Good health and nutrition give girls and boys the best start in life. UNICEF is working with the Government, international and local NGOs, communities and faith-based organizations to ensure that children in Timor-Leste have the possibility to survive and grow into adulthood.

THE SITUATION

Timor-Leste has made remarkable progress by curtailing child mortality, as more children are now surviving until the age of five. Between 2003 and 2009, under five mortality dropped from 83 in 1000 live births to 64; infant mortality dropped from 60 in 1000 live births to 45. More Timorese babies are being born with skilled birth attendance and being breastfed exclusively until the age of 6 months. More children are also being immunized against diseases like measles, receiving vitamin A and being dewormed. Nonetheless, the under-five and infant mortality rates are still amongst the highest in the region, and there has been no change in new born mortality since 2003, which remains at 22 in 1000 live births. Inadequate nutrition also remains a critical issue, with more than 50 percent of children under five stunted due to chronic malnutrition.

The maternal mortality ratio is also very high (557 per 100,000 live births), and more than two of every five deaths of Timorese women are from pregnancy or childbirth-related causes. Access to skilled birth
attendants and emergency obstetric care is limited, and 78 percent of all deliveries in Timor-Leste still occur at home, with huge disparities in access to care between urban and rural areas⁵.

Limited access to improved sanitation (40 per cent access to improved sanitation and 27 per cent open defecation) and inadequate hygiene practices are some of the key contributors of high malnutrition and poor health among children and women in Timor-Leste⁶.

**WHY HEALTH AND NUTRITION?**

**The best start in life:** The health of children begins in the womb: when pregnant women have access to proper nutrition, prenatal care and skilled delivery assistance, babies can be given the best chance to survive and thrive. After birth, children have the best chance of survival when they have access to basic health services including: prenatal care for mothers, essential newborn care, immunization, vitamin A supplements and treatment of common childhood illnesses such as diarrhea and respiratory infections. Children also have a better start when their caregivers have knowledge and receive support to adopt practices promoting adequate child nutrition including exclusive breastfeeding in the first six months of life and appropriate complementary feeding practices while continuing breastfeeding beyond the second year of life.

The Timor-Leste Food and Nutrition Survey 2013 reported that 48 per cent children had an illness within two weeks preceding the survey, and higher stunting was seen among these children who were reported with an illness and from households not using a sanitary toilet. On the other hand lower prevalence of stunting was seen among children who utilized health services⁷.

Recurrent illnesses drain the nutrition status of children further and increase the vulnerability of children to further illnesses and deaths. Over one-third of child mortality in Timor-Leste are linked to poor nutrition status of the mother or child. Almost over half of the Timorese children are stunted and around half a million undernourished citizens (all forms of undernutrition) depress Timor-Leste’s economy by about $41 million annually⁶. Improving nutritional status of mother and child is thus critical for achieving national maternal and child health targets and for meeting national economic growth targets.

**UNICEF’s CONTRIBUTION**

UNICEF has been working with the Ministry of Health (MoH) and with financial support by the EU and the Government of Australia (DFAT) to strengthen capacity for nutrition programming and services delivery including defining and updating the National Nutrition Programme Strategy, for establishing the posts and functions of District Public Health Officers-Nutrition in 13 districts and for mainstreaming of nutrition service delivery in the health care services package.

The nutrition interventions that are being delivered by the health care network of the government with UNICEF’s and other partners’ assistance include promotion of exclusive breast feeding, appropriate complementary feeding, treatment of acute malnutrition, vitamins-A supplementation, iron folic acid supplementation, multiple micronutrient powder supplementation, use zinc and ORS for treatment of diarrhea and deworming.

UNICEF provided anthropometric equipment, micronutrients, deworming and therapeutic feeding supplies for nationwide use. The Ministry of Health was assisted to adopt national guidelines and training materials and to enhance capacity to implement Infant and Young Child Feeding interventions by training
18 Nutrition Managers and 96 health care providers, and Community Based Management of Acute Malnutrition by training 569 health staff.

UNICEF worked with the MoH and a national NGO (“Alola Foundation”) to establish and train 127 Mother Support Groups (with 619 group members) in 11 districts to promote infant and young child feeding and care practices. This model of community behavior change communication and support has been recognized as a good practice by the government, while the National Nutrition Strategy and the National Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy envisage nationwide scale up.

UNICEF supported the MoH to conduct Timor-Leste Food and Nutrition Survey 2013 and the assessment of economic burden of undernutrition with co-funding from the Australian Government. This survey and assessment provided evidence for guiding action to address under-nutrition in Timor-Leste.

UNICEF assisted the Ministry of Health to expand vaccine cold chain facilities, as well as to augment immunization management, services delivery capacity and new vaccines introduction nationwide. To this end national guidelines, training materials, job-aids, and vaccine management procedures were developed and implemented. The support contributed to the Elimination of Maternal and Neo-natal Tetanus in 2012 and eradication of Polio in 2014. Integrated Management of Childhood Illnesses (IMCI) implementation was mainstreamed into health services nationwide by providing Essential Drugs and Equipment and IMCI Job aids to all health facilities (65 CHCs, 192 Health Posts and six hospitals).

To improve care of mothers and newborn around delivery, UNICEF also provided support to adopt and implement the National Standards for Midwifery Practices nationwide and to enhance capacity of the six hospitals, 45 CHC, 24 Health Post to deliver Essential Newborn Care interventions. In addition, UNICEF supported the introduction of evidence based planning and budgeting, the development of the National Reproductive Maternal Newborn Child and Adolescent Health strategy (jointly with WHO and UNFPA), and the Strategy and Operational plan of the Instituto Nacional da Saúde (INS), the national institute mandated to conduct all in-service training of health care providers.

With UNICEF’s assistance and financial support from the EU, over 37,000 people have gained access to clean water through community-managed gravity fed water supply systems, and 61,000 people from 10,500 household’s accessed basic sanitation through Community- Led Total Sanitation (CLTS). Water-user committees have been established in all UNICEF-supported communities and have created operational and maintenance funds for future repair needs.
PRIORITIES

The key priorities for ensuring children survive and thrive are:

- Reducing the high burden of under nutrition and micronutrient deficiencies among children and women by improving coverage of High Impact Nutrition Interventions (HINI);
- Improving quality and coverage of evidence-based maternal, new born, and child health services;
- Improving access to water, sanitation and hygiene services and practice, especially among rural population.

To achieve these priorities, UNICEF will work with the Ministry of Health’s Primary Health Care services delivery network, Ministry of Public Works, NGO partners and communities to support:

- Promoting appropriate caring practices at home and in communities concerned, and increase demand and utilization of services;
- Enhancing providers’ motivation and skills to enhance delivery of HINI and MNCH interventions;
- Improving information management, generating and using evidence to inform advocacy, policies, plans and budgets for Child Health and Nutrition and WASH;
- Strengthening partnerships, coordination and management capacity for implementation of nationally defined nutrition and child health and water, sanitation and hygiene related strategies and plans.

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1 Democratic Republic of Timor-Leste and ACIL Australia Pty Ltd (2004) Timor-Leste 2003 Demographic and Health Survey (DHS2003), Dili: Ministry of Health