

UNICEF HUMANITARIAN ACTION

TIMOR-LESTE

IN 2007



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Population under 18 (thousands)*	463
U5 mortality rate	83
Infant mortality rate	60
Maternal mortality ratio	420-800
% U1 immunized against measles	47
% population using improved drinking water sources*	58
HIV prevalence rate (2005)	0,032/1000
% U5 suffering from moderate and severe underweight	46

Sources: *Demographic Health Survey, 2003* and *Health Information System, Ministry of Health*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	700,000
Water and environmental sanitation	1,500,000
Education	200,000
Child protection	500,000
Adolescents/youth and HIV/AIDS	350,000
Advocacy and communication	150,000
Emergency coordination, monitoring and evaluation	180,000
Total*	3,580,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Timor-Leste is a newcomer to the community of nations, having gained independence only five years ago in 2002. Prior to that, it was occupied by Indonesia for 24 years, during which a guerrilla resistance force waged an insurgency against the Indonesian military, and an estimated 180,000 Timorese died. Since 2002, Timor-Leste has slowly been gaining ground towards offering its people a decent standard of living, but this year's civil unrest has been a huge blow to the country.

Before the 2006 crisis, Timor's human development indicators placed it among the world's least developed countries. Per capita GDP stands at US\$ 430 and more than 40 per cent of the population live below the poverty line. Health indicators are also very poor with an infant mortality rate that stands at 60 per 1,000 live births. The maternal mortality ratio is one of the highest in the world, at 420-800 deaths per 100,000 live births. This is coupled with very high fertility rates – an average of 7.8 children per woman – and a teenage pregnancy rate of 59 per cent. The under-five mortality rate is 83 per 1,000 live births due to the combined effects of poor environmental sanitation, frequent and severe infectious diseases, and persistent malnutrition and parasites. More than one out of ten Timorese children is acutely malnourished and almost one out of two suffers from chronic malnutrition. Poor sanitation and lack of access to clean water is another significant public health problem. For example, only 24 per cent of people in rural areas and only 53 per cent of people in urban areas have access to latrines.

The crisis has not only stymied the work of the Government of Timor-Leste, it has also been a serious blow to many people and can only have contributed to a worsening of some of the indicators listed above. The crisis was triggered in late April 2006, after a protest by 594 sacked soldiers turned violent. More than 10,000 people fled their homes in Dili for IDP camps, and more than 20,000 people fled to the districts. Between 23 and 26 May, there were violent clashes between the police and military and ensuing gang and ethnic violence. People again fled their homes, but in far greater numbers. By June the number of internally displaced persons (IDPs) exceeded 150,000. Between June and September, it hovered around the 150,000-170,000 people mark – representing up to 18 per cent of the total population. Roughly half of this number is in IDP camps in the capital; and half is living with relatives in the districts, putting even greater pressure on subsistence families. Close to 2,000 homes in the capital have been burnt, and many homes and public buildings have also been looted. In addition to the financial setbacks to families who have lost their homes and possessions and have been forced to spend scarce dollars travelling from Dili to the districts and back, many people who were self-employed (market vendors, taxi drivers etc.) had their incomes drastically reduced over the past four months. School students have missed up to two months of school; and universities have been barely functioning, with the University of Dili having been comprehensively looted. The breakdown of social structures and services that accompanied the crisis has seriously challenged the capacity of families, communities and the State to protect children. Certain risk factors pose a threat not only to children's immediate survival but also to their psychosocial well-being. Many children are displaying signs of stress, including aggressive behaviour, withdrawal and difficulties in sleeping.

In spite of the presence of international forces, which arrived in late May 2006, the security situation in Timor-Leste remains largely unresolved. Violent clashes are a daily occurrence in Dili. Recent figures from the Ministry of Labour and Community Reintegration also indicate that there is no significant movement of people from IDP camps or from the districts back to Dili, suggesting that the majority of IDPs are still unwilling or unable to return to their homes.

Apart from the continued low-intensity conflict in Dili, Timor-Leste is prone to natural disasters, especially floods and landslides during the rainy season which starts around November every year. As many IDP camps have poor drainage and are highly congested, there is a great risk of diarrhoea-related diseases which would seriously affect the most vulnerable groups, such as young children. There are no excuses for Timor-Leste not being prepared for any type of emergency.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

During the 2006 crisis, UNICEF's action in immunization, nutrition screening and water and sanitation services helped avert the deterioration of the health and nutrition of children and IDPs. The measles and vitamin A campaign had a high coverage, reaching more than 110,000 children. UNICEF provided sanitation services to virtually all camps in Dili, benefiting some 70,000 IDPs.

For the last three years, UNICEF has supported the Alola Foundation, a national NGO, to promote exclusive breastfeeding and complementary feeding, prepare two hospitals for baby-friendly accreditation, establish mother support groups in more than half of the districts throughout the country and provide breastfeeding counseling to women in IDP camps at the height of the emergency. The Ministry of Health, together with UNICEF and Basic Support for Institutionalizing Child Survival (Basics), is organizing an Infant and Young Children Feeding workshop, aimed at bridging the identified gaps through further collaboration and advocacy. Guidelines on infant feeding in emergency were circulated to all camp managers and various breastfeeding promotion activities conducted.

In the area of education, UNICEF trained more than 200 teachers in a non-formal curriculum, through which 3,000 students attended non-formal lessons and participated in educational activities. UNICEF also worked closely with the Ministry of Education on the back-to-school campaign launched in September. In spite of the crisis, the new grade 1 curriculum, which UNICEF has been working on with the Ministry for more than a year, was delivered to schools throughout the country for the start of the new school year.

The establishment of the UNICEF-supported child protection focal point system in all camps in Dili allowed children to take part in structured play and recreation activities: 130 recreation kits were distributed to camps in and around Dili, as well as 3,000 toy sets for smaller children. UNICEF also supported life skills education and peer educator training. Between June and September, 212 people were trained in peer education, and more than 4,000 young people were reached with HIV information through peer educators. A total of 105 life skills education trainers were trained; and 499 young people received life skills-based education.

Through UNICEF's communication programme, 1,000 families in 26 IDP camps had access to information on critical issues via camp notice boards. Coverage of and for children was dramatically increased through the *Timor Nia Otas Foun* TV programme and the *Labarik Nia Lian* (LNL) radio programme.

A UNICEF-funded child protection adviser to the Minister of Labour and Community Reintegration also put the agenda of children and women at the forefront of the humanitarian response to the crisis.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Under the umbrella of the Simu Malu (Mutual Acceptance) Interministerial Committee, chaired by the Prime Minister, humanitarian assistance to IDPs is organized through Simu Malu's Coordination Committee, which has various technical working groups. UNICEF is one of the key actors in this coordination mechanism and an active member of technical working groups on health, nutrition, water and sanitation, and child protection. Integration of emergency preparedness in Simu Malu is currently being considered.

Regular programme

Based on experiences from the 2006 violence and political crisis, humanitarian assistance and emergency preparedness envisaged in the *Humanitarian Action Report* are an integrated part of the Country Programme in 2007, which also addresses underlying causes of the past crises, by introducing community-level convergence of basic services and a strong emphasis on youth, peace-building initiatives and strategic communication.

Focus

Humanitarian assistance to IDPs, including children and women (178,000 as of September 2006), will likely continue, but with a greater focus on support to IDPs in districts. At the same time, UNICEF will encourage the return of IDPs to their communities through Simu Malu. This link with Simu Malu will support UNICEF's shift of focus to a community-based approach. It will also help with the transition from humanitarian assistance for IDPs to development activities benefiting people who have returned to their communities. The key planned activities will also incorporate transitional activities, while addressing the critical elements of a minimum level of emergency preparedness for natural disasters (floods, severe storms, and earthquakes) or epidemics across all sectoral areas.

Health and nutrition (US\$ 700,000)

UNICEF will ensure that the Ministry of Health has both the supplies and the technical and logistical capacity to reach all women and children in the five target districts (Dili, Liquica, Manatuto, Ermera and Aileu) in order to achieve full immunization and emergency obstetric care. Ministry of Health staff will be equipped to deliver community-based therapeutic feeding for children, and preventative and curative care against malaria and other vector and water-borne diseases. Community-based networks will be strengthened through the Family Health Promoter Programme for interaction with the Ministry of Health, in order to expand service coverage and contribute to peace-building. Emergency stocks will be built up and national and international technical assistance recruited for programme implementation as required. Key activities will include:

- Procure sufficient vaccines, cold chain and related equipment for 13 community health centres over one year;
- Procure communications and logistics equipment for immunization outreach;
- Procure emergency health kits to cover 50,000 people over six months;
- Procure impregnated mosquito nets and support distribution through specialized NGOs;
- Procure communications and logistics equipment for emergency obstetric care;
- Train 50 district health staff in immunization, therapeutic feeding and contribute to the training of midwives and other health staff in emergency obstetric care;
- Based on a nationwide evaluation of midwives' skills and qualitative assessments, develop a health promotion communication strategy to be implemented throughout the target area;
- Recruit national and international technical assistance to manage/implement the programme.

Water and environmental sanitation (US\$ 1,500,000)

Integrating water supply, improved sanitation and hygiene into a comprehensive package will be the strategy to address the needs of affected communities. Water, sanitation and hygiene activities will be implemented by community-based organizations with support from local NGOs and/or contractors. Government counterparts, such as staff from the Division of Community Water and Sanitation Service, will be trained in management and emergency preparedness and response activities. Major proposed interventions will be as follows:

- Provide safe, clean and reliable water supply systems and support sanitation and hygiene promotion in at least 125 schools/communities in five districts;
- Facilitate the construction/rehabilitation of 1,000 household latrines in five districts;
- Help develop human resources and build capacity in the government water and sanitation sector and partner NGOs for emergency preparedness and response, through orientation/training;
- Develop promotional materials for improved sanitation and hygiene for schools and communities;
- Build up and maintain a minimum emergency stock of water storage tanks, water purification tablets, construction materials, water and hygiene kits and other emergency supplies for 10,000 IDPs;
- Recruit national and international technical assistance to manage and implement the programme.

Education (US\$ 200,000)

UNICEF is fully funded to continue supporting educational activities in camps in 2007 focusing on approximately 20,000 primary school-aged children in Dili who are affected by the ongoing crisis. The critical need is to develop a countrywide emergency preparedness strategy including resource stockpiling with the Ministry of Education and Culture, which will benefit all school-going children. For this objective, a total of 40 senior staff from the Ministry, 76 school principals and 600 teachers will benefit from the following key activities:

- Train 40 Ministry of Education and Culture officials (directors, vice-directors, superintendents and training officers) in education in emergencies, including rapid assessments, use of school-in-a-box kits, impact of emergencies on children and annual budgeting for emergency responses;
- Train school principals in 76 core schools from the child-friendly schools project in the psychosocial aspects of emergency education, care and recovery for children and teachers;
- Fund 76 follow-up workshops for 600 teachers in 76 clusters of the child-friendly schools project in the psychosocial aspects of emergency education, care and recovery for children and teachers;
- Prepare emergency preparedness materials (manual and template plan) for principals, parent-teacher associations and local administrators to enable them to do their own emergency planning;
- Translate rapid assessments and other emergency education resources into Tetun;
- Provide technical support to ensure effective management, monitoring and evaluation of these activities.

Child protection (US\$ 500,000)

A total of 30,000 children and their families will be reached by community-based interventions and will receive psychosocial support through play and recreation. All new staff (police and civilians) of UNMIT, the new United Nations Integrated Mission in Timor-Leste, will receive an orientation on child rights and protection issues. Peace-building will be supported through advocacy and social mobilization. Key activities will include:

- Support psychosocial activities (play, recreation and other activities) for displaced children and children in affected communities. Activities will be implemented in partnership with local and international NGOs and the local administration;
- Distribute recreation kits, containing sporting equipment and toys for young children in IDP camps and affected communities;
- Implement community-based planning processes at the district and suco (village) levels, resulting in local action plans for the protection of children. Involves training and capacity-building to integrate children's issues and extend support programmes for children at the local level;
- Promote non-violence, positive parenting and good relationships in families/communities through printed materials (e.g., positive parenting guides) and activities such as community theatre, workshops and peace-building sessions run by partner NGOs;
- Develop information materials and seminars/orientation sessions for UNMIT staff on child rights and child protection;
- Develop community-based diversion programmes for children in conflict with the law in Dili and selected districts;
- Provide technical assistance and human resources.

Adolescents/youth and HIV/AIDS (US\$ 350,000)

Key activities will include:

- Support HIV/AIDS prevention education activities (national campaign and peer education) targeting 40,000 young people aged 15-25 years in 13 districts;
- Conduct life skills-based education training for 2,000 young people in and out of school in six districts;

- Set up 100 literacy classes (basic and primary school equivalency literacy) in IDP camps for 1,950 adolescents;
- Support sporting activities for 10,000 young people in 13 districts;
- Support youth-initiated community peace dialogues for 15,000 adolescents in 13 districts;
- Stockpile canopies for 40 learning spaces in response to emergency.

Advocacy and communication (US\$ 150,000)

Providing information and stimulating debate on youth issues is most effective if young people themselves can express their views and opinions (through national radio/TV and 17 community radio stations in 13 districts). Key activities will include:

- Support the participation of displaced children and young people in TV programmes;
- Support the participation of displaced children and young people in radio programmes;
- Organize film screenings in IDP camps and emergency radio programmes;
- Support local media to improve quality and balance of reporting, especially on the situation of internally displaced children and women;
- Work with national NGOs and the Church to promote child rights and peace-building;
- Establish a district-based communication and information centre for adolescents which will provide information at the centre's premises, through information boards at crucial places in the districts; and organize film screenings for children and young people in collaboration with suco (village) chiefs and district administrators;
- Provide civic education for children and young people in collaboration with faith-based organizations, including youth groups, the Dili Diocese Youth Commission, Caritas Dili, Colegio São José and Muslim organizations;
- Prepare press releases and human interest stories for the UNICEF website and local and international media;
- Maintain minimum stock of UNICEF advocacy supplies for emergency.

Emergency coordination, monitoring and evaluation (US\$ 180,000)

- Recruit an Emergency Coordinator to effectively coordinate UNICEF's broad scope of areas in emergency preparedness and response; and further enhance sectoral coordination under the Simu Malu coordination structure;
- Monitor indicators of all sectors in close collaboration with Government ministries to track progress and ensure that results are linked with the newly introduced DevInfo emergency module;
- Conduct a full evaluation of UNICEF-supported emergency response in 2006 to take stock of lessons learned and further improve ongoing support to IDPs and emergency preparedness.