

Situation Analysis of Children in Timor-Leste

A Snapshot



Government of Timor-Leste

UNICEF Timor-Leste

2020



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This document is a short version of the Situation Analysis of Children in Timor-Leste. To read the full report, please visit the websites listed below.

The Situation Analysis of Children in Timor-Leste has been developed by the United Nations Children's Fund (UNICEF) in close collaboration with the Ministry of Finance – General Directorate of Statistics and the Commission on the Rights of the Child.

The opinions expressed within this report are those of the authors and do not necessarily reflect the views of the Government or UNICEF.

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**Komisaun ba
Direitu Labarik**

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Foreword

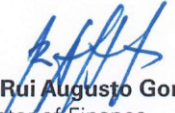
With less than 10 years left to achieve the Sustainable Development Goals as articulated in the 2030 Agenda for Sustainable Development, this report – a joint effort by the Government of Timor-Leste and UNICEF – provides an analysis of the situation of children and adolescents in Timor-Leste. It aims to support national development planning by the Government and the United Nations system; raise awareness of the situation of children in Timorese society; serve as a basis for advocacy with current and potential partners, including donors; and support strengthening of the “enabling environment” – the national framework of laws, policies, strategies, plans and public budgetary provisions – to ensure sustainable improvements for the rights of Timorese children to survival, development, protection and participation.

The situation analysis has been developed in close collaboration with the Ministry of Finance – General Directorate of Statistics – and the Commission on the Rights of the Child. The draft situation analysis fed into the development of the United Nations Sustainable Development Cooperation Framework, 2021-2025, and the UNICEF Country Programme, 2021-2025, and we hope that this publication will inform many other programmes.


As this situation analysis shows, in its short history as an independent country, Timor-Leste has made significant progress for children and adolescents. However, more needs to be done to prevent

vulnerable children from being left behind. With children aged 0-17 years accounting for 43 per cent of the country’s population in 2021, the report pays special attention to two areas in particular. The first is the cross-sectoral nature of the many challenges to the rights of the child, for example in early childhood and adolescence, which are particular areas of focus that represent a real opportunity for progress in the second decade of a child’s life. The second theme is around the importance of investing more resources in the health, nutrition, education, protection and participation of Timorese children and adolescents. There are substantial returns to be had in terms of the saving and improving lives, the contribution to the country’s economy and society, and the reduction of poverty and inequality.

We trust that this report will contribute substantially to the body of knowledge about Timorese children – girls and boys – and support the Government and its partners in making informed commitments, policies and actions for the realization of child rights.



H.E. Rui Augusto Gomes
Minister of Finance



Dinorah Granadeiro
Commissioner on the
Rights of the Child



Bilal Durrani
Representative,
UNICEF Timor-Leste

Situation Analysis

Timor-Leste is a small island developing State that regained its independence in 2002. It is one of the world's youngest countries in terms of both nationhood and demography. Since independence, the population has increased by more than one third, from 955,000 in 2002 to 1,299,412 in 2020. As a result of this "baby boom", children aged 0-17 years account for almost half (44 per cent) of the Timorese population and adolescents (10-19 years) an estimated fourth (24 per cent).

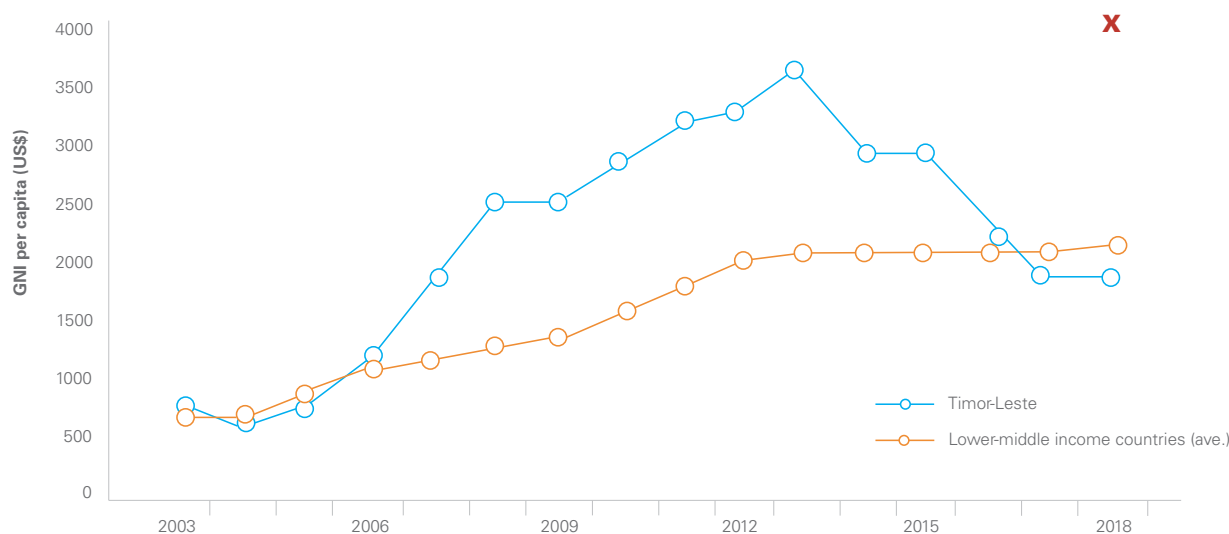
The country is classified by the World Bank as a lower-middle-income country because of its gross domestic product and at the same time by the United Nations as a least developed country, mainly due to its economic and environmental vulnerability. More than two thirds (69 per cent) of the Timorese live in rural areas and four fifths of them rely on the agricultural sector for subsistence. As will be seen throughout this report, most indicators reveal a large disparity between rural and urban areas.

The economy is overly dependent on the exploitation of the country's gas and oil fields, despite some progress towards economic diversification. A large percentage of

the population live in poverty, although this has improved. Between 2007 and 2014, the proportion of the population living below the national poverty line fell from 50 to 42 per cent. In rural areas, poverty declined from 55 to 47 per cent and in urban areas from 38 to 28 per cent. **The poverty rate is higher for children than adults, with 47.8 per cent of children living under the national poverty line.**

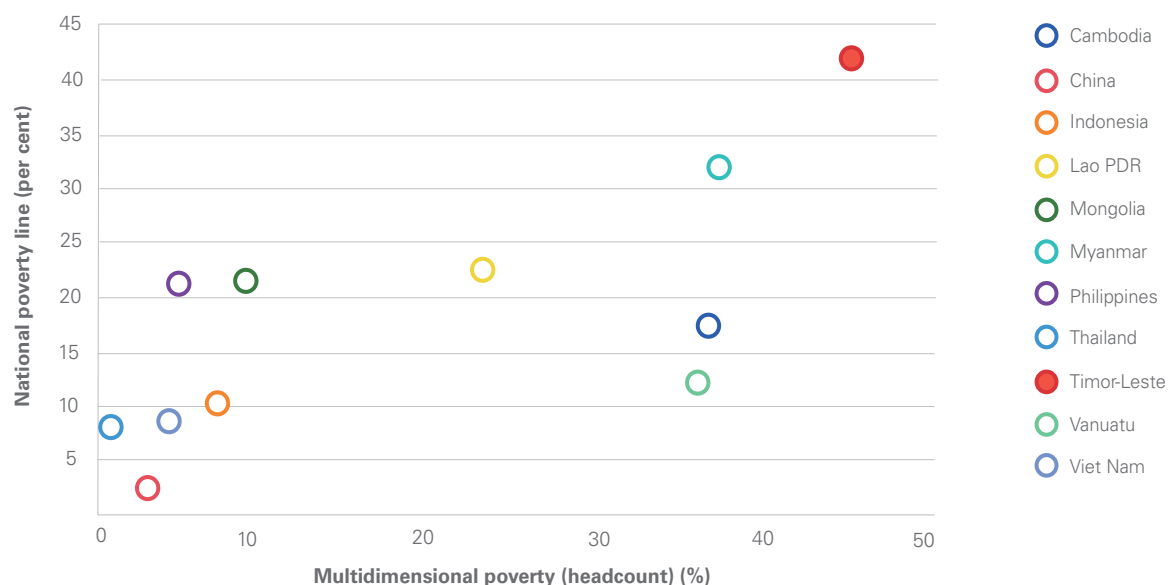
It is notable that Timor-Leste is one of a small number of countries to have had a statistically significant decrease in the percentage of people who were multidimensionally poor, as per the Global Multidimensional Poverty Index. This is a measurement that assesses deprivations across 10 indicators in three equally weighted dimensions—health, education and standard of living. Only seven years after receiving formal United Nations recognition, Timor-Leste reduced the incidence of multidimensional poverty from 70 per cent in 2009-2010 to 47 per cent in 2016, the fastest absolute reduction in East Asia and the Pacific.

National progress towards upper middle-income status by 2030 (2003-2018)



Source: World Bank, via <https://databank.worldbank.org/source/world-development-indicators#> (accessed 1 February 2020). Income status uses GNI per capita Atlas method. "X" is Timor-Leste's 2030 target for upper-middle income status (2020 value: \$3996).

Multidimensional and monetary poverty measurements, East Asia & the Pacific



Source: Multidimensional Poverty Index (MPI), UNDP and the Oxford Poverty and Human Development Initiative. <http://hdr.undp.org/en/composite/MPI>.



As one means of reducing poverty, since independence, and especially from 2008, the Government has introduced a range of social protection measures in the form of pensions, including to people living with disability, older persons and veterans of the independence struggle. A specific focus has been on ensuring that every Timorese person receives a guaranteed income and support when they are unable to work. One of several cash transfer programmes is the Bolsa da Mãe (“Mothers’ Purse”), which provides vulnerable families \$5 per month per child (maximum of three children), paid once per year on condition that the child attends and successfully completes each year of schooling. The challenge going forward is to extend social protection to all in Timor-Leste. Through its commitment to review and evaluate the Bolsa da Mãe,² the Government seeks to adjust the allowance with a special focus on investments in the health and education of children. This is a significant commitment because although the number of families increased from 7,000 in 2008 to 61,705 in 2017, the budget remained at \$9 million between 2014 and 2018.

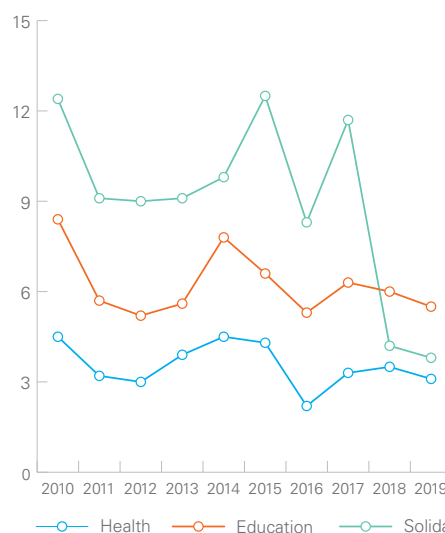


Timor-Leste has ratified the Convention on the Rights of the Child and its first two optional protocols; and the Convention on the Elimination of all Forms of Discrimination against Women and its optional protocol. The Government has yet to ratify the Convention on the Rights of Persons with Disabilities,

and some domestic laws are not in complete alignment with certain international obligations.

Moreover, Timor-Leste’s position is that the legal age of childhood ends at 17 rather than 18 years, which is the age specified in the Convention on the Rights of the Child. While Timor-Leste does not have a law or code elaborating children’s rights, it has adopted the National Action Plan for Children in Timor-Leste 2016-2020, the country’s first cross-sectoral strategic plan focusing on children. The national Commission on the Rights of the Child is responsible for coordination and monitoring of the action plan.

Trends in budgetary allocations as proportion (%) of total budget, Timor-Leste (2010-2019)

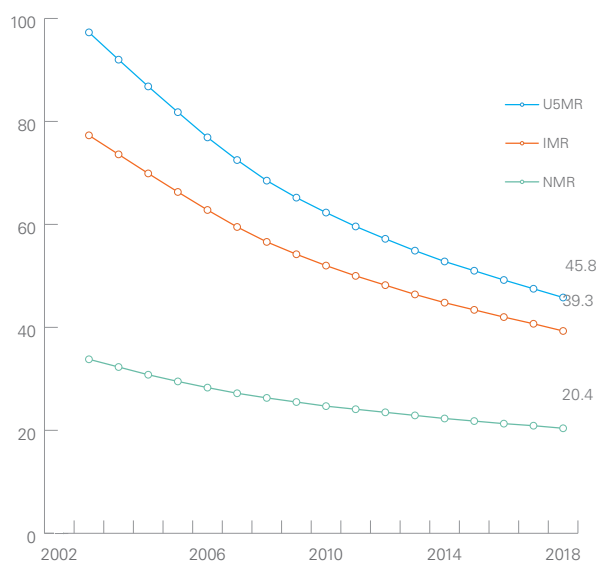


Source: MoF Expenditure of State Budget details (annual), showing budgetary allocations to ministries responsible for health, education and social protection



The country has made impressive progress in child survival and development in its short history. Of particular note is the elimination of malaria, a major achievement for maternal and child health and well-being. However, key challenges remain. Health care is free but distance-related barriers limit access, especially in rural areas.

Trends in child mortality rates (deaths per 1,000 live births), Timor-Leste (2002-2018)



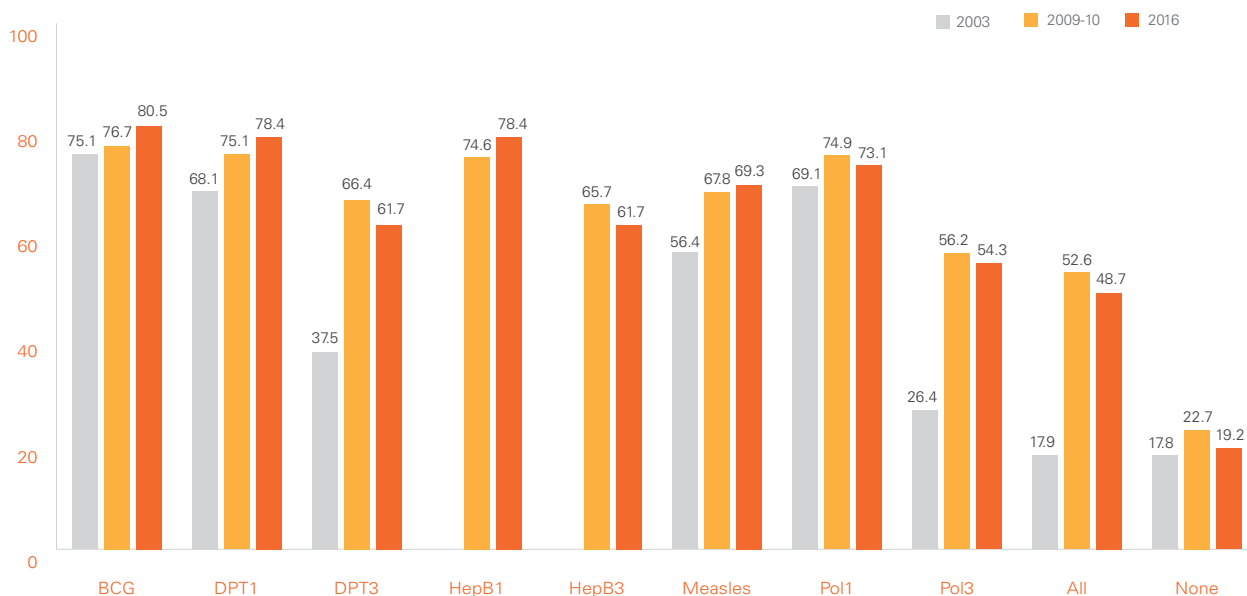
Sources: UNICEF database at <http://data.unicef.org>. Estimates generated by the UN Inter-agency Group for Child Mortality Estimation (UN IGME) in 2019.

The maternal mortality ratio – the number of maternal deaths per 100,000 live births in a given time period – has declined from 219 per 100,000 live births in 2010 to 142 in 2017, close to the regional average of 127. Neonatal and child mortality have declined considerably, but these rates are still well above the averages for the region. From 2009-2010 to 2016, child mortality – the deaths of children under 5 years of age – declined from 64 to 41 per 1,000 live births, and neonatal mortality – deaths during the first month of life – decreased from 25.14 to 19.58 per 1,000 live births. Neonatal deaths account for almost half of deaths of children under age 5, and most occur in the first seven days after birth. This underlines the importance of antenatal care, improving the quality of care and delivering in a health facility with a trained attendant.



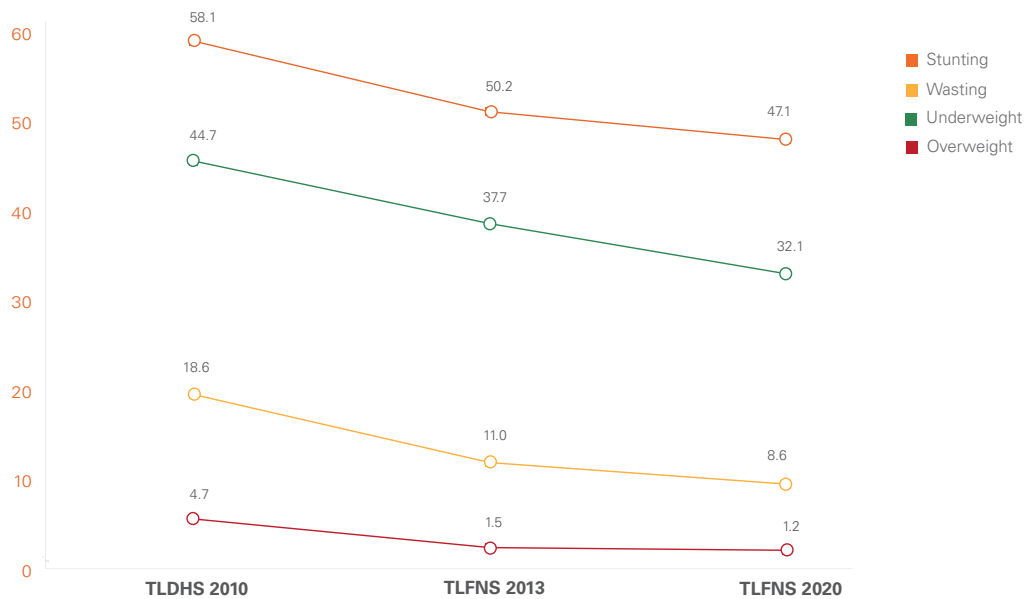
Immunization remains one of the key child health interventions in Timor-Leste. Between 2009-2010 and 2016, immunization coverage appeared to be plateauing. However, the 2020 Food and Nutrition Survey offers some reasons for optimism. While vaccination coverage did not appear to have improved between 2009-2010 and 2016 according to the two most recent Demographic and Health Surveys (DHS), and may even have deteriorated (for example, the percentage of children aged 12-23 months who received all their basic vaccinations declined from 53 to 49 per cent), the new survey reported a figure of 86.3 per cent for measles vaccination, up from 68 per cent in the DHS.

Estimates of child immunization coverage (%)



Sources: DH03, Table 11.2; DHS09-10, Table 11.2; DHS16, Table 10.3

Trends in prevalence of malnutrition, 2010-2020



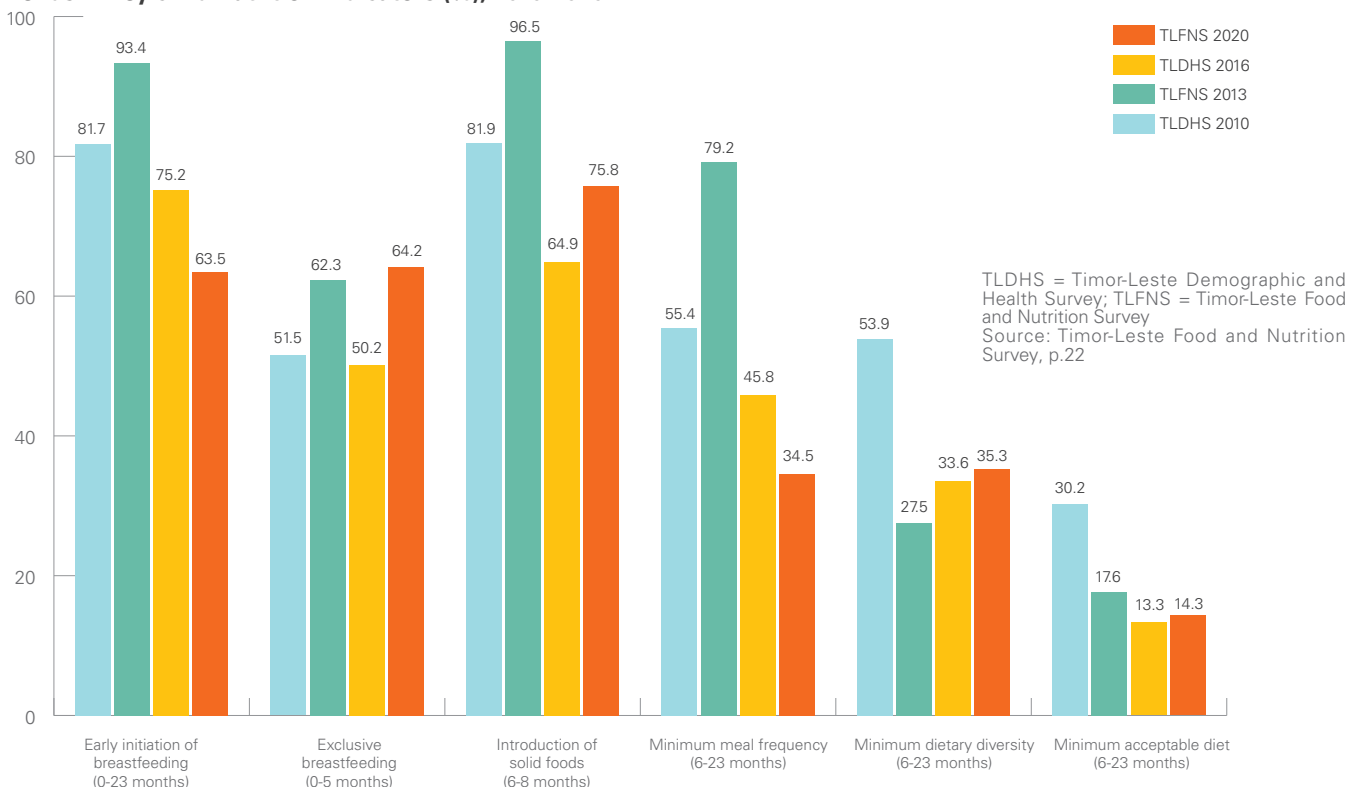
Source: Timor-Leste Food and Nutrition Survey, 2020 (p. 14)



An age-appropriate, nutritious diet, beginning with exclusive breastfeeding for the first six months, followed by complementary feeding and at least a minimum acceptable diet up to age 2, is another key to a child's healthy growth and development. **Timor-Leste has one of the highest rates of childhood undernutrition in the world, and maternal and child malnutrition is the single greatest risk factor for premature death and disability in the Timorese population.** Stunting – insufficient height for the child's age – is the result of long-term nutritional deprivation

and often results in delayed mental development, poor school performance and reduced intellectual capacity. The stunting rate among children under age 5 years has decreased from 50 per cent in 2013 to 47 per cent in 2020 but remains strikingly high, causing irreversible effects on children's physical and intellectual development. While the percentage of children affected by wasting (low weight for height) decreased from 11 to 8.6 per cent, it is important to recall that severe acute malnutrition (severe wasting) is a life-threatening condition that requires urgent attention.

Trends in key child nutrition indicators (%), 2010-2020





Proper sanitation, good hygiene practices and safe drinking water are further critical elements of children's development as they can reduce undernutrition and stunting by preventing diarrhoeal and parasitic diseases, and the resulting damage to intestinal development.

Water and sanitation in Timor-Leste have improved markedly since the destruction of urban water infrastructure at the restoration of independence, but many challenges remain, especially in rural areas.

As of 2017, nearly 80 per cent of the population had access to at least a basic drinking water supply, with large disparities between urban and rural areas. A basic supply is defined as drinking water from an improved source that is not more than a 30-minute round trip (on foot) away. Nearly 30 per cent of the rural population are without basic water, compared to just 2 per cent of the urban population. In 2017, a little more than half of the population had access to at least basic sanitation (use of improved facilities which are not shared with other households), but this jumps to 76 per cent in urban areas and drops to 44 per cent in rural areas. Some 28 per cent of rural inhabitants practice open defecation. As for hygiene, specifically handwashing, nationally, slightly more than one fourth of households have a basic handwashing facility, meaning one that is on the premises with soap and water available. Again, this is substantially higher in urban (43 per cent) than rural areas (22 per cent).

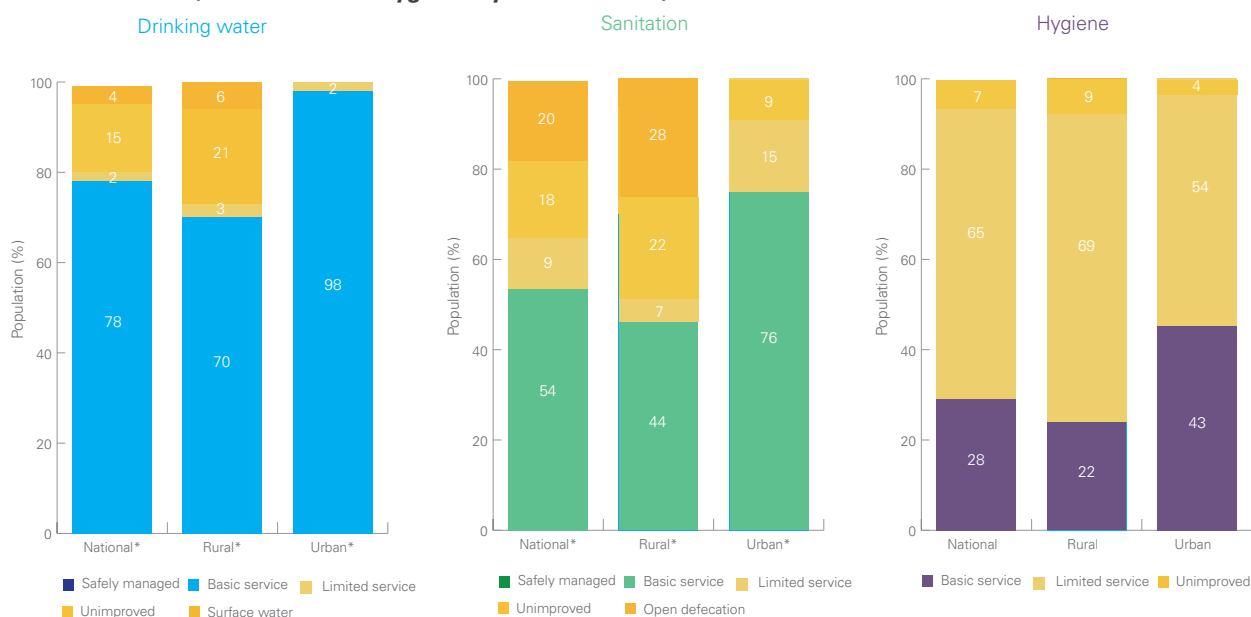
Equally important to maternal and child health are WASH in health facilities and schools. WASH is essential to basic health-care services and helps ensure the quality of care while minimizing the risk of infection for patients, caregivers, health-care workers and surrounding communities. When schools have safe water, toilets and soap for handwashing, children have a healthy learning environment. UNICEF/World Health Organization (WHO) data (2016) show that 96 per cent of health-care facilities have some sort of water supply facility and 97 per cent have some sort of sanitation facility, but it is not known which are basic and which are limited. It is reported that all schools in the country have access to an improved water supply system, sometimes shared with the community, but only 40 per cent have water every day.



Along with health, nutrition and WASH interventions, preschool education is an important element of early childhood development (ECD), which is a concept that has gained momentum in recent years due to the demonstrated importance of the early years of life to brain development and lifelong well-being.

For the period of pregnancy to age 3 years, a recommended approach is "nurturing care," which consists of a core set of interrelated components including behaviours, attitudes and knowledge about caregiving (e.g., health, hygiene care and feeding); stimulation (e.g., talking, singing and playing); responsiveness (e.g., early bonding, secure attachment,

Access to water, sanitation and hygiene by service levels, 2017



Source: UNICEF-WHO JMP 2019

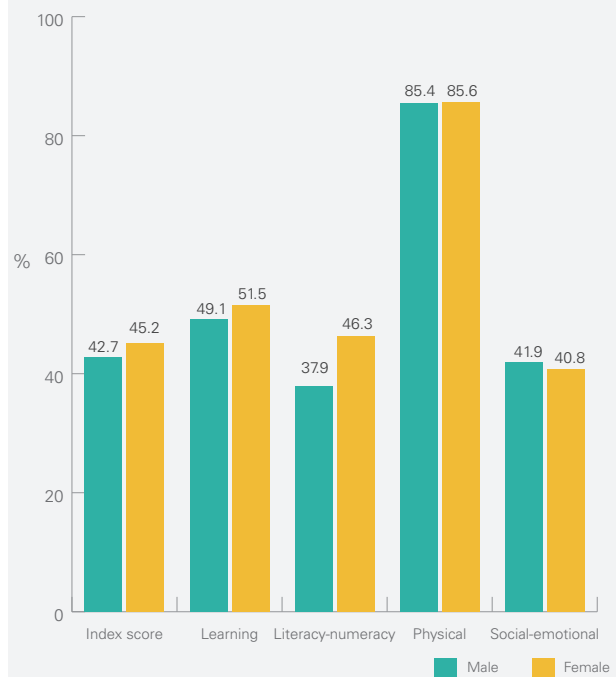
trust and sensitive communication); and safety (e.g., routines, protection from violence, abuse, neglect, harm and environmental pollution).

Good parenting is integral to nurturing care, and families may need support to learn positive parenting behaviours. For example, the 2016 DHS noted that “leaving children alone or only in the presence of other young children is known to increase the risk of accidents, abuse, and neglect”. Some 26 per cent of children under age 4 were left alone and 16 per cent were left in the care of another child younger than age 10 for more than one hour during the week before the survey. This points to sustainable behaviour change by parents and other caregivers (“primary duty bearers”) as a key entry point for intervention, beginning with measures to build more positive parenting practices.

While to date there are no integrated ECD programmes in Timor-Leste, the Government has begun to move in that direction. Coinciding with the increasing global focus on ECD, in December 2015 a national ECD conference was held in Timor-Leste. By 2017, a National ECD Policy had been drafted and presented to the Council of Ministers, although it has not yet been adopted. Given the importance of ECD for children’s healthy growth and development, it is strongly recommended that Timor-Leste develop and implement a multisectoral, risk-informed and well-resourced ECD strategy based on nurturing care.

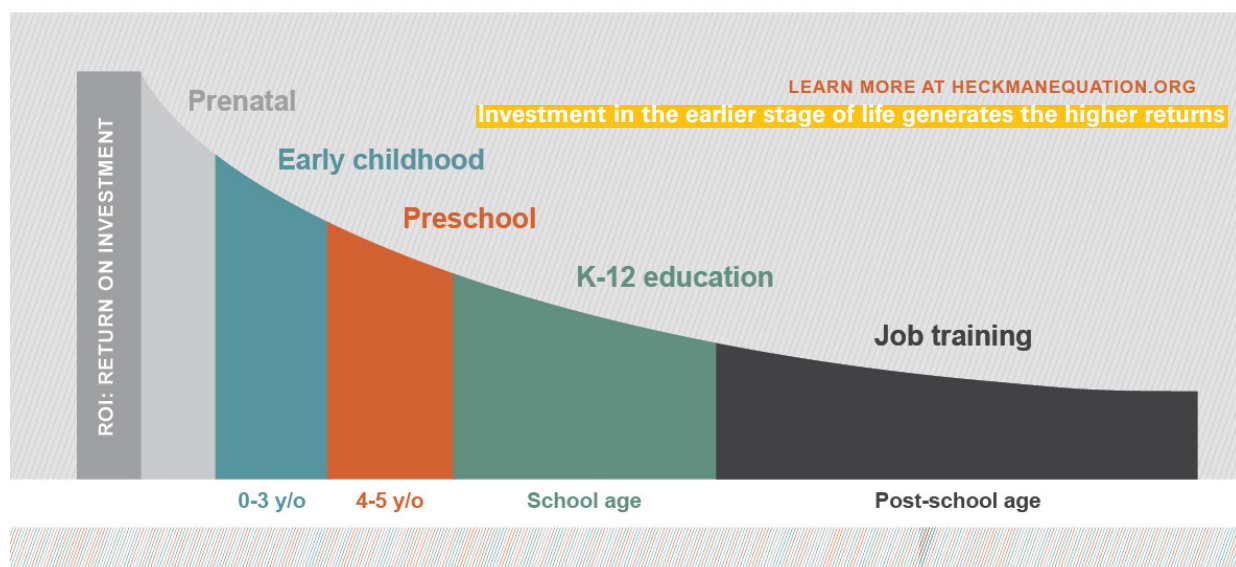
SDG indicator 4.2.1: Proportion of children under five years of age who are developmentally on track in health, learning and psychosocial well-being, by sex

Proxy indicator: Percentage of children age 36-47 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, and the early child development index score



Return on Investment

Economic impact of investing in early childhood learning.



The Government's emphasis on increasing access to quality preschool education is a sign of its commitment to young child development. The 2015 target of providing quality preschool education for at least 50 per cent of all children aged 3 to 5 years was not met, but preschool enrolment tripled from 8 per cent of that population in 2008 to 24 per cent in 2019. The growth in enrolment reflects the increased number of public preschools, from about 90 in 2010 to 239 in 2018. A new standardized curriculum is being finalized, with the aim of having 6-year-olds be ready to start Grade 1.

The importance of school readiness is highlighted by the fact that almost one fifth of children enrolled in Grade 1 have to repeat that year. Enrolment rates are high in the first two cycles of basic education (Grades 1-4 and 5-6), but decline in Cycle 3 (pre-secondary, Grades 7-9) and for secondary education. Many of the children who should ideally be enrolled in Cycle 3 or in secondary school, have either dropped out or are still enrolled in Cycles 1 and 2. In primary school, there are slightly more male students than female students, but by the time they reach secondary school, girls outnumber boys and the gap is widening. The number of out-of-school children ages 6 to 11 has declined substantially since 2010, with boys outnumbering girls (6,275 vs. 2,729 as of 2019).

Efforts to improve the quality of teaching and learning include a new curriculum in Grades 1 to 6, accompanied by a decree law prohibiting repetition in Grade 1, as well as continued infrastructure development, teacher training and mentoring, ensuring that each child receives a set of books, strengthening laws to enforce teacher assiduity and positive discipline methods.

The high rates of grade repetition and school dropout contribute to the challenges facing Timorese adolescents and youth. Adolescence is a second window of opportunity to influence the child's development and potentially make up for losses, as well as a critical stage to build on investments and see the long-term benefits of ECD. Challenges faced by adolescents include lack of access to education and skills development outside of

formal education, and few viable job prospects. Moreover, they, and adolescent girls in particular, have limited opportunities for civic engagement and participation, in a culture that tends to value elders and males.



The role that adolescents and youth can play, and its centrality for development, democracy and social cohesion, is nonetheless recognized in Timor-Leste. The Government and development partners have implemented programming approaches to the adolescent period focused on specific challenges (school dropout, substance abuse, physical and sexual abuse and violence, unemployment, early pregnancy, etc.) or aiming at the fulfilment of more aspirational roles of children (such as opportunities for participation, civic engagement and access to leisure activities).

Although data are limited, there are indications that adolescents have limited awareness of their sexual and reproductive health. About 5 per cent of girls ages 15-19 have had a baby, with the rate in rural areas (6.6 per cent) twice that of urban areas (3 per cent). Pregnancy almost always requires marriage. Pregnant girls either drop out of school or are no longer allowed to continue their education, and rarely go back to school after giving birth.

The minimum age for marriage is 16 for both boys and girls, with the authorization of a parent, guardian or civil registrar required for the marriage of a child under 17 years. The 2015 Census reports 7,202 females who were married at 14-15 years of age. The United Nations Human Rights Council has urged that the minimum age of marriage for both boys and girls be set at 18 years, with no exceptions for traditional customs, but the Government has not accepted the recommendation.



Gender-inequitable social norms and restrictive gender roles persist, along with continued preference for customary law instead of the formal justice system. Violence against women and girls, as well as violence against children, remains prevalent. **Despite limited data, domestic violence is recognized as a widespread**

issue in Timor-Leste, affecting women and children

who are both witnesses and victims. Some small-scale studies suggest that many Timorese children are exposed to violence in the home, where they may also witness violence against their mothers, and to violence at school.

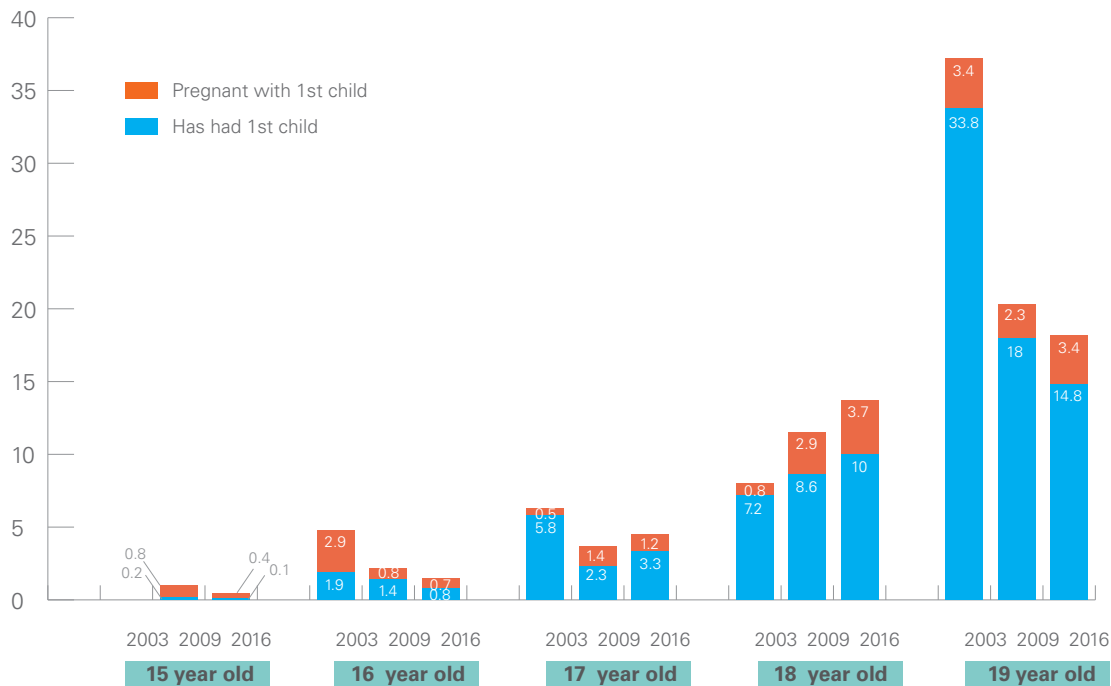
The Law on Domestic Violence protects against child abuse, yet this and other types of abuse and violence are common, and sexual abuse of children, including by family members, remains a serious concern. Few cases enter the judicial system and the courts have been criticized for handing down shorter sentences than prescribed by law. Similarly, failures to investigate or prosecute cases of alleged rape and sexual abuse are common. The National Police's Vulnerable Persons Unit generally handles cases of domestic violence and sexual crimes, but does not have enough staff to provide a significant presence in all areas of the country. The capacities of primary investigative, prosecution and judicial personnel in cases of domestic violence, rape and gender-based violence require strengthening.



There are limited data on persons with disabilities, but there is evidence that violence and neglect of children with disabilities are widespread in Timor-Leste.

A 2016 analysis of the National Disability Policy Framework found inter alia that children with disabilities do not get the same opportunities as their siblings without disabilities, their families are over protective, are ashamed of them and sometimes hide them. The National Policy for Inclusive Education, approved in 2017, reflects a better understanding in Timor-Leste of the importance of a mainstream education system that provides for diversity and minimizes the placement of some children into separate classes or facilities. It particularly concerns the inclusion of children with disabilities, as well as children from ethnic minorities, speakers of minority languages or other groups of children who may otherwise experience difficulties in accessing appropriate schooling. The approval of the policy was a significant shift in the national context, but implementation has been limited. One of the midterm goals for 2024 is to develop a detailed plan for applying the policy, incorporating current international standards.

Trends in teenage pregnancy and motherhood by age (15-19 years) (%), Timor-Leste



Source: DHS03, Table 5.12; DHS09-10, Table 4.9; DHS16, Table 5.11. There are no 2003 data for 15 year olds, and population may be confined to marital status.



Children in Timor-Leste face a number of protection-related challenges, beginning at birth. Despite concerted attention, birth registration coverage has not markedly improved since 2002. The 2016 DHS found

that just 60 per cent of children under age 5 had their births registered with the civil authority. A 2018 baseline assessment of birth registration identified a number of perceived bottlenecks such as the lack of a strategy, procedures, subnational capacity, equipment and communication between key actors, among others.

As part of its mandate for child protection, the Ministry of Social Solidarity and Inclusion has continued to develop and implement relevant protocols. There are two Child Protection Officers in each municipality (26 in total) and a Social Animator (Social Technician) in each of the 65 administrative posts, all trained to follow the Government's standard operating procedures for referrals to service providers.

There continues to be limited information on the situation of children in alternative care – both residential care and informal family foster care. The 2016 DHS estimated that 9 per cent of children under 15 were living with neither biological parent, a small percentage of whom were “double orphans.”³ Using 2015 Census data, that would amount to some 41,000 children under 14.

Based on long-standing custom, including during the struggle for independence, Timorese tend to accept the practice of removing a child from her/his family for reasons perceived to be in the best interests of

the child. During the struggle for independence, many children were placed in institutions run by the Catholic Church for their safety, or sent to live with relatives. In none of these cases was there any judicial review by a competent authority to ensure that such a decision was made in the child's best interests. **Since independence, many children have continued to be separated from their families, still in the absence of appropriate judicial review.**

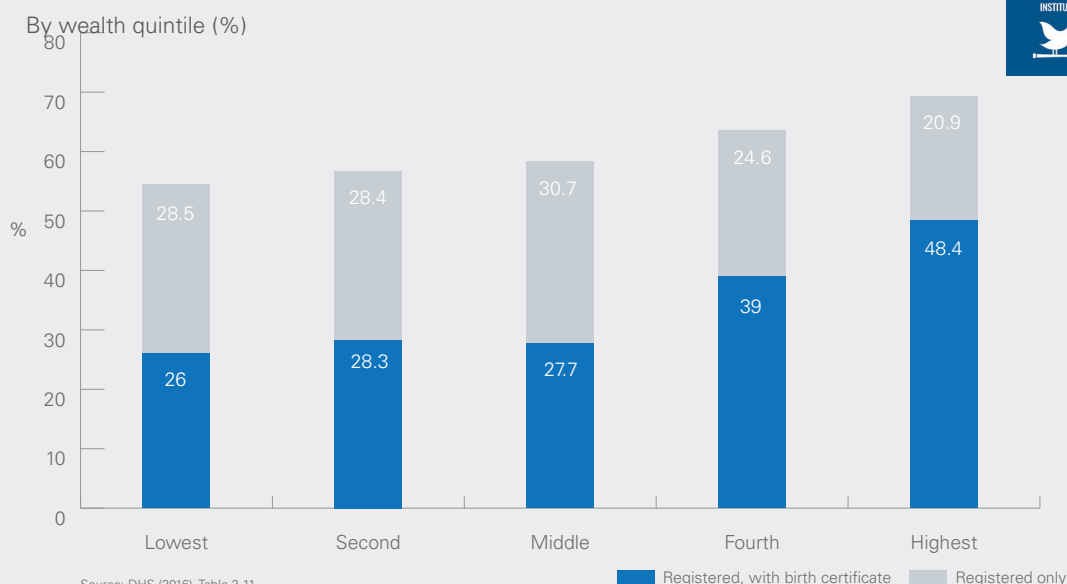
Children come into contact with the law primarily as defendants, as victims and/or as witnesses. The continued absence of a law for a child justice system continues to be an important gap in national legislation.

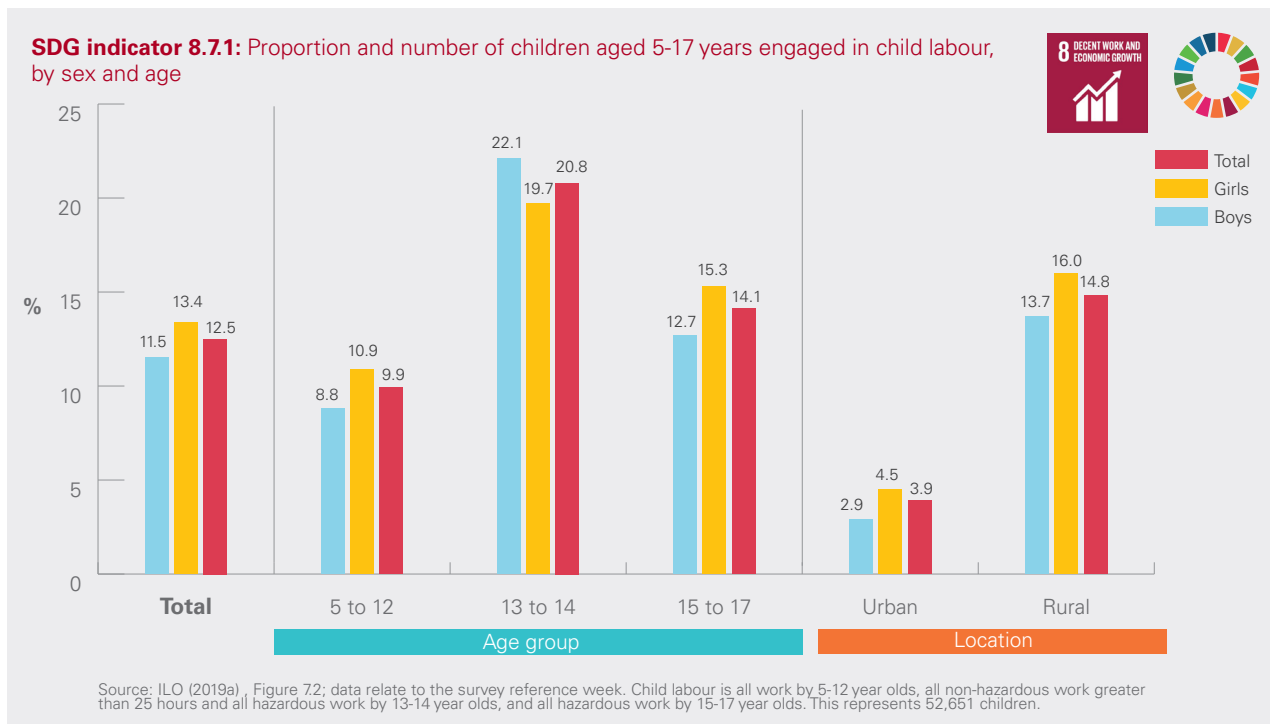
Current efforts focus on the drafting of a child protection law, which should be complemented by legislation on children in conflict with the law. The latter needs to ensure that detention – which likely needs to include placement in institutional care for the child's “protection” – is a clear last resort, and include provisions for diversionary options for the policy and judiciary, and for non-custodial sentencing.

The minimum age of criminal responsibility was 8 years until 2000, when the United Nations Transitional Administration in East Timor raised it to 12 years, and provided that 12-15-year-olds be treated under juvenile justice rules except for serious crimes. The entry into force in 2009 of the Penal Code effectively raised the minimum age to 16 years (which is high by international standards and is a positive development).

Child labour is another area with the potential for grave violations of children's rights. The National Child

SDG indicator 16.9.1: Proportion of children under 5 years of age whose births have been registered with a civil authority





Labour Survey, undertaken in collaboration between the Government and the International Labour Organization in 2016, found that some 71 per cent of children aged 5-17 years attend school exclusively, while about 13 per cent go to school and do some form of work. Less than 3 per cent are working and not going to school. The remaining children (13 per cent) are neither in employment nor in school. The majority of the children who work do so to supplement the family income.

Trafficking in children is largely focused on labour exploitation and sexual exploitation. Timor-Leste legally prohibits both within the Criminal Code (articles 163 and 164), with penalties of 8-25 years imprisonment. It is reported that the Government has increased its efforts to investigate and prosecute trafficking cases, to identify victims and to pursue criminal charges against a complicit official, but failed to obtain any convictions for trafficking. Human traffickers exploit domestic and foreign victims in Timor-Leste, and traffickers exploit victims from Timor-Leste abroad. The main areas of vulnerability for children especially impact girls, who are sent to Indonesia and other countries for domestic servitude and from rural areas to Dili for purposes of sex trafficking or domestic servitude, commonly due to a promise of better employment or education opportunities.



Underlying these varied challenges to the development of children and adolescents in Timor-Leste are the **risks posed by climate change and the need for strengthened disaster preparedness as the country is disaster-prone**. Timor-Leste is rated a “medium risk” country due to

high levels of human vulnerability and a lack of coping and crisis management capacities. Its mountainous topography, geographic location and climate expose it to extreme weather events. Wetter and hotter periods increase risks of epidemic outbreaks, especially given still weak water and sanitation standards. Such risks are of concern given that areas of good progress are vulnerable to reversal such as, for example, the elimination of malaria.

The global COVID-19 pandemic illustrates the previous point. **While in 2020, Timor-Leste was able to contain the spread of COVID-19, with very few cases (all in quarantine facilities) and no deaths, a series of restrictions put in place to prevent and respond to the pandemic directly affected children and their families, particularly the most vulnerable.** For instance, access to health services, including immunization, became more challenging, and schools were closed for several months. These measures also had serious social and economic consequences, e.g., loss of jobs and income, for all Timorese. In response, the Government provided a near-universal cash transfer of \$200 per household, among other economic support measures. The pandemic also created opportunities to re-imagine service delivery: a case in point is *Eskola ba uma*, a distance learning programme that was quickly set up to facilitate continuity of education. Moreover, the crisis exposed systemic weaknesses that previously had received limited attention, for instance the long-standing gaps in sustainable water sources. As the country gradually recovers from the pandemic, it is critical that decision-makers focus on building back better and on preparing Timor-Leste to withhold future shocks.

Selected recommendations

National overview

Within a more constrained budget environment, ensure sustained commitments to health, education and social protection as strategic investments in accelerating national human development and in building Timor-Leste's non-oil economy

Review statutory duties of legal guarantees under international instruments and Constitutional provisions for the rights of 17-year-olds as children

Audit public infrastructure such as schools, health centres and water and sanitation facilities in terms of physical upgrading to minimize disaster risks such as access, continuity of service and public safety, including as a means of mitigating internal migration; and ensuring more resilient social services through local risk analysis, training of personnel, community engagement and supply planning

Health and nutrition

Improve behaviour change outcomes in infant and young child feeding practices, including messaging during health care visits and at community level

Support the Ministry of Health in its aim to focus on suco-level mapping and service provision to improve weak levels of immunization coverage (noting low rates of full coverage)

Strengthen efforts in improving rural sanitation and water supply and towards targets for WASH in schools and health facilities

Education

Sustain preschool expansion and improved access – including through community preschool initiatives – while strengthening service quality, and review the situation of 5-year-olds not in preschool in order to build the effectiveness of early learning efforts and age-appropriate entry into basic education

Join as a regular participant in global/regional comparative learning assessments of Timor-Leste's students

Improve the collection, analysis and utilization of data and evidence on individual students, teachers and schools to ensure more equitable access to quality learning opportunities, with focus on supporting the most marginalized/vulnerable groups of children and adolescents

Child protection

Upgrade efforts to formalize countrywide access to measures to promote positive parenting (including as a means of reducing violence and abuse of children and extreme forms of "discipline"), complemented by municipal child protection networks to strengthen decentralized support systems to parents, children, other duty bearers and communities

Ensure long overdue introduction of formal procedures for reviewing, approving and monitoring all forms of alternative care for children, including informal foster care and widespread institutional care, that includes judicial and/or administrative decision-making for any such transfers in accordance with the best interests of the child

Plan for real-time birth registration, linking the national Civil Registry database with health facilities, and suco-level administrations and community leaders involved in registering the child, including through mobile services

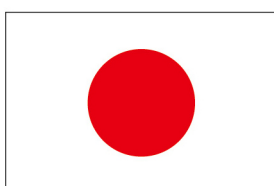
COVID-19: Lessons and challenges from 2020

In a country with many remote villages and where the frequency of disasters is likely to grow due to the impact of climate change, continue to explore the potential of technology for programme implementation, for example learning from the "Eskola ba Uma" / "School goes home" remote learning programme, and increase investment in IT connectivity to make online learning and other ICT-based services accessible in remote areas

Build on the successful, near-universal Uma Kain cash transfer programme by expanding social protection for all children, families and vulnerable groups such as persons with a disability, as a means to address poverty and reduce inequalities. In tandem, develop a national registry, database of households or unique means of identification to be sure that no one is left behind in accessing social protection entitlements



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