c) strengthening pre-service midwifery education, in line with International Confederation of Midwives (ICM) standards, and integration of the Minimum Initial

Service Package (MISP) for SRHR in emergencies through curriculum review, capacity building and accreditation of midwifery schools; (d) building the capacity of a health training institution for pre-service and in-service training (including e-learning) on integrated SRHR, adolescent sexual and reproductive health (ASRH), HIV and GBV, tailored to population groups in vulnerable situations, such as persons with disabilities, and those with diverse sexual orientations, gender identities and expressions; (e) increasing the availability of at least five modern contraceptives at health facilities through an improved e-supply logistics management system, and improving the quality of rights-based family planning service provider training, with a focus on post-partum family planning and contraception counselling for sexually active young people and other persons in vulnerable situations; (f) scaling up the health-sector response to GBV through advocacy and integration of survivor-centred GBV care in pre-service curricula for the health sector; (g) engaging with communities to promote SRHR and GBV services by addressing social stigma, norms and economic barriers that hinder access to SRHR services, including maternal, family planning and HIV services, through evidence-based, innovative approaches, working with health promoters and various community groups, such as mother-support groups, and community based-organizations, such as village councils, with men and boys as allies, in shifting harmful gender norms; (h) providing technical and capacity building support to the Ministry of Health and municipal health authorities for integrating the MISP for SRHR in emergencies through a coordinated approach within the health sector's emergency response and preparedness efforts.

B. Output 2. By 2030, access to SRHR and prevention and response to GBV is integrated into evidence-based national and subnational policies, strategies, plans, budgets and accountability mechanisms, in line with international and national commitments.

17. This output contributes to UNSDCF outcomes 3 and 4; UNFPA Strategic Plan outcomes 1, 2 and 3; and SDGs 3, 5, 10 and 16. Key interventions for the output include (a) developing a comprehensive, evidence-based advocacy strategy for increased domestic resource allocations for the three transformative results; (b) conducting detailed analyses of public spending on SRHR and GBV programmes and services and providing technical assistance to government agencies responsible for budget planning, to improve the integration of SRHR and GBV programmes and strategies into national and subnational budgets; (c) supporting the development and costing of national strategies and plans, including on reproductive, maternal, newborn, child and adolescent health, on GBV, and on youth; (d) providing technical support for the operationalization, coordination and monitoring of the new National Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (2025-2030), in collaboration with United Nations agencies and other stakeholders; (e) partnering with the World Health Organization (WHO), UNICEF and other development partners to offer coordinated technical support in implementing the health workforce strategy, addressing capacity gaps and improving human resource retention in rural areas; (f) strengthening the maternal and perinatal death surveillance and response system, including by developing response plans to address gaps at all levels; (g) enhancing, in collaboration with WHO, UNICEF and other stakeholders, the quality, analysis and utilization of SRHR and GBV data, via integrated HMIS/DHIS2/LMIS platforms, to support evidence-based programming, budgeting, performance tracking and decision-making at all levels; (h) supporting the review and revision of relevant policies, strategies and plans, including national climate adaptation and resilience frameworks, and the primary health care strategy, to ensure the integration of SRHR and GBV and the MISP for SRHR into disaster preparedness and risk reduction plans, including the National Civil Protection Emergency Plan, through technical assistance to the Civil Protection Authority and by strengthening the GBV in emergencies subcluster, for improved preparedness, coordination and leadership during emergencies; (i) creating opportunities and platforms for young people, people with disabilities and people in vulnerable situations to meaningfully participate in national and subnational coordination and accountability mechanisms. This includes health-sector coordination, notably the reproductive maternal, newborn, child and adolescent health coordination committee and disaster risk reduction and preparedness committees, enabling them to voice their needs and realize their rights; and (j) advocating, alongside faith-based organizations, CSOs and youth-led and women-led organizations, addressing the drivers and consequences of teenage pregnancy and promoting adolescent access to contraceptives, through strategic alliances and engagement with influential groups; (k) supporting implementation of the Disability National Action Plan by advocating and promoting accessible health service delivery, inclusive education and meaningful participation in decision-making processes; (l) collaborating with INETL and relevant ministries to undertake in-depth analyses of the 2025 Demographic and Health Survey data, strengthening the availability of data on the impacts of climate change on SRHR and GBV, and utilizing geographic information system (GIS) technology for identification of those in vulnerable situations needing SRHR and GBV services, enabling informed

programming and resource allocation; and (m) supporting the implementation of the National Strategy of Development of Statistics, through collaboration and coordination with development partners, the World Bank and United Nations agencies, for improved analysis and utilization of routine administrative data.

C. Output 3. By 2030, government agencies, non-government institutions and communities have strengthened capacity to address discriminatory gender and social norms and to implement the National Action Plan against Gender-based Violence (2022-2032) across the humanitarian development continuum.

18. This output contributes to UNSDCF outcomes 1 and 3; UNFPA Strategic Plan outcome 3; SDGs 5, 10 and 16; and the implementation of the National Action Plan against GBV, 2022-2032, which is a comprehensive and multisectoral framework. The output will be achieved through partnerships and collaboration with the Secretary of State for Equality, the Ministry of Social Solidarity and Inclusion, the Ministry of Health, the Asia Foundation, the Australian Department of Foreign Affairs and Trade (DFAT), CSOs, academic institutions and the United Nations agencies. The key interventions to achieve this output include: (a) supporting the implementation of National Action Plan against GBV by strengthening the multisectoral coordination and monitoring mechanisms at national and subnational levels; (b) increasing the availability and utilization of GBV-related data through technical collaboration on the GBV Prevalence Study (2025/2026), conducted by the Asia Foundation and Ministry of Social Solidarity and Inclusion, and the kNowVAWdata¹ training initiative; (c) enhancing the GBV case management system, in line with inter-agency guidelines on GBV case management. This will involve reviewing standard operating procedures, the training of trainers, and conducting cascaded trainings, establishing supervisory and mentoring systems, building the capacity of CSOs for GBV case management and referrals, and institutionalizing GBV case management training in institutions providing social work education; (d) providing technical support to generate evidence on the drivers and forms of technology-facilitated GBV and advocating for solutions to address it; (e) supporting interventions targeting communities, women, girls, men, boys and people in vulnerable situations to address harmful social and gender norms that perpetuate GBV and harmful practices and limit the access of women and girls to SRHR and GBV services. This will be done by using existing and new evidence, innovative approaches, digital technology and social media; and (f) advocate for scaling up impactful GBV prevention initiatives identified through a contextual review of existing GBV prevention initiatives implemented by stakeholders, at national and subnational levels, to identify accelerators for GBV prevention.

D. Output 4. By 2030, young people in Timor-Leste, including those in vulnerable situations, are empowered through coordinated multisectoral youth programmes, including comprehensive sexuality education, to participate fully in society and contribute toward harnessing the demographic dividend.

19. This output contributes to UNSDCF outcomes 2 and 1; Strategic Plan outcomes 1, 2 and 3; and SDGs 3, 4, 5, 10, and 16; and is interlinked to outputs 1, 2 and 3. Key interventions for achieving the outputs include: (a) supporting periodic analysis of demographic data and the development of youth investment cases, in collaboration with the Ministry of Youth, Sports, Arts and Culture, National Institute of Statistics (INETL) and the Youth Empowerment Working Group, to integrate youth development issues into national and sectoral development plans, with budgeted allocations, thereby promoting education, healthcare, employability, entrepreneurship, leadership skills and economic investment to harness the demographic dividend; (b) strengthening the Secretariat of the Youth Empowerment Working Group and the National Council for Youth Development by improving intersectoral coordination, monitoring, reporting, and evaluation of the National Action Plan for Youth to ensure effective implementation and financing; (c) empowering youth networks and youth-led organizations for effective engagement in policy and programming through existing and newly-created platforms for social, economic and community development dialogues; (d) strengthening the implementation of an integrated evidence-based comprehensive sexuality education (CSE) curriculum of cycle 3 (grade 7-9), through the development of training, teaching and follow-up modules, building the capacity of the National Institute for Training of Teachers and Education Professionals for teacher training, as well as monitoring and evaluation of the CSE education in schools; (e) scaling up life-skills training and education,

¹ kNowVAWdata is a DFAT-funded initiative by the UNFPA Asia and the Pacific Regional Office to develop sustained regional capacity through the development and implementation of a sound training curriculum and to build a committed pool of trained professionals and researchers on the measurement of violence against women in the Asia and the Pacific region.

including CSE, at youth centres established by the Government in rural areas. This will be achieved through strategic partnerships with the Ministry of Youth, Sports, Art and Culture, the Secretary of State for Vocational Training and Employment and youth-led organizations, using innovative approaches and digital platforms, as well as interventions to empower youth through engagement with influential stakeholders, such as faith-based organizations, the entertainment industry and sports organizations.

III. Programme and risk management

20. UNFPA and the Government of Timor-Leste, through the Ministry of Foreign Affairs and Cooperation as the coordinating entity, will jointly manage the programme, using results-based management and corresponding accountability frameworks. The programme will be implemented in close partnership with the Ministries of Health; Youth, Sport, Art and Culture; Social Solidarity and Inclusion; Education; and Finance; as well as the Secretaries of State for Equality, and for Vocational Training and Employment, INETL, the National Institute for Public Health of Timor-Leste and other relevant government institutions, CSOs, faith-based organizations, women-led and youth-led organizations, at the national and subnational levels.

21. UNFPA will actively contribute to UNSDCF coordination mechanisms by actively participating in the joint UNSDCF Steering Committee, and in United Nations results groups and thematic groups – chairing the Youth Theme Group, co-chairing the Gender Theme Group, the Health Result Group, and the GBV in emergencies subcluster – to ensure effective coordination and annual results planning, review and reporting.

22. The UNFPA country office will align its human resources strategy to ensure the appropriate mix of skills for effective and efficient programme delivery, with additional support from the Asia-Pacific Regional Office and UNFPA headquarters. At the country level, expertise in health, youth empowerment, the demographic dividend, data for development, disaster risk reduction and emergency preparedness will be pooled within the United Nations country team to maximize the impact of United Nations support to the Government. UNFPA will partner with national and regional think-tanks for capacity building, research and policy analysis. International and national United Nations volunteers, young professionals and interns are essential components of the human resource capacity.

23. Key risks that may impact programme management include: (a) high turnover of trained health providers; (b) the influence of faith-based organizations, which may limit access to contraception for unmarried young people; (c) insufficient financial resources to fully implement the programme; (d) presidential and parliamentary elections, scheduled in 2027, may cause delays in government decision-making and budget approvals; and (e) climate-induced disasters and public health emergencies.

24. Mitigation measures to reduce the impact of these risks include: (a) supporting institutional capacity building for human resources for health, particularly for midwifery and SRHR training; (b) engaging effectively with faith-based organizations through influential individuals and groups, using culturally sensitive approaches; (c) developing and implementing a communication strategy and diversifying partnerships with the private sector and traditional and non-traditional development partners, including through South-South and triangular cooperation, based on the integrated partnership and resource mobilization plan; (d) factoring elections into programme planning and results monitoring, and scanning the political environment for potential impacts during the election year; (e) building capacity for the integration of SRHR and GBV services into disaster-risk reduction, preparedness and response plans. The country office will review and monitor risks and establish systems towards achieving the programme results as per the enterprise risk management policy. In the event of a national emergency, UNFPA may, in consultation with the Government, reprogramme funds for life-saving interventions for addressing the SRHR and GBV needs of affected populations. The programme will apply the UNFPA social and environmental standards to ensure that there is no unintended harm to people and the environment.

25. This country programme document outlines UNFPA contributions to national results. It serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountability of UNFPA managers with respect to country programmes is prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

26. A costed programme monitoring and evaluation plan, aligned with the UNSDCF results framework and the UNFPA Strategic Plan, will be implemented and reviewed regularly, based on adaptive results management

principles. UNFPA will contribute to and leverage data from the UN-Info platform. The programme monitoring and evaluation will be implemented jointly with the government coordinating authority and other national and subnational partners to: (a) conduct quarterly and annual programme reviews and joint annual monitoring missions; (b) carry out rapid assessments, baseline and end-line surveys, and use findings to track progress, monitor results and guide corrective measures, as needed, in discussion with the stakeholders; and (c) undertake a country programme evaluation in the penultimate year to provide an evidence base for the next programme cycle.

27. UNFPA will also lead a technical data working group, currently under discussion, in close collaboration with the Resident Coordinator, the World Bank and other United Nations agencies and INETL, to improve the reliability and quality of socio-economic and demographic data for planning, monitoring and evaluation of national policies, strategies and plans. UNFPA will contribute to the United Nations country team's indicator database on the ICPD, the SDGs and the UNSDCF. The country office will contribute to joint monitoring of the UNSDCF as an active member of the United Nations monitoring and evaluation working group, including the evaluation of the UNSDCF, planned for 2029.

RESULTS AND RESOURCES FRAMEWORK FOR TIMOR-LESTE (2026-2030)

NATIONAL PRIORITY: 1. By 2030, Timor-Leste will have a healthier population as a result of comprehensive, high-quality health services accessible to all Timorese people. 2. By 2032, all women and girls who experience violence and seek support will receive good-quality and inclusive services.				
UNSDCF OUTCOME: 1. By 2030, the people of Timor-Leste will have better access to high-quality gender-responsive social services and protection and a life free from violence and discrimination. 3. By 2030, people in Timor-Leste, particularly children, women, youth, and people with disabilities and the most marginalized, benefit from resilient infrastructure and water and sanitation, and are resilient to climate change-induced disasters.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal death has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines and targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s):</u> <ul style="list-style-type: none"> Maternal mortality ratio <i>Baseline: 195 per 100,000 live births (2016); Target: 70 per 100,000 live births (2030)</i> Proportion of births attended by skilled health personnel <i>Baseline: 56.7% (2016); Target: 95% (2030)</i> Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods, disaggregated by age <i>Baseline: 45.9% (2016)</i> <i>Target: 100% (2030)</i> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Adolescent birth rate <i>Baseline: 34 per 1,000 (2022)</i> <i>Target: 18 per 1,000 (2030)</i> 	<u>Output 1.</u> By 2030, the health system is strengthened, at national and subnational levels, to ensure universal access of women and adolescent girls, especially the most vulnerable, to integrated sexual and reproductive health and gender-based violence response services, in line with international and national standards, across the humanitarian development continuum.	<ul style="list-style-type: none"> Proportion of primary health facilities supported by UNFPA, providing basic emergency obstetric and newborn care services within 2 hours of travel time for women and communities in 14 municipalities <i>Baseline: 16.7% (2024); Target: 72.2% (2030)</i> Proportion of primary health facilities providing integrated SRH and GBV services through skilled service providers with UNFPA support in 14 municipalities <i>Baseline: 8% (2025); Target: 38% (2030)</i> Proportion of primary health facilities that report no stock-outs of: (a) any modern contraceptive methods; and (b) essential lifesaving maternal health drugs, in the last three months of the survey <i>Baseline (a): 58.7% (2024); (b): 32% (2024); Target: (a) 90% (2030); (b) 52% (2030)</i> Number of midwifery schools with the capacity to provide midwifery education as per ICM standards and accredited by the national accreditation body <i>Baseline: 0 (2025); Target: 3 (2030)</i> Proportion of primary health facilities providing SRH services, in line with international standards, for adolescents aged 10-19 years <i>Baseline: 13% (2024); Target: 45% (2030)</i> 	Ministries of: Health; Higher Education, Science and Culture; National Institute for Public Health; National Institute of Pharmacy and Medical Products; National Directorate of Pharmacy and Medicines; Civil Protection Authority; Belun; Frontline; National University of Timor Leste; Institute of Health Sciences; Institute of Health Cristal; Midwifery Association of Timor-Leste; UNICEF; WHO; faith-based organizations.	\$9.3 million (\$2.2 million from regular resources and \$7.1 million from other resources)
NATIONAL PRIORITY: 1. By 2030, Timor-Leste will have a healthier population as a result of comprehensive, high-quality health services accessible to all Timorese people; 2. By 2032, all women and girls who experience violence and seek support receive good quality and inclusive services; 3. The Government will promote the principles of transparency, accountability, integrity and leadership through risk management mechanisms, results-based accountability and complaints systems.				
UNSDCF OUTCOME: 3. By 2030, people in Timor-Leste, particularly children, women, youth, and people with disabilities and the most marginalized, benefit from resilient infrastructure and water and sanitation, and are resilient to climate change-induced disasters. 4. By 2030, Timor-Leste's governance and public financial management systems are more inclusive, digital, transparent, accountable and responsive to women, children, youth and people with disabilities, and ensure equitable access to public services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal death has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				

UNSDCF outcome indicators, baselines and targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s)</u> <ul style="list-style-type: none"> Percentage of allocated fund to National Action Plan against GBV from the State budget <i>Baseline: 12.71% (2021); Target: 75% (2032)</i> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Coverage of essential health services <i>Baseline: 52% (2021); Target: 100% (2030)</i> 	<u>Output 2.</u> By 2030, access to SRHR and prevention and response to GBV is integrated into evidence-based national and subnational policies, strategies, plans, budgets and accountability mechanisms, in line with international and national commitments.	<ul style="list-style-type: none"> Number of national policies, strategies and plans supported by UNFPA that strengthen integration of SRHR, including on maternal health, family planning, adolescent SRH, HIV, GBV and disability <i>Baseline: 10 (2025); Target: 18 (2030)</i> Proportion of maternal deaths reviewed and with evidence of response plans developed <i>Baseline: 0 (2025); Target: 100% (2030)</i> Proportion of essential SRH and family planning commodities financed and procured by the Government <i>Baseline: 17% (2025); Target: 67% (2030)</i> Proportion of the government budget allocated for the implementation of National Action Plan against GBV <i>Baseline: 12.7% (2025); Target: 31% (2030)</i> 	Ministries of: Health; Youth, Sports, Arts and Culture; National Institute of Pharmacy and Medical Products; National Directorate of Pharmacy and Medicines; National Institute of Statistics; Civil Protection Authority; Secretary of State for Equality; National Institute of Public Health; WHO; UNICEF; Ombudsman office; HAMNASA; Belun; Alola foundation; Marie Stopes; journalist associations; disability rights organizations; National Disabled People's Organization.	\$5.2 million (\$2.2 million from regular resources and \$3.0 million from other resources)
NATIONAL PRIORITY: 1. By 2030, Timor-Leste will be a gender-fair society where human dignity and women's rights are valued, protected and promoted by our laws and culture. 2. By 2032, reduce and ultimately eradicate violence that affects women and girls in our community through a multisectoral approach.				
UNSDCF OUTCOME: 1. By 2030, the people of Timor-Leste will have better access to quality gender-responsive social services and protection and a life free from violence and discrimination. 3. By 2030, people in Timor-Leste, particularly children, women, youth, and people with disabilities and the most marginalized, benefit from resilient infrastructure and water and sanitation, and are resilient to climate change-induced disasters.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines and targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s):</u> <ul style="list-style-type: none"> Percentage of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence, and by age <i>Baseline: 36.8% (2016); Target: 27% (2030)</i> 	<u>Output 3.</u> By 2030, the government, agencies, non-government institutions and communities have strengthened capacity to address discriminatory gender and social norms, and to implement the National Action Plan against GBV (2022-2032), across the humanitarian development continuum.	<ul style="list-style-type: none"> Proportion of planned coordination and monitoring activities implemented by the Inter-Ministerial Commission on the National Action Plan against GBV <i>Baseline: 0 (2025); Target: 75% (2030)</i> Availability of a functional GBV case management system, in line with international standards, contextualized to local settings <i>Baseline: No (2025); Target: Yes (2030)</i> Number of CSOs and community groups implementing community-based interventions that challenge discriminatory social norms and behaviours that perpetuate GBV <i>Baseline: 0 (2025); Target: 4 (2030).</i> Proportion of women and men who think it is justifiable for a man to beat his wife <i>Baseline: 44.3% (women), 55.7% (men) (2024); Target: 35% (women), 48% (men) (2030)</i> 	Secretary of State for Equality; Ministries of: Social Solidarity and Inclusion; Health; Education; Youth, Sports, Arts and Culture; National Police of Timor-Leste, Vulnerable Persons Unit; National Institute for Public Health; PRADET; Alola Foundation; HAMNASA; Belun; FOKUPERS.	\$3.5 million (\$1.5 million from regular resources and \$2.0 million from other resources)

NATIONAL PRIORITY: 1. By 2030, Timorese youth will achieve their potential as healthy, educated and ethical citizens and as leaders who are proud to be Timorese. 2. Youths of Timor-Leste have become educated and civic citizens of Timor-Leste who live a long and productive life that allows them to participate in the economic, social and political development process.				
UNSDCF OUTCOME: 3. By 2030, the people of Timor-Leste will have better access to quality gender-responsive social services and protection and a life free from violence and discrimination. 2. By 2030, Timor-Leste makes significant improvements towards ensuring a diversified and inclusive economy for all, availability of decent work and optimization of the demographic dividend, and sustainable livelihood opportunities.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated; By 2025, the reduction of preventable maternal death has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines and targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicators:</u> <ul style="list-style-type: none"> Proportion of Youth 15-25 not in employment, education and training NEET (SDG 8.6) <i>Baseline: 32.28% (2021)</i> <i>Alternate Baseline: 29.3% (2022)</i> <i>Target: 21% (2030)</i> 	<u>Output 4.</u> By 2030, young people in Timor-Leste, including the most vulnerable, are empowered through coordinated, multisectoral youth programmes, including comprehensive sexuality education, to fully participate in society and contribute toward harnessing the demographic dividend.	<ul style="list-style-type: none"> Availability of a functional National Action Plan on Youth coordination mechanism to plan, budget for and monitor implementation of Plan, with meaningful and inclusive participation of young people in vulnerable situations, especially from remote locations, young people with disabilities, key populations, people living with HIV, and young people not in employment, education or training <i>Baseline: No (2025); Target: Yes (2030)</i> Number of analyses produced and utilized for supporting decision-making and budgeting towards harnessing the demographic dividend <i>Baseline: 0 (2025); Target: 5 (2030)</i> Number of schools teaching CSE in grades 7-9, in line with localized international technical guidance on sexuality education standards <i>Baseline: 0 (2025); Target: 100 (2030)</i> Number of youth organizations and youth networks supported by UNFPA that participate in policy dialogue and community-based interventions on youth empowerment and life-skills development around SRHR/GBV/disaster risk reduction and humanitarian response <i>Baseline: 0 (2025); Target: 16 (2030)</i> 	Office of Vice-Prime Minister for Social Affairs; Ministries of: Youth, Sports, Arts and Culture; Health; Education; State Secretariat for Vocational Training and Employment; Secretary of State for Equality; youth-led organizations; National Youth Council; Youth Parliament; National Institute of Statistics; FAO; ILO; UNDP; UNESCO; UNICEF; WHO; World Bank.	\$2.6 million (\$1.2 million from regular resources and \$1.4 million from other resources)
Programme coordination and assistance				\$0.7 million from regular resources.