

CONSOLIDATED RESULTS REPORT

Country: Timor-Leste

Programme Cycle: 2009-2014

1. Key Results Expected	2. Key Progress Indicators	3. Description of Results Achieved	4. Constraints and Facilitating Factors
<p>1.1 20% increase of children (girls and boys) and women utilising quality health care and nutrition services.</p>	<p>1.1.1 Measles immunisation coverage rate Baseline: 63% Most recent: 73% (HMIS 2012)</p> <p>1.1.2 Proportion of children under 5 who sought care for suspected pneumonia Baseline: 23.8% Most recent: 71% (DHS 2009/10)</p> <p>1.1.3 Proportion of children under 5 who receive oral rehydration therapy during diarrhea Baseline: 75.4% Most recent: 79% (DHS 2009/10)</p> <p>1.1.4 Proportion of children under 5 who sleep under insecticide-treated nets Baseline : 21.8% Most recent: 41% (DHS 2009/10)</p> <p>1.1.5 Proportion of pregnant women who sleep under insecticide-treated nets Baseline : not available Most recent: 40.7% (DHS 2009/10)</p> <p>1.1.6 Proportion of births attended by the skilled health personnel Baseline: 27.2% Most recent: 59% (HMIS 2012)</p> <p>1.1.7 Exclusive breastfeeding rate of children 0-5 months Baseline: 30.7% Most recent: 52% (DHS 2009/10)</p>	<p>The country has attained polio free status and maternal and neonatal tetanus were eliminated in 2012. The preliminary findings of the 2013 nutrition survey showed stunting reduction among children 0-23 months by 11% points and wasting reduction by 6.7% points, compared to data from 2009/10. Significant progress (20% increase in utilisation of services) was made regarding the treatment of pneumonia/ARI, malaria prevention among children and mothers, births attended by a skilled attendant, exclusive breast-feeding, vitamin A supplementation and prevalence of underweight.</p> <p>Progress to improve the coverage of measles vaccination and the percentage of children who receive oral rehydration therapy was slow. The country started salt iodization in 2011 and approximately half of all the locally produced salt is iodized. New data on the use of iodized salt will be available in 2014.</p> <p>Overall, the enabling environment and service delivery mechanisms in the health and nutrition sector were strengthened, as well as mechanisms and strategies to enhance care practices and care seeking behaviours, through support at national and district level, including:</p> <ul style="list-style-type: none"> • National Nutrition Strategy was defined and revised; and District Public Health Officers for Nutrition were deployed in all 13 districts. • Community-Based Management of Acute Malnutrition, vitamin A supplementation, deworming, nutritional status screening and infant and young child feeding practices were introduced and operationalized in the districts. As a result, over 3,200 severely malnourished children under the age of 5 were identified and treated. • Local NGO partners established mothers' support groups in 120 villages across the country (27% national coverage) to support maternal, newborn, infant and child health through home care and care -seeking, and to promote infant and young child feeding. • Integrated Management of Childhood Illnesses (IMCI) was scaled up country-wide with equipment provided to 	<p>Constraints:</p> <ul style="list-style-type: none"> • Human resource shortages and gaps in capacity to deliver and manage services remain major constraints in the health sector. <p>Facilitating Factors:</p> <ul style="list-style-type: none"> • In 2013, SISCa financing was increased by the Ministry of Health through the Health Sector Support Project. • The Ministry of Health has deployed 423 Cuba-trained doctors and 100 midwives, especially to service remote communities. • The Ministry of Health has started re-defining the health service package and delivery mechanism. These initiatives are expected to address some of the existing gaps and improve access and utilisation of MNCH services. • The integration of High-Impact Nutrition Interventions into the service delivery package of the Ministry of Health combined with the strengthening of care practices and healthy behaviours through community-based organisations have helped to reduce malnutrition rates and improve breast-feeding rates.

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	<p>1.1.8 Vit-A supplementation rate of children 6-59 months Baseline: 24.3% Most recent: 50.7% (DHS 2009/10), 57.2% (HMIS 2012)</p> <p>1.1.9 Proportion of households consuming iodised salt Baseline: 59.9% Most recent: Not available</p> <p>1.1.10 Prevalence of underweight among children under 5 by gender Baseline : 48.6% Most recent: 27.4% (HMIS 2012); 38.1% (Nutrition Survey Preliminary Data, 2013)</p>	<p>Community Health Clinics, health posts, referral hospitals and the national hospitals; and the capacity of staff enhanced. The capacity for essential newborn care, community case management of diarrhoea and pneumonia was enhanced.</p> <ul style="list-style-type: none"> • Immunisation management capacity was strengthened and vaccine storage at national level and 76 district and health facility stores was enhanced. An integrated measles vaccination campaign was supported in 2012, reaching 400,000 children aged 6 months to 14 years. The pentavalent vaccine was introduced nation-wide in 2012. 	
<p>1.2 80% of rural population in 150 villages including schools in 6 districts have access to sustainable safe water sources and improved sanitation</p>	<p>1.2.1 Proportion of rural population with access to an improved water source Baseline: 58% (56.6% DHS 2009) Most recent: 69% (JMP, 2013)</p> <p>1.2.2 Proportion of population with access to improved sanitation Baseline: 39% Most recent: 43% (DHS, 2009)</p>	<p>Timor-Leste has met the MDG target on water supply with more than 70% of Timorese accessing improved water sources. Progress on sanitation, however, is lagging behind and approximately 60% of the population still does not have access to improved sanitation.</p> <p>Results in the water and sanitation sector were achieved through a number of initiatives supported by UNICEF during the reporting period, including:</p> <ul style="list-style-type: none"> • Creation of community-managed gravity-based water supply systems, providing access to clear water to over 27,000 people in 6 districts (Aileu, Manatuto, Ermera, Viqueque, Oecusse and Liquica). Water users committees were trained across all communities and regular fund collection mechanism established for repair and maintenance of the water systems. • Community-Led Total Sanitation has been expanded to over 200 villages across six districts, enabling 58,000 people from 9,500 households to access improved sanitation; more than 60 villages are now 'open defecation free' areas. • Formulation of Rural Water Supply Guidelines and Government approval of National Basic Sanitation Policy. 	<p>Constraints:</p> <ul style="list-style-type: none"> • Limited focus on operation and maintenance jeopardizes longer term sustainability of the water systems. • Lack of a costed sanitation strategic development plan hampers the implementation of the National Basic Sanitation Policy. <p>Facilitating Factors:</p> <ul style="list-style-type: none"> • Adoption of the Rural Water Supply Guidelines has supported the community's role in decision making, especially the women's participation in water users committees.

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		<ul style="list-style-type: none"> 14,500 children from more than 70 primary schools have access to child-friendly WASH facilities and the National WASH in School Guidelines developed, waiting Government approval. 	
<p>2.1 20% increase of girls and boys enrolled in free compulsory quality basic education</p>	<p>2.1.1 Net enrolment rate (NER) in primary education by gender Baseline: 69% Most recent: Total (T) = 93.60%, Male (M) = 92.90% Female (F) = 94.34% (SYB/EMIS 2010)</p> <p>2.1.2 NER in pre-secondary education by gender Baseline: not available Most recent: T = 30.32%; M= 27.04% and F=33.86% (SYB/EMIS 2010)</p>	<p>Timor-Leste is ‘on-track’ to achieve primary (Grade 1-6) enrolment (MDG2) and gender equality (MDG3) targets. The national net primary enrolment reached over 93% with gender parity (EMIS, 2010) which is a significant increase from the baseline. However, there are significant differences in rates by districts. Further, the large gap between the net (93%) and gross (128%) primary enrolment rates show that there are considerable numbers of over-age and under-age students in primary level, due to either early or late entry, repetition or other reasons.</p> <p>Net intake rate for Grade 1 in 2010 was only 54%, which indicates that serious challenges remain to ensure that children enter grade 1 at the right age (6 years old). One of the key contributing factors for the high repetition and drop outs especially in early primary grades is the limited coverage of pre-school education. According to the National Education Strategic Plan 2011-2030, only approximately 8% of three to five years olds were attending pre-school in 2007/2008 with significant urban-rural disparities.</p> <p>Since 2009, UNICEF has provided substantial support to the Ministry of Education to provide children with access to education. Support provided includes:</p> <ul style="list-style-type: none"> Construction of 81 classrooms in 32 schools and the rehabilitation of 36 classrooms in 11 schools, benefitting a total of more than 12,000 students annually. Strengthening the capacity of the Education Management Information System (EMIS) to effectively support evidence-based decision-making in the education sector. 	<p>Constraints:</p> <ul style="list-style-type: none"> Limited institutional capacity to reach out to the last 5-10% of unreached population, including those in hard-to-reach areas, children with disabilities and out-of-school children. Limited data on some particular groups of children who are out of school, e.g. children with disabilities. <p>Facilitating Factors:</p> <ul style="list-style-type: none"> Key government strategies (National Strategic Development Plan, National Education Strategic Plan etc.) place particular focus on quality education for all agenda as a national priority, including pre-school and basic education level. National Inclusive Education Policy has been drafted (awaiting official approval). This policy is expected to further facilitate the efforts to achieve universal pre-school and basic education in the country.

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<p>2.2 25% increase of girls and boys completing free compulsory quality basic education</p>	<p>2.2.1 Proportion of pupils starting Grade 1 who reach Grade 6 by gender Baseline: 47% Most recent: not available</p> <p>2.2.2 Proportion of pupils starting Grade 1 who reach Grade 9 by gender Baseline : Not available Most recent Not available</p> <p>2.2.3 Literacy rate of 15-24 year olds by gender Baseline : T = 73, M = 74 and F = 71 Most recent: T = 79, M = 80 and F = 78 (Census 2010)</p>	<p>Although the latest data for the survival rate to Grade 6 and Grade 9 is not available, over the past years the school drop-out has decreased dramatically. According to the EMIS data, the primary drop-out rate decreased by from 10.2% in 2008/2009 to 4.4% in 2010 and the pre-secondary rate from 4.4% to 1.5% for the same period. This indicates a positive trend of reducing drop-outs which will contribute to the improvement of survival rates. Nevertheless, the repetition rates remain very high especially in early grades. Even though the trends between 2008/2009 and 2010 indicate a moderate decrease of repetition rate for primary level from 20.2% to 17.7%, the rate of grade 1 stay as high as 29.6%. In addition, the rate at pre-secondary level actually increased from 1.5% to 3.4% that may require further analysis.</p> <p>UNICEF is the leading partner to the Ministry of Education in the Child-Friendly Schools, or ‘Eskola Foun’ approach. UNICEF has supported the roll-out of ‘Eskola Foun’ in 121 basic education schools (just over 11% of all schools) enabling more than 34,000 children to have access to quality education. Specific contributions to the roll out of the ‘Eskola Foun’ approach include:</p> <ul style="list-style-type: none"> • Improvement of school management; enhanced capacity of teachers to use child-centred teaching methodologies and to create a safe and healthy school environment; and active and increased participation of students and parents in school. The Ministry of Education has now recognised ‘Eskola Foun’ as the key strategy to improving basic education across the country. • Development of a National Framework on Pre-school Education, which was approved in 2013 and the modelling of 8 pre-schools. • Support to the development of Timor-Leste’s own bilingual curriculum for basic education which currently spans grades one through nine, serving 300,000 students. 	<p>Constraints:</p> <ul style="list-style-type: none"> • Limited institutional capacity for effective planning and budgeting to deliver quality pre-school and basic education. <p>Facilitating Factors:</p> <ul style="list-style-type: none"> • Government and key development partners are placing utmost priority in improving the quality of basic education, through interventions such as the ongoing curriculum revision, improved and expanded in-service teacher training using the child-friendly school principles, etc. • Government has officially recognized the importance of pre-school education as an effective strategy to address high repetition and drop-outs.
<p>3.1 30% increase in the proportion of youths and adolescents (in and out of school) having correct information and skills needed to reduce their</p>	<p>3.1.1 Proportion of population aged 15-24 years who have correct knowledge of HIV/AIDS by gender. Baseline: 25% Most recent: NA</p>	<p>As part of the National HIV/AIDS/STI Programme led by the Ministry of Health, prevention and social mobilisation programmes have increased dramatically since 2008. The National Programme has initiated interventions on community awareness generation, role out of VCT services and targeted</p>	<p>Constraints:</p> <ul style="list-style-type: none"> • Although Basic Life Skills is integrated in the pre-secondary school curriculum, no specific guidance and teaching materials have been developed.

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vulnerability to HIV/AIDS infection.		<p>interventions among the most at risk groups in collaboration with civil society partners.</p> <p>During the reporting period, the Ministry of Education and the Secretariat of State for Youth and Sport (SSYS) were supported to reach more than 15,000 adolescents and young people, both in and out of school with life skills education, focusing on knowledge and skills to reduce their vulnerability, especially regarding HIV/AIDS, alcohol, drugs and substance abuse prevention.</p> <p>As a result of the strong commitment of SSYS and the success of the programme with adolescents and youth out of school. SSYS has agreed to include the roll out of the programme in their regular budget.</p>	<p>Facilitating Factors:</p> <ul style="list-style-type: none"> Strong commitment of the Secretariat of State for Youth and Sports (SSYS) facilitated the out-of-school Basic Life Skills Programme.
3.2 80% of HIV-infected children and women receive care	<p>3.2.1 Number and proportion of HIV positive children receiving ARV treatment Baseline: not available Most recent: 100% (HIV/AIDS data, MOH, 2012)</p> <p>3.2.2 Number and proportion of HIV positive pregnant women who received VCCT & ART prophylaxis Baseline: not available Most recent: 87% (HIV/AIDS data, MOH, 2012)</p>	<p>100% of detected HIV-positive children reported receiving treatment and 87% of detected HIV-positive pregnant women were reported receiving ART.</p> <p>A total of 33 (11%) health facilities at national, district and sub- district levels (11% of all health facilities) provide PMTCT services (HMIS). Almost a quarter of all MCH staff of health facilities in the country were trained on PMTCT and 21 VCT centres provide counselling and testing services.</p> <p>In close collaboration with GFATM-funded Technical Assistance from WHO, UNICEF has started supporting the MoH-led effort to integrate, the mother-to-child transmission of HIV and pediatric AIDS as part of the MNCH continuum of care.</p>	<p>Constraints:</p> <ul style="list-style-type: none"> Lack of funding was a major constraint in implementing HIV/AIDS interventions. <p>Facilitating Factors:</p> <ul style="list-style-type: none"> Successful advocacy to add PMTCT and pediatric AIDS activities within the GFATM-supported MoH project. As a result, the continuation of services is now being supported through GFATM funding.
4.1 Children and their families benefit from a quality social welfare system, including in emergencies.	<p>4.1.1 Proportion of vulnerable children with access to the social welfare services by gender Baseline: 17 (MSS case report from 2007) Most recent: 336 (F: 152; M: 184) (MSS case report 2013)</p>	<p>The proportion of vulnerable children with access to social welfare services provided by the Ministry of Social Solidarity (MSS) increased sharply from 17 cases in 2007 to 336 cases in the period January to October 2013 (152F/184). Out of the 336 cases, 265 (152F/113M) case reports concerned abuse, neglect, and exploitation and 71 (0F/71M) cases on children in conflict with the law.</p> <p>The number of cases of child exploitation, abuse, neglect and violence addressed by the VPU has reportedly increased from</p>	<p>Constraints:</p> <ul style="list-style-type: none"> The number and capacity of Government social welfare officers remain inadequate to provide services to families in need of support. While basic reporting steps are being followed, capacity to conduct the more complex tasks of risk assessment, case

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	<p>4.1.2 Number of cases of child exploitation, abuse, neglect and violence addressed by VPU by gender Baseline: not available Most recent: not available</p> <p>4.1.3 Proportion of girls and boys under 5 with birth registration Baseline: 22% (MICS, 2002) Most recent: 53% (Census 2010)</p>	<p>23 cases in 2009 to 401 cases in 2012. In an estimated 70-80% of the cases the victims are girls.</p> <p>The rate of children under five with birth registration has significantly increased from 22% in 2002 to 53% in 2010. In early 2011, another estimated 32% children under five (63,300) were registered in a national birth registration campaign, which was support by UNICEF, with nearly equal percentages for girls and boys registered.</p> <p>Child Protection Systems were enhanced through support to the development of legal regulatory frameworks, the strengthening of service delivery mechanisms and the organization of social mobilization activities, including:</p> <ul style="list-style-type: none"> • Development of draft Child Rights Code and draft Child and Family Welfare System Policy; establishment of the National Commission on the Rights of the Child which was mandated to promote and monitor children’s rights. • Establishment of Child Protection Unit in the Ministry of Social Solidarity; in all 13 districts, the deployment of Child Protection Officers and the enhancement of Child Protection referral networks, including at sub-district level. • More than 35,000 children, parents and other caregivers, teachers and local leaders have been reached through social mobilization activities focusing on child protection issues. 	<p>conferencing and case management remains limited.</p> <p>Facilitating Factors:</p> <ul style="list-style-type: none"> • Core responsibilities for child and family welfare have been placed under one directorate in the Ministry of Social Solidarity. • There is a network of NGOs providing child protection services to children at risk.
<p>4.2 Vulnerable children including child victims, offenders and witnesses benefit from enhanced access to justice.</p>	<p>4.2.1 Number and proportion of cases involving children (girls and boys) in contact with the law addressed by legal system according to international standards. Baseline: Not Available Most recent: Not available</p>	<p>Systems to protect children who have been in contact with the law have been enhanced through support to the Ministry of Justice and other actors, including:</p> <ul style="list-style-type: none"> • Development of draft Juvenile Justice legislation. • Establishment of child-friendly interview rooms by the Vulnerable Persons Unit of the National Police of Timor-Leste (PNTL) in each district. • Capacity building for police and judiciary actors on child-friendly investigation and court procedures; and the development of Rules of Procedures for Child Victims for the PNTL. 	<p>Constraints:</p> <ul style="list-style-type: none"> • Key laws (such as the Juvenile Justice legislation) have been in draft for some time, pending approval. As a result, justice for children is still administered under adult justice laws, with few or no special considerations for children. <p>Facilitating Factors:</p> <ul style="list-style-type: none"> • Recent efforts for intensive pre-service training of judiciary actors in child justice will

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<p>5.1 Children and youth (girls and boys) have opportunities to express their opinions and views on issues that affect them, and on the implementation of policies and programmes.</p>	<p>5.1.1 Type and number of activities related to policy development, planning, M&E that involve children and youth. Baseline: not available Most recent: establishment of Youth Parliament in 2009 and 2012.</p>	<p>Young people’s participation in advocacy and awareness raising on children’s rights issues was enhanced through the creation of a Youth Parliament. In the first Youth Parliament, established in 2009 with support from UNICEF, 130 adolescents between 12 and 17 were selected to represent their sub-district, ensuring gender and geographical parity. During their two year mandate, their capacities were enhanced to analyse information, plan action and advocate with national and other leaders for the rights of the most marginalized. In 2013, the second Youth Parliament election process took place, this time through a democratic election amongst peers.</p> <p>The capacity of children and 10 community radio stations in the districts were enhanced to develop and produce weekly radio programmes, in which they discussed issues related to health, education, and protection, among other topics. During the annual celebration of the National Children’s Day and the annual celebration of the CRC anniversary, children representatives from the districts were able to state their views on issues and concerns to key leaders including the President, Prime Minister and President of the National Parliament.</p>	<p>contribute to improved child-friendly court procedures.</p> <p>Constraints:</p> <ul style="list-style-type: none"> • Due to a limited field presence, SSYS does not have the number of staff to enable frequent and quality field monitoring activities. <p>Facilitating Factors:</p> <ul style="list-style-type: none"> • Strong commitment for the work of the Youth Parliament by the Secretary of State for Youth and Sport and other development partners, with funds allocated through regular national budget line. • The leadership of the National Commission on the Rights of the Child facilitated the planning and implementation of the different events.
<p>5.2 Strategic and gender disaggregated information on the situation of children and women is collected, analysed and used to deliver better results for children.</p>	<p>5.2.1 Number of monitoring indicators for MDG 1-7 with data at district level. Baseline: 5 Most recent: 18 out of 42 MDG indicators adopted by the Government of Timor-Leste have data up to the district level (DevInfo version 3)</p> <p>5.2.2 Number of data collection, research, studies and evaluations undertaken and used to deliver better results for children Baseline: 5</p>	<p>Significant progress has been made in Timor-Leste on data collection and analysis. From 2009, three major national household surveys (the 2009-2010 Demographic and Health Survey, the 2010 National Population and Housing Census, and the 2010 National Labour Survey) were conducted with support from UNICEF and other development partners.</p> <p>UNICEF provided specific technical support for the 2010 Census analytical youth report. Relevant line ministries in partnership with UNICEF conducted the Timor-Leste Nutrition Survey, Regional Early Childhood Development (ECD) Scale Survey, School Grant Study, and updated the situation analysis of children (SitAn 2013) with an equity focus, following the new SitAn guidelines.</p>	<p>Constraints:</p> <ul style="list-style-type: none"> • Limited capacity to analyse data. <p>Facilitating Factors:</p> <ul style="list-style-type: none"> • Strong ownership to create the Timor-Leste DevInfo and CensusInfo databases.

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	Most recent: 13 ¹ (IMEP 2009-2014)		
5.3 Policy makers and planners have increased capacity to make evidence-based policies and plans for children	<p>5.3.1 Number of policy makers and planners trained to use strategic information Baseline: 50 Most recent: 450 (General Directorate of Statistic [GDS])</p> <p>5.3.2 Extent to which evidence is used to prepare policies and plans for children Baseline : Not available Most recent To some extent</p>	<p>UNICEF and the Ministry of Finance have held discussion with key social sector ministries to support social policy analysis and advocacy for investing in children.</p> <p>The capacity of policy makers, GDS staff and planners from line ministries at national and district levels (District and Sub-district Development Officers) including UN Agencies and development partners was enhanced in using Timor-Leste DevInfo and Timor-Leste CensusInfo as tools for planning, monitoring and policy discussion.</p> <p>UNICEF supported the Government of Timor-Leste to collect, analyse and use data for preparing policies and plans which impact on the well-being of children, most notably the National Strategic Development Plan (2011-2030), the National Education Strategic Plan (2011-2030) and the National Health Sector Strategic Plan (2011-2030).</p>	<p>Constraints:</p> <ul style="list-style-type: none"> Insufficient human resources and high staff turn-over in the GDS, low capacity or computer literacy, and lack of electricity at district level hamper a broad use of DevInfo and other databases. <p>Facilitating factors:</p> <ul style="list-style-type: none"> Strong leadership and ownership of government counterparts, particularly the Minister of Finance in promoting the use of data as evidence for budgeting and decision making.

Acronyms:

ARI- Acute respiratory infection
DHS – Demographic and Health Survey
ECD- Early Childhood Development
GDS – General Directorate of Statistics
GFATM – The Global Fund to fight AIDS, Tuberculosis and Malaria
HMIS - Health Management Information System
IMCI - Integrated Management of Childhood Illnesses
JMP for WASH – Joint Monitoring Programme for Water and Sanitation
MNCH- Maternal, new born and child health

MoH – Ministry of Health
MSS - Ministry of Social Solidarity
NER - Net Enrolment Rate
NTL - National Police of Timor-Leste
SISCa –Monthly integrated community health services
SitAn - Situation Analysis
SSYS - Secretary of State for Youth and Sports
SYP/EMIS - Statistical Year Book/ Education Management Information System

¹ Demographic Health Survey, 2010 National Population and Housing Census, and 2010 National Labour Survey, Timor-Leste Nutrition Survey, Regional Early Childhood Development (ECD) Scale Survey, EPI coverage evaluation survey, School Grant Study, 2013 Situation Analysis of Children in Timor-Leste, Child Friendly School baseline, WASH baseline, SIDA Basic Education/non formal education Evaluation, Evaluation of Child Protection Programme, Evaluation MDG-F joint programme and the MDG-F case study.