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*For action***United Nations Children's Fund**

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**Recommendation for funding for short-duration
programme cooperation******East Timor***Summary*

The present document contains a recommendation for funding from regular resources and other resources for short-duration programme cooperation in East Timor. The Executive Director *recommends* that the Executive Board approve the amount of \$1,500,000 from regular resources, subject to the availability of funds, and \$11,400,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2001 to 2002.

* E/ICEF/2000/14.

** The figures provided in the present document are final and will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	0.42
U5MR (per 1,000 live births)	124
IMR (per 1,000 live births)	85
Underweight (% moderate and severe) (1992)	45
Maternal mortality rate (per 100,000 live births)	830
Literacy (% male/female)	59/48
Primary school enrolment (% net, male/female) (1997)	84/81
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	..
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US\$)	300
One-year-olds fully immunized against (1997):	
Tuberculosis	78 per cent
Diphtheria/pertussis/tetanus	63 per cent
Measles	69 per cent
Poliomyelitis	59 per cent
Pregnant women immunized against tetanus (1997)	41 per cent

The situation of children and women

1. East Timor began the year governed by the United Nations Transitional Administration in East Timor (UNTAET), charged with rebuilding the shattered political, social and administrative infrastructure.

2. The anarchy and violence that reigned in East Timor following last August's overwhelming vote in favour of independence resulted in mass destruction and a major humanitarian disaster. The arrival of a United Nations-backed peacekeeping force and the influx of massive amounts of humanitarian aid helped to restore at least some order and bring some sorely needed sustenance to the East Timorese. But they will continue to require emergency relief and rehabilitation assistance as they continue the difficult task of reconstruction and nation-building.

3. The East Timorese will also need continued support to heal the deep psychological scars left by the pre- and post-referendum violence which claimed some 1,000 lives, including those of many children and

women. Additional assistance will be needed to help cope with the eventual return of over 100,000 East Timorese who, some nine months after the referendum, are still in West Timor and still subject to intimidation and deprivation.

4. The collapse of virtually all economic activity and the disruption of basic social services that followed the post-referendum violence has served to exacerbate the already difficult situation faced by East Timor's children. East Timor's infant mortality rate (IMR) is 85 per 1,000 live births (World Bank estimate). This high level of infant mortality is attributed to inadequate maternal nutrition, a shortage of trained birth attendants (67 per cent of deliveries are assisted by relatives), and poorly staffed and equipped medical facilities, particularly in rural areas. The maternal mortality rate (MMR) is very high at 830 per 100,000 live births (UNICEF estimate), a rate exceeded by only four countries in Africa. In 1998, the proportion of births attended by trained personnel in East Timor was very low (22 per cent), and there has been no appreciable improvement in this rate since 1985.

5. A high level of moderate malnutrition in East Timor has been reported due to inappropriate eating

and caring practices and to excess morbidity during pregnancy, infancy and early childhood. However, this has not been well quantified. There was a high prevalence of micronutrient deficiencies prior to independence, and East Timor's only salt iodization plant was destroyed in post-referendum violence. Almost one half of the population had access to water and sanitation facilities prior to the referendum; far less now have access because most of the facilities were destroyed.

6. The net primary enrolment rates in 1997 were reported at 84 and 81 per cent, respectively, for boys and girls. Schools were short of materials, equipment and qualified teachers. Although education was ostensibly free, family expenditures on books, pens, uniforms and travel were high. These problems, compounded by the poor nutritional and health status of children, restricted learning and resulted in absenteeism and a "push-out" from school. Only 47 per cent of 15- to 19-year-olds completed primary school or higher levels in 1995. The limited number of East Timorese completing primary school, combined with the departure of many civil servants, means that East Timor now suffers from a chronic shortage of skilled human resources.

7. One confirmed case of HIV/AIDS has been reported. Data from the World Health Organization (WHO) show that in 1995 there were 26 cases of gonorrhoea per 10,000 population. As population displacement and civil strife facilitate the spread of such diseases, early attention to prevention is prudent, especially since East Timor has a predominantly young population. The presence of some 9,000 international peace-keepers and other outsiders is an added cause for concern. Vector-borne diseases, particularly malaria, filariasis, dengue and Japanese encephalitis, are endemic.

8. The post-referendum violence not only wiped out the modest achievements of the last two decades, but also resulted in gross violations of the basic rights of many children and women. Although the humanitarian situation is slowly improving, it must be recognized that East Timor will continue to face threats from cyclones, landslides and drought, as well as from man-made emergencies. UNICEF will continue to monitor and analyse threats that could develop into emergency situations; maintain standing preparedness plans; and support national efforts to build related capacities

aimed at meeting emergency needs and assisting in reconstruction and rehabilitation.

Programme cooperation, 1999-2000

9. Emergency interventions carried out by UNICEF were designed to link directly to East Timor's development priorities. UNICEF has coordinated the payment of stipends to over 6,900 primary school teachers which, together with the World Food Programme (WFP) food incentives, has resulted in some 150,000 students, or over 90 per cent, returning to school within six months of the referendum. Teaching and learning materials, including recreation kits, have been provided to all primary schools. UNICEF, with logistic support from the Office of the United Nations High Commissioner for Refugees (UNHCR) and WFP, has also distributed over 1,500 tons of materials to re-roof 200 schools.

10. UNICEF provided medical kits to cover 620,000 people for three months and coordinated the work of international non-governmental organizations (NGOs) in the health sector. In cooperation with UNHCR, immunization teams were deployed at re-entry points for returning refugees. Over 55,000 children under 15 years old were immunized against measles in October and November 1999. While sporadic cases did occur, an epidemic was avoided. UNICEF supported the establishment of a central pharmacy, in cooperation with the Japan International Cooperation Agency and the NGO GOAL, and the establishment of a central health laboratory, in cooperation with the Australian Northern Territories University. Some 90,000 bednets were distributed through NGOs to help control malaria. More recently, the structure for routine immunization services has been re-established.

11. A UNICEF-supported team has installed over 900 hand-pumps in the suburbs of Dili, providing clean water to an estimated 16,000 people. Group education on hygiene and sanitation has been carried out, including the distribution of over 20,000 family hygiene kits. UNICEF has also worked with *Action Contre la Faim* (Action against Hunger) to improve water supply in two district towns, benefiting some 18,000 people. Over 50,000 collapsible water containers have been provided to maximize the use of existing water points.

12. The UNICEF capacity-building project seeks to help develop East Timorese management and leadership capacity, stressing reconciliation and respect for the rights of children and women. In cooperation with the Australian Agency for International Development (AusAID), leadership training, including in child rights, has been given to the *Conselho Nacional Resistencia Timorese* (National Council of Timorese Resistance), the East Timorese de facto temporary administration. Support has been provided to improve management in East Timor's largest indigenous NGO, Timor Aid. UNICEF works with Timor Aid to rebuild schools, and the two organizations share warehouse facilities. UNICEF is involving youth groups in reconciliation and reconstruction, partly through sports activities. Capacity-building is closely coordinated with the United Nations Development Programme (UNDP), which is managing a complementary project.

13. East Timor's first "child-friendly space" — a community centre where children and their parents can gather in a safe environment for a variety of development-related activities — was opened in Dili in January 2000 by the UNICEF Executive Director. Three others have been established in the capital, another in Oecussi, and one is planned for each of East Timor's other 11 districts. The sites for the child-friendly spaces are provided free of cost through UNTAET. The Christian Children's Fund and the International Rescue Committee manage these centres with local staff under agreements with UNICEF. A centre for traumatized women is also supported through a local NGO. UNICEF provides technical support to UNTAET to ensure that children's rights are respected and ensures that all legislation is screened for compliance with the Convention on the Rights of the Child.

Lessons learned from past cooperation

14. UNICEF, which has supported interventions in East Timor since 1983, opened a liaison office in Dili in 1998 that was destroyed in the post-referendum violence. The latest phase of cooperation, initially emergency assistance, began in September 1999. Lessons learned from this recent experience include the following:

(a) The lack of a formal government structure and the absence of a civil service require a very staff-

intensive UNICEF presence in order to adequately carry out programme activities. The flexibility and adaptability of these staff to operate effectively in difficult conditions is extremely important. Knowledge of local languages, given the shortage of interpreters, is also critical;

(b) The Consolidated Appeal for East Timor contains important elements on training in humanitarian principles and child rights, violence against women, psychosocial support and child-friendly spaces. These elements should be clustered together in any future appeal and clearly identified as child rights and protection interventions;

(c) The UNICEF focus on retaining primary school teachers in order to reopen schools as quickly as possible had a strong impact on restoring a sense of normalcy to community life. While the educational value of re-opening the schools was initially minimal, the re-establishment of routines was very important psychologically for teachers, children and their families;

(d) Despite the almost absolute disruption of normal life and the apparent loss of almost all managerial, technical and leadership skills, the social capital of East Timor remained strong. In particular, the church played a very important role in psychosocial healing and support. Individual families "adopted" relatives and even strangers. City-dwellers used every opportunity to plant seeds and exploit open land to grow crops. Small inputs could open the tap to the enormous coping capacity and resilience of people.

Recommended programme cooperation, 2001-2002

Estimated annual expenditure

(In thousands of United States dollars)

	2001	2002	Total
Regular resources			
Human resource development	25	25	50
Child protection	25	25	50
Health and nutrition	175	175	350
Education	175	175	350
Water and sanitation	50	50	100
Cross-sectoral costs	300	300	600
Subtotal	750	750	1 500
Other resources			
Human resource development	1 350	1 350	2 700
Child protection	1 100	1 100	2 200
Health and nutrition	725	725	1 450
Education	1 325	1 325	2 650
Water and sanitation	500	500	1 000
Cross-sectoral costs	700	700	1 400
Subtotal	5 700	5 700	11 400
Total	6 450	6 450	12 900

Country programme preparation process

15. The preparation of the present country programme has been unusual due to the absence of a formal Government. However, it has been approved by UNTAET, which works closely with the National Consultative Council, the most representative indigenous body. The programme has been reviewed through the United Nations resident coordinator system and has met with no objections. The United Nations system is preparing a Common Country Assessment (CCA), leading to a United Nations Development Assistance Framework (UNDAF), and care will be taken to ensure that the UNICEF programme is integrated into the CCA/UNDAF process. United Nations agencies have agreed on a common interim

framework to ensure that all longer-term programmes will begin from 2003. The UNICEF East Asia and Pacific Regional Office (EAPRO) and headquarters in New York also provided support to the preparation of the present programme.

Country programme goals and objectives

16. The proposed two-year programme has four interrelated objectives:

(a) To strengthen the understanding and recognition of children's and women's rights in society, the emerging leadership and formal institutions through communication, social mobilization and policy and legal advocacy;

(b) To enhance the capacity of the leadership, national and district-level institutions, NGOs and communities to plan and deliver basic social services for rights fulfilment;

(c) To contribute to re-establishing and improving the basic social service delivery infrastructure;

(d) To initiate protection services and measures to facilitate the recovery and reintegration of traumatized children and women affected by violence and abuse.

Relation to national and international priorities

17. The single greatest problem facing East Timor is the lack of skilled human resources. The primary objective, therefore, is to help develop human resources, while engaging those concerned in the restitution of basic services for women and children. The further emphasis on early child care and basic education are longer-term strategies to strengthen human resources. The realization of the rights of children and women, particularly those related to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, is the rationale behind all programme components.

Programme strategy

18. The following three-pronged strategy is proposed to develop human resources:

(a) Emphasis will be placed on training and developing key groups and institutions that influence the formation of social policy and law, in addition to planners and technical personnel responsible for delivering basic social services and providing protection for children and women;

(b) Advocacy, communication and community mobilization will form the second part of the strategy and will be used to increase demand for services as communities are empowered to develop a rights consciousness and demand services more actively;

(c) The development of an appropriate, cost-effective and sustainable service delivery system, in

partnership with the United Nations interim administration and East Timorese government as it emerges, will form the third leg of the strategy. The success of the programme will depend on the degree to which these three link together in synergy to guarantee basic services for children and women. The programme will be implemented using national as well as area-focused approaches, initially with direct staff support and through NGOs, but transferring as quickly as possible to evolving government structures.

19. **Human resource development.** This component will focus on four areas: central and district-level leadership; local NGOs and church organizations working with community groups; youth groups; and disadvantaged women's groups. UNICEF will train policy makers and administrators in leadership, management and humanitarian principles, including children's and women's rights; support experience exchange visits in the region; and advocate on issues affecting children and women. Local organizations will be trained in project development, community mobilization, local entrepreneur development, credit union formation and child rights. Two youth groups in each district will be trained in leadership, community service, and planning and promotion of healthy lifestyles, particularly the prevention of HIV/AIDS. In each district, 10 women's literacy promotion groups will be revived. The training of trainers and the provision of literacy materials and seed capital for each group will be provided.

20. **Child protection.** This component will focus on four areas: child-friendly spaces; psychosocial support; rights awareness creation; and policy and legal advocacy. At least 15 child-friendly spaces will be established for about 7,500 children. UNICEF will rehabilitate the centres, provide supplies and train NGOs and local groups to manage the centres. Appropriate local NGOs will be supported in the rehabilitation of the shelters and in the development of capacity in counselling and analysis of cases of violence and abuse. UNICEF will continue to provide rights training to NGOs, community leaders and other groups, while using media to promote child rights, and also support local NGOs to stage special events. Legislation will be screened to ensure compliance with the Convention on the Rights of the Child. UNICEF has also been given the responsibility of covering the duties of the United Nations Special Adviser on Child Protection in peacekeeping operations, including

monitoring protection issues for children. The major partners are the United Nations interim administration, district administrations and NGOs.

21. **Health and nutrition.** The Interim Health Authority has developed a three-year plan to restore basic health services, emphasizing the reconstruction of facilities, the development of human resources to deliver basic services, improvement in district health management and health policy planning. Within this plan, UNICEF will support four main components: immunization; maternal and reproductive health; health education, including the promotion of a healthy lifestyle as well as the prevention and care of HIV/AIDS/sexually transmitted infections and other harmful behaviours; and child and maternal nutrition. The expanded programme on immunization is being revived as a routine service, and maternal care will be improved through retraining and support for midwives. Nutrition will be improved through a focus on micronutrients, particularly iodine deficiency disorders, and vitamin A and iron deficiency. Access of households to food will be monitored, and UNICEF will support the efforts of WFP and others to ensure adequate access to food at the household level. Household caring practices will be strengthened through the education and capacity-building components. The main partners will be the Interim Health Authority, WHO, the United Nations Population Fund, WFP and NGOs.

22. **Education.** The World Bank and UNTAET will embark on a major education rehabilitation programme. UNICEF will concentrate on four areas: early childhood care for survival, growth and development (ECC-SGD); primary teacher training; health in education; and curriculum development. The ECC-SGD element will help to identify and develop community-based child-care centres; provide materials; and train teachers in child-centred techniques, with attention to reducing gender disparities in identified areas, including school enrolment. In collaboration with the health and nutrition and capacity-building components, parent's knowledge on child care will be improved, and the health and nutrition status of school-age children will be monitored. The in-service training of qualified teachers, inputs to pre-service training of new teachers and upgrading of untrained teachers in remote areas will be implemented. The health in education initiative will enable teachers to detect and manage minor disabilities through health promotion,

improved child nutrition, immunization coverage and life-skills awareness. The health and nutrition and water and sanitation components will provide support through monitoring, referral, the restoration of water and sanitation facilities, and teacher and student health education.

23. **Water and sanitation.** This component has four elements: sanitation improvements; hygiene promotion; capacity-building; and community provision of basic water supply. The rehabilitation of water supply and sanitary facilities will cover rural areas in all 13 districts, while hygiene campaigns will have national coverage. Shallow wells with hand-pumps and rainwater harvesting will be the main methods of water supply, with the protection of sources as appropriate. Water and sanitation facilities in schools and clinics will be rehabilitated. Village-level entrepreneurs will be trained to distribute hardware locally. UNICEF will supply hand-pumps and spares, cement, tools and moulds. Communities will be empowered to understand the importance of hygiene in disease prevention. Major partners will be UNTAET, OXFAM and some international NGOs working locally.

24. **Cross-sectoral costs.** These will cover programme implementation costs not attributable to individual programmes, but clearly linked to their delivery.

Monitoring and evaluation

25. Virtually all records and data relating to basic service provision have been destroyed. In cooperation with UNTAET, the Asian Development Bank, UNDP, NGOs and the East Timorese, routine data collection and reporting systems will be re-established, including the registration of vital statistics. Annual UNICEF project plans of action will be developed and annual reviews conducted. An Integrated Monitoring and Evaluation Plan (IMEP) will be developed to measure the outcome of the country programme. The main indicators are: IMR and MMR; immunization coverage rates; the percentage of births attended by trained health workers; malnutrition (weight-for-age); primary school enrolment rates; the percentage of teachers using newly acquired participatory teaching methods; awareness rates of the main principles of the Convention on the Rights of the Child; the percentage of children participating in the child-friendly spaces programmes; the percentage of primary schools and

clinics with water and sanitation facilities; and community awareness rates of key hygiene practices. Assessment and monitoring of violations and the status of children in need of special protection will also be undertaken.

26. The IMEP will draw from and contribute to the ongoing CCA. Field visits, review meetings and special studies will be used to ensure effective programme implementation and quality improvement.

Collaboration with partners

27. Through the Consolidated Appeal Process, UNICEF has developed close relationships with several partners, particularly AusAID, the Department for International Development (United Kingdom), the European Union, and the Governments of Japan, Sweden, Norway and Portugal. The Australian Committee for UNICEF has not only directly supported the programme, but has been instrumental in forging contacts with its Government, leading to substantial funding. This has been reinforced by the presence of an AusAID representative in Dili with whom UNICEF has worked very closely, particularly on capacity-building efforts with local NGOs and youth groups.

28. WFP is collaborating closely with UNICEF in providing incentives to primary school teachers and school meals to children. WFP, UNHCR and the International Organization for Migration have also very generously provided logistic support to UNICEF, particularly for the shipping and clearance of goods from ports and the internal transport of building materials and school equipment.

29. Operationally, close links are maintained with UNTAET, particularly through the Division of Social Services, the aid coordinator's office and, in the districts, through the Office of the District Administrator to pay stipends, monitor progress in rebuilding schools, and identify and develop child-friendly spaces.

Programme management

30. UNICEF has an established office in Dili, based in the United Nations Agency House, which is headed by a Special Representative appointed in October 1999. Full staff strength will be 35, comprising 12 international posts, 10 national Professionals and 13

support staff. A two-person liaison office has been established in Baucau, and a temporary presence is foreseen in Maliana in the west of the country. Both the Baucau and Maliana offices are expected to be closed before the end of 2002. This structure receives technical and administrative support from EAPRO in Bangkok. The programme will continue to be managed in close coordination with the United Nations resident coordinator and UNTAET. Overall responsibility will gradually shift to the East Timorese government as it replaces UNTAET.