UNICEF
Timor-Leste

Health Sectoral Thematic Report

January - December 2018

TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS

ANC	Ante-Natal Care
ARI	Acute Respiratory Infection
BCG	Bacillus Calmette-Guerin (Vaccine)
CCM	Community Case Management
CMAM	Community-Based Management of Acute Malnutrition
CHC	Community Health Centre
DTP3	Third dose of Diphtheria, Tetanus and Pertussis (containing vaccine)
DHIS	District Health Information System
DHS	Demographic Health Survey
ENBC/ENC	Essential New Born Care
EPI	Expanded Programme on Immunization
EU	European Union
EVM	Effective Vaccine Management
GAVI	Global Alliance for Vaccines and Immunization
GNIS	Gross Net Income
HINI	High Impact Nutrition Interventions
HMIS	Health Management Information System
HP	Health Posts
HSS	Health System Strengthening
IMCI	Integrated Management of Childhood Illnesses
ITN	Insecticide Treated Net
IYCF	Infant and Young Child Feeding
JMP	Joint Monitoring Programme (of WHO and UNICEF)
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MNCH	Maternal, New Born and Child Health
MNP	Managing Newborn Problems
MoH	Ministry of Health
MR	Measles and Rubella (combination vaccine)
MSG	Mother Support Groups
NHSSP-SP	National Health Sector Strategic Plan Support Project
NMR	Newborn mortality rate
OD	Open defecation
ORS	Oral Rehydration Solution
RMNACH	Reproductive, Maternal, Newborn and Child and Adolescent Health
SBA	Skilled Birth Attendant
SOP	Standard Operating Procedures
TLFNS	Timor-Leste Food and Nutrition Survey
U5MR	Under-five mortality
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

1. EXECUTIVE SUMMARY

Despite the political instability and enormous health systems challenges in 2018, the health sector of Timor-Leste demonstrated its ability to move forward together with its development partners. Health service has been extended to the community through a network of primary health care facilities (71 CHCs and 323 HPs) and 459 monthly outreach sites. The five regional hospitals and one in capital Dili-based national hospital provide the secondary and tertiary levels of health care with limited capacity to offer the quality of health services. UNICEF supported the Ministry of Health to develop the national continuous quality improvement (CQI) standard, tools, and guidelines and initiated CQI process in Ermera. Water Sanitation and Hygiene (WASH) in health care facilities is an integral part of CQI. A need and gap assessment in Ermera and Viqueque municipalities was conducted as part of the quality improvement process.

The government was operating its programs in the duodecimal budget ("duodecimal regime" in which 1/12 of each line item appropriation in the 2017 budget was spent during each month of 2018) which put all the government institutes at risk of managing the routine health programs. However, SAMES was able to secure the total cost of vaccines and supplies for 2018 and all these vaccines were procured through the UNICEF supply division. Following an extensive review of the evidence, the WHO SEARO certified Timor-Leste as having eliminated endemic measles status although data of the vaccination coverage remained questionable, especially due to the unreliable denominator. The *Saude na Familiar* program (Family Health Program) tried to capture all household data in 2018 and it was able to reach to a certain level which posed another challenge to the health system. A data quality assessment was conducted with UNICEF support and it has highlighted the strengths and weakness of the existing HMIS system. A data quality improvement plan was developed, and it was agreed upon to strengthen the DHIS2 platform which would eventually become a unique source of the routine health information.

Economic poverty and different forms of inequity are obvious, and it is assumed that there are several indirect financial burdens, especially on the poor households to accessing health services including immunization. UNICEF, along with WHO, planned to generate evidence through conducting a relevant study for policy advocacy to adopt an appropriate health financing option as part of the universal health coverage initiative.

Nevertheless, despite significant improvement in the reduction of under-five mortality rate, the country has been encountering a high burden of perinatal deaths. Maternal mortality ratio remains high along with High burden of maternal and child malnutrition. Poor health and nutrition situations of adolescents demand immediate evidence-based interventions. The country is far from meeting the national, regional, and global targets set forth in the national strategies and SGDs. The country needs support from the development partners including UNICEF to reach the unreached mother and children towards meeting the goals of Universal Health Coverage. UNICEF CO will continue support to the existing best practices and reinforce CO's efforts on strengthening the health system.

2. STRATEGIC CONTEXT OF 2018

2.1. Country Trends in the Situation

Timor-Leste experienced an exceptionally challenging year in 2018. On 26th January 2018, the President of the Republic of Timor-Leste dissolved the National Parliament in 2017, making a new election necessary. An early parliamentary election was held on 12th May 2018, in which the Alliance for Change and Progress (AMP), a coalition of three opposition parties, won an absolute majority of 34 of the 65 seats in Parliament. Following the election, the new VIII Constitutional Government was formed, and its programs were approved on 20th July 2018. However, challenges remained, including the delayed nomination of key ministerial positions (Minister of Finance, Minister of Health, among others) and the restructuring of the Government organogram, such as nominating a new Commissioner for the Rights of the Child with the Ministry of Social Solidarity and Inclusion.

Timor-Leste has a young population with 46 percent of the total population is under 18 years old and 62 percent is below the age of 25 (UNDP, 2018). Recently published reports emphasize the importance of investing in young people. In Timor-Leste, the 10–24-year-old age group accounts for one-third of the population, and the young population (15–24-year-olds) is expected to increase and reach a peak in 2029 (UNFPA, 2017). If conditions are right, Timor-Leste has an opportunity to seize a demographic dividend, with a declined fertility rate of 4.2 children per woman (Demographic and Health Survey - DHS, 2016) from 7.1 in 2003 (DHS,2009- 2010) and a declining dependency ratio. International good practice suggests that governments should consider allocating 15-20 percent of the budget to education and 20 percent to health. However, in Timor-Leste, the actual allocation of budget for these key sectors remains low, between 7-9 percent for education and 4-5 percent for health in the last three years (2017, 2018 and 2019 proposed budget).

Timor-Leste is considered a lower-middle-income country according to its Gross National Income (GNI), but a least-developed country due to its low Human Asset Index - a composite index of nutrition, health, and education. The Government has significantly scaled up public expenditure, particularly on infrastructure projects and cash transfers, with financing from the Petroleum Fund, established in 2005. While maintaining significant reserves in its Petroleum fund (US$ 16.8 billion, 2017), 78 percent of Timor-Leste's 2017 state budget (US$1.38 billion) drew from the Petroleum Fund. Timor-Leste has rapidly become one of the most oil-dependent countries in the world. GDP is estimated to have contracted by 4.7 percent in 2017 and is expected to be subdued in the coming years.

While the under-five mortality rate declined from 64 to 41 per 1,000 live births between 2009 and 2016 (DHS), it remains one of the highest in the region. Diarrhea and Pneumonia remain among the top five causes of death. Childhood mortality is generally higher among children of low-educated mothers (48 per 1,000 live births) and those from poorer households (55 per 1,000 live births). Between 2009 and 2016, neonatal mortality declined slightly, from 22 (2009) to 19 (2016) per 1,000 live births. Maternal mortality has declined from 557 deaths per 100,000 live births in 2009 to 218 in 2016.

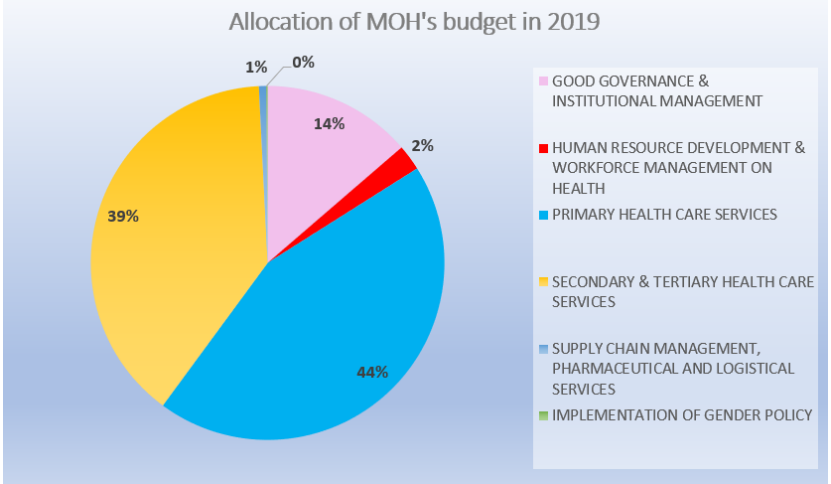
The stunting rate among children under the age of 5 is strikingly high at 50.2 percent (TL Food and Nutrition Survey 2013), causing irreversible effects on early childhood development and the country's future prospects. Relatedly, access to improved water and sanitation are critical issues affecting children and their families, particularly in rural areas. Households using improved drinking water sources stands at 75 percent (urban 92 percent/ rural 69 percent), while improved sanitation remains as 57 percent (urban 93 percent/ rural 44 percent) according to the 2015 Census.

2.2. Overview of the health system

The health system of Timor-Leste has evolved with changing political and administrative situations, and the relative roles of the key players are also changing. The Ministry of Health (MOH) remains the major player as a governing agency as well as a provider of comprehensive health care. Health service

provision is extended down to rural settings through a network of primary healthcare facilities, such as Community Health Centers (71) and Health Posts (323). Primary health care facilities often organize monthly community outreach sessions, such as Integrated Community Health Services (SISCa) a total of 469 and mobile clinic. These primary health care facilities are backed up by five regional hospitals and one national hospital in Dili. By constitution, health services are free of charge and it is the state responsibility to ensure health services even when tertiary level care abroad is required. Recently, the Ministry of Health (MoH) has launched the domiciliary visit strategy, namely "*Saude na Familia*" which has been designed to bring the health services close to the communities. The Government of Timor-Leste (GoTL) has been moving forward to some sorts of decentralization, mostly deconcentration type; the administrative role, rights, and responsibilities of the Ministry of Health and Municipal Health Authorities need to be further clarified and extended in areas such as personnel management.

In 2018, the national parliament approved 45 million USD for the MoH to support the 18 sub-programs under 6 major programs to achieve 75 key performance indicators for 2019.



2.3. UNICEF's Country Program

UNICEF Timor-Leste's Health and Nutrition program is framed around five mutually reinforcing strategies to reduce disparities and reach the most disadvantaged children. These are: (a) generating data and evidence to inform advocacy and policy development for children; (b) strengthening systems at the institutional level to enhance access to services; (c) providing technical assistance to strengthen human capacity to deliver services; (d) social mobilization and behavior change communication to promote appropriate caring practices for mothers and children at homes and communities and to increase demand and utilization of services; and (e) strengthening partnerships particularly in design and implementation of multi-sectoral policies, strategies; and actions to reduce malnutrition.

The Health program assists National MNCH, Immunization, Health Promotion and Environmental Health Programmes of the Ministry of Health to design, implement, review and monitor nationally defined strategies and plans; and the municipal health care delivery network to set model, for replication and expansion of approach to improve access and utilization of services. In 2016, the CPAP was revised, and community WASH was merged with Health and Nutrition to further integrate Health, Nutrition and WASH intervention and their delivery through the Ministry of Health's Primary Health Care network.

2.4. Unsolved Agenda

While the health sector has made significant achievements, burden around maternal and children health remains high. The country is far from meeting the national, regional, and global targets set forth in the national strategies and SGDs. Timor-Leste's mandate for Universal Health Coverage (UHC) proposes to ensure "equitable access for all Timorese citizens to free, accountable, appropriate health services of assured quality as well as public health services addressing the wider determinants of health" [1]. The country needs support from development partners including UNICEF to reach the un-reached mother and children towards meeting the goals of UHC. The unsolved agenda around the maternal, newborn, and child health are outlined below:

- **High burden of perinatal deaths:** Neonatal mortality has declined more slowly than under-five deaths over the past decade and now accounts for 46 percent of under-five deaths in Timor-Leste[2]. The burden of perinatal deaths (the number of stillbirths and early neonatal mortality) remains mostly unseen and uncounted and such perinatal deaths occur at both community and health facility levels. Perinatal deaths do not only mean the loss of valuable lives but also traumatize mothers and their families physically, mentally, and socially. A hospital-based study in Timor-Leste identified 153 stillbirths in one year, which accounted for 3 of stillbirths per 100 delivery [3] and majority of these deaths could be averted through evidence-based and cost-effective interventions and ensuring the quality of care at right time and by the right person.
- **High child and infant mortality:** The Timor-Leste Demographic Health Survey 2016 [4] reported an under-5 mortality rate of 41 deaths per 1,000 live births, infant mortality rate 30 deaths per 1,000 live births and neonatal deaths and post-neonatal deaths are 19 and 11 per 1,000 live births, respectively. The most three common causes of under-five mortality are neonatal causes, pneumonia, and diarrhea.
- **Poor adolescent health conditions:** UNICEF has recently conducted an assessment of "East Asia and Pacific Regional Situation and Key Areas in Gender-Responsive Adolescent Health" and found that adolescent mortality rate is high in Timor-Leste at 88 per 100,000, and it is surprisingly higher for boys than girls. The report mentioned that 19% of girls are married by age 18, and 3% by age 15 and the adolescent fertility rate is high with 51 births per 1000 girls aged 15-19. Among 15 to 19-year-olds, 4% of boys and 10% of girls have STI symptoms and knowledge about prevention of HIV/AIDS is low and high stigma is associated around. It has recommended several key interventions, such as the promotion of proper menstrual hygiene management, ending teenage pregnancy, and enhancing gender-responsive adolescent healthcare facility.
- **High Maternal Mortality:** Timor-Leste DHS 2009-10 reported maternal mortality ratio of 557 deaths per 100,000 live births, one of the highest in the world. The current rate of decrease in maternal mortality ratio is 10/100,000 per year while the required rate is 60/100,000 per year. This slow rate of decline puts the country way behind to achieve its national targets.
- **High burden of maternal and child malnutrition:** The Timor-Leste Food and Nutrition Survey 2013 (TLFNS 2013)[5] reported that 50.2% of Timorese children under five years of age (U5) are stunted, 37.7% underweight, 11% wasted and 63.2% are anemic. The overall prevalence of the stunting and underweight among Timorese Children remain above the WHO defined the threshold of 'severe public health problem'; and the rate of wasting (11%) is above the threshold of 'serious public health problem"[6].

[1] *Comprehensive services package for primary health care 2016, Ministry of Health, Timor-Leste*
[2] ICF GD of S (GDS) and. *Timor-Leste Demographic and Health Survey 2016: Key Indicators*. Dili, Timor-Leste; 2016.
[3] *Wilkins A, Earnest J, Mccarthy EA, Shub A. A retrospective review of stillbirths at the national hospital in Timor-Leste. Aust New Zeal J Obstet Gynaecol [Internet]. 2015 Aug [cited 2017 Jun 5];55(4):331–6. Available from: http://doi.wiley.com/10.1111/ajo.12337*
[4] *Timor-Leste, Demographic and Health Survey 2016, National Statistics Directorate, Ministry of Finance, Democratic Republic of Timor-Leste, ICF Macro Calverton, Maryland, U.S.A. 2016*
[5] *Timor-Leste Food and Nutrition Survey 2013 (TLFNS 2013)*
[6] *WHO, 2012.Classification of nutrition indicators .http://www.who.int*

2.5. The key health systems challenges

- **Leadership, governance and programme management:** Timor-Leste has been facing a political transition since two rounds of the national parliamentary election took place in 2017 and 2018 which has changed the political landscape of the country. While the new government is on board since June 2018, the key positions are still vacant including Minister of Health. Such transition has had negative impacts on the continuation of the political and strategic decisions which were taken by the previous governments and hindered the smooth implementation of existing transition plans and commitments.

  The government of Timor-Leste has shown its progress to a certain extent in program-based planning, budgeting, management, and follow-up of activities. Yet major improvements are still required in terms of accompaniment of the capacity strengthening at lower levels, monitoring, and utilization and interpretation of evidence for informed decision-making. The health workforce development plan is yet to be systematic and the performance evaluation hardly matches with the staff upgradation and deployment

  The MoH also suffers from a relative disconnection between policies at the central level and implementation at the sub-national level. Political objectives are insufficiently translated into realistic strategies considering the operational context and constraints. In turn, evidence from the local level should be better used to nurture the policy debate at the central level and stimulate alignment and harmonization of partners. Technical working groups and task forces, except for the EPI working group are mainly the place for the exchange of information and do not act sufficiently as an actual technical and recommendations platform. Finally, some policies, such as the Health Financing Strategy, are still awaiting endorsement while the previously endorsed RMCH strategy has been postponed.

- **Coverage and equity:** The availability of quality data to measure the progress was very challenging. The Timor-Leste Health and Demographic Survey 2016 results, especially data related to immunization and nutrition coverages seemed to be problematic. Furthermore, there were significant issues around denominator which created further confusions. Geographic and socio-economic inequities in access to immunization services continue; coverage and drop-out in low-performing districts remain a concern.

  MR/OPV SIA for children less than 5 years old has conducted in July 2018 and administratively reached over 95 % in all municipalities. However, the results of the coverage survey conducted immediately after the SIA indicate, the coverage is just over 90 %. The results of the immunization assessment coverage survey conducted in August 2018, using WHO new EPI coverage survey methodology reviled, access to immunization has improved immensely during last few years; BCG immunization is reaching 95% of the infants. However, there is a marked dropout in follow up doses resulting in MCV1 coverage only 77%.

- **Health financing:** Early parliamentary elections in May 2018 delivered an absolute majority for the one political alliance. The election marked the end of a year-long political stalemate that led to a sharp decline in public spending and weakened economic activity. Government expenditure fell by 27 percent in 2017 and remained significantly constrained in 2018. GDP is estimated to have contracted by 4.7 percent in 2017 and is expected to be subdued in 2018.

  Fiscal space for health continues to be tight in the coming years. Government allocation to health in nominal terms more than doubled between 2008 and 2015 but in 2016 saw a significant drop. Between 2016 and 2020 the government budget for health is forecasted to grow only moderately and for 2020 is expected to be still lower than the 2015 budget. Government expenditure for health as a share of general government expenditure has been decreasing but has stabilized in recent years at about 2-3%, considered to be low compared to other LMICs. At the same time, ODA to Timor Leste, in general, is falling, also affecting spending in the health sector.

Immunization planning, budgeting, execution, and reporting is fully integrated with other health programmes and therefore budget and expenditure tracking are complex. Although the government procures all vaccines from the state budget through SAMES, a central procurement agency/store, which has a separate budget directly from MOF; however, the budget for vaccines procurement is yet to be earmarked. There is concern over a decreasing trend in this budget in recent years (in particular considering increasing expenses with higher co-financing obligations due to transition and possible planned new vaccine introductions). Public Financial Management challenges persist and are being given specific attention to improving the efficiency and effectiveness of spending in the health sector (and beyond). The main donors to immunization are Gavi, WHO, and UNICEF. No other donors support immunization directly but some, such as DFAT and USAID support other initiatives within the maternal and child health area with a beneficial impact on immunization.

2.6. Socio-cultural and other determinants

Poverty: Poverty and health status are interrelated, and their effects on each other are often bidirectional: poverty leads to poor health and poor health leads to poverty. The country seems to be resourceful but 46.7 % of the total population in are extremely poor and their health outcomes are the worst looking at the different reports. Although health services are free; however, accessing to health facility requires several direct and indirect costs including transport, wages lost need to be addressed to ensure universal health coverage.

Gender inequality: Likewise, many other countries, Timor-Leste's men clearly control the family financial resources and have decision making control over seeking health care of their family members. The lack of quality of gender-responsive health services has been highlighted in a recent assessment.

Inequity between districts, rural-urban and rich-poor children: The under-5 mortality rate (U5MR) shows a disparity between rural and urban areas, between districts and between the rich and the poor. U5MR is 87/1,000 live births in rural areas and 61/1,000 live births in urban areas. Inter-districts differences are also evident with lowest under-5 mortality rate being in Baucau with U5MR of 42/1,000 live births as compared to Ermera with the highest of 102/1,000 live births. The U5MR among the wealthiest quintile is 52/1,000 live births and mortality among the other quintiles is much higher and ranges from 81-94/1,000 live births.

Inadequate infant and young child feeding practices: The key issues around the infant and young child feeding are early terminations of exclusive breastfeeding, low prevalence of continued breastfeeding beyond 2 years, and inadequate complementary feeding. Though child feeding was inadequate, 61.3% of household had acceptable Food Consumption Score (FCS). FCS, an indicator of household food security was not significantly associated with stunting challenging the assumption that under-nutrition in children is an issue of access to food.

Water, Sanitation, and Hygiene (WASH): According to WHO and UNICEF Report, only 41% of total population and 27% of rural population have improved sanitation facilities, and 26% of total population and 36% of the rural population are still practicing Open Defecation (OD). Access to safe drinking water is 72%; however, disparities remain with only 61% of rural population accessing improved water sources compared to 95% in urban areas. Poor household environment puts children at risk of frequent childhood illnesses to under-nutrition.

Maternal under-Nutrition: The TLFNS 2013 showed that mother's height significantly associated with stunting among children.

3. RESULTS IN HEALTH 2018

Access to health services improved countrywide in 2018. UNICEF supported the Ministry of Health (MoH) to develop and finalize a national continuous quality improvement (CQI) framework, standards, tool and leadership manual focusing on maternal newborn and child health (MNCH) and nutrition, in-

line with the global campaign 'Every Child Alive'. This was followed by a gap and needs assessment of health facilities in providing quality MNCH and nutrition services, and development of an improvement plan through a consultative process in Ermera and Viqueque municipalities. A national pool of 43 trained national quality improvement leaders is now dispatched to two health centers in Ermera to initiate the CQI process as part of the pilot initiative. In addition, 94 staff in two municipalities (61 Ermera, 33 in Viqueque) received orientation on the implementation of CQI.

UNICEF supported the capacity building of 251 health workers MNCH in Ermera municipality. Additionally, several sets of basic equipment for MNCH services were delivered to Ermera's health facilities. In partnership with WHO, UNICEF provided 1,000 Kangaroo Mother Care carriers to the national hospital in Díli to support efforts in reducing neonatal mortality and facilitate early initiation of breastfeeding for small and pre-term babies.

To improve access to immunization services, UNICEF in partnership with GAVI procured and distributed a range of cold chain equipment which has resulted in improved storage capacity and availability of vaccines in health facilities. Moreover, UNICEF supported the MoH to access the procurement services for vaccines and immunization supplies and continues to advocate for the budget to be earmarked for vaccines and supplies despite fiscal crises caused by the political transition. In January 2018, UNICEF conducted an orientation on UNICEF procurement rules and policies at SAMES (*Serviço Autónomo de Medicamentos e Equipamentos de Saúde*), which was highly appreciated by the MoH and Ministry of Finance and facilitated the release of funds for 2019 vaccines.

UNICEF has also played a key role in supplementary immunization activities (SIA) campaigns for Measles, Rubella, and Polio, which took place in July and August 2018, as well as developing and printing several sets of communication materials. The post-SIA campaign coverage survey revealed a coverage of more than the target of 95 percent (WHO Immunization Coverage Survey 2018), and WHO SEARO has certified Timor-Leste as a measles-eliminated state.

In partnership with HITAP (Health Intervention and Technology Assessment Program (HITAP) and in collaboration with WHO, UNICEF provided significant support to MOH to improve the quality of data through conducting the routine data quality assessment and reviewing the implementation of district health information systems (DHIS2). In addition, UNICEF partnered with John Snow Inc. (JSI) to support the MOH carry out the first data quality assessment for the health sector and develop an improvement plan. The assessment provided the MOH with the capacity to conduct future RDQAs and follow through on recommendations for implementing the data quality improvement plan (DQIP) which are paramount for sustainability. The support included revision of a health facility readiness tool and development of a monitoring and evaluation (M&E) platform for the MOH, which is expected to be accomplished by January 2019. All these results are closely linked with Sustainable Development Goal, particularly Goal 3 Good Health and Wellbeing.

UNICEF supported the MoH to protect, promote and support the right to nutrition for infants during the first year of life through a series of advocacy events through social media, including the celebration of World Breastfeeding Week, establishment of Breastfeeding Café where mothers can get support and discuss issues around breastfeeding and the orientation for the MoH and partners to develop a breast milk substitute code to regulate the advertisement of breast milk substitutes.

The indicators selected to track change towards the outcome, their baselines, targets, and status at the end of 2017 are presented below.

Planned outcome indicators, baselines, targets and status at the end of 2018

Indicator	**Baseline**	**Target**	**2018 Status**	**Source of data**
Children < 1 year receiving measles-containing vaccine at national level	2015 (69.9%)	74%	76%	TLHMIS 2017
"Live births attended by skilled health personnel (doctor, nurse, midwife, or auxiliary midwife)"	2009 (29.9%)	40%	66%	TLHMIS 2017
Children aged 0-59 months with diarrhea receiving ORS	2009 (71%)	74%	70%	TLDHS 2016
Children aged 0-59 months with diarrhea receiving zinc	2009 (6.1%)	40%	50.2%	TLDHS 2016

Planned output indicators, baselines, targets and status at the end of 2018

Indicator	**Baseline**	**Target**	**2018 Status**	**Source of data**
Output-1: National and district health officials and health care providers at all levels can deliver essential maternal, newborn and child health services with a focus on reaching hard to reach populations				
Months with stockout of DTP containing vaccine at the national level (Target: 0 month)	2016	0	0	HMIS- 2017
Percentage of districts (or similar administrative units) facilitating regular community dialogue with caregivers of children under 5 to improve knowledge, attitudes and practices and address related social/cultural norms on maternal newborn and child health and development.	2017	38% (5 of 13 Municipalities with functioning MSGs)	38% (5 of 13 Municipalities with improved functioning MSGs)	Sector review
Primary Health Care facilities providing clinical care to children under five using the IMNCI approach	2017	44%	60%	HMIS 2017

4. FINANCIAL ANALYSIS

Table 1 - Planned Budget and Available Resources for 2018

Outcome Area 1: Health Timor Leste Planned Budget and Available Resources for 2017				
Organizational targets	**Funding Type**	**Planned Budget [1]**	**Funded Budget [2]**	**Shortfall [3]**
01-03 Maternal and Newborn health	RR		10,133	
	ORR		179,427	
01-04 Child health	RR		56,882	
	ORR		315,069	
Total Budget			**561,511**	

[1] RR: Regular Resources, ORR: Other Resources - Regular *(add ORE: Other Resources - Emergency, if applicable)*
[2] Planned budget for ORR *(and ORE, if applicable)* does not include estimated recovery cost.
[3] ORR *(and ORE, if applicable)* funded amount exclude cost recovery (only programmable amounts).

Table 2 - Planned Budget and Available Resources for 2018

Outcome Area 1: Health Timor Leste Thematic Contributions Received for Outcome Area 1 by UNICEF Timor-Leste in 2017			
Donors	**Grant number**	**Contribution Amount**	**Programmable Amount**
UNICEF Malaysia	*SC1499010145*	*$100,000*	*$100,000*
Total Budget		**$100,000**	**$100,000**

Table 3 - 2017 Expenditure by Key-Results Areas (in US Dollars)

Outcome Area 1: Health Timor Leste 2017 Expenditure by Key-Results Areas (in US Dollars)				
Organizational targets	Expenditure Amount			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
01-03 Maternal and Newborn health		179,427	10,133	189,560
01-04 Child health		315,069	56,882	371,951
Total		**494,496**	**67,015**	**561,511**

Table 4 - 2017 Thematic Expenditure by Programme Areas

Outcome Area 1: Health Timor Leste 2017 Thematic Expenditure by Programme Areas (in US Dollars)	
Organizational targets	**Expenditure Amount**
	Other Resources - Regular
01-03 Maternal and Newborn health	12,204
01-04 Child health	39,411
Total	**51,615**

Table 5 - 2017 Expenditure by Specific Intervention Code

Outcome Area 1: Health Timor Leste 2017 Expenditure by Specific Intervention Code (in US Dollars)	
Specific Intervention Codes	Expenditure Amount
01-03-07 Other maternal and new-born activities	186,158
01-04-13 Child health # General	350,919
08-03-01 Cross-sectoral Communication for Development	255
08-09-06 Other # non-classifiable cross-sectoral activities	18,136
08-09-09 Digital outreach	9
6901 Staff costs (includes specialists, managers, TAs, and consultancies) for multiple Focus Areas of the MTSP	353
6902 Operating costs to support multiple focus areas of the MTSP	25
7921 Operations # financial and administration	6,865
7931 Human resources and learning	27
Total	**562,747**

5. FUTURE WORK PLAN

Drawing on lessons learned and emerging opportunities, UNICEF Timor-Leste will look forward by focusing on five critical and interconnected strategies that will drive the development of the new Country Programme and improve results for children: (1) expanding and strengthening partnerships – internationally and with development partners at national and local levels; (2) working with Government and partners toward scale and sustainability of programs; (3) linking evidence and advocacy; (4) broadening participation; and (5) improving the quality of health systems and services. Partnerships will continue to drive UNICEF Timor-Leste programming. Strong partnerships with Government, from national to local level, will ensure alignment with Government priorities and contribute to sustained results for children.

UNICEF Timor-Leste will reinforce efforts on strengthening health systems through: a) revitalizing the community health systems, especially empowering the community in collective and sustainable ways, such as the mothers support group; b)building capacity of national and local government for improving the quality of care at different levels of healthcare facilities; c) improving public finance management systems including accelerating the results-based budgeting tools in the decentralized municipal systems; d) boosting up the governance and accountability roles of the government through building the institutional capacity of different government agencies; e) assisting the MOH in addressing the health financing barriers to seeking care at health facilities; and f) establishing a well-functioning HMIS system within the MOH and facilitating government using data for decision making.

UNICEF CO will also strengthen collaboration and integration, such as advocacy for inter-ministerial and multi-sectoral collaboration for health budget allocation, integrating WASH in HCF with Quality Improvement initiative and integrating ECD and parenting programs with health and nutrition programs.

Further effort will be given on exploring different innovative solutions, especially for a) addressing the household air pollution and climate change impacts on health and nutrition; and using the Internet of Good Things (IoGT) for improving the capacities of health works. CO has planned to generate more evidence for effective program implementation and policy advocacy.

The planned budget for the Outcome Area 1, Child Survival and Development is summarized in the table below:

Table 6- Planned Budget and Available Resources for 2018

Outcome Area 1: Health Timor Leste Planned Budget and Available Resources for 2018				
Intermediate Result	**Funding Type**	**Planned Budget [1]**	**Funded Budget [1]**	**Shortfall [2]**
01-03 Maternal and Newborn health	RR		10,133	
	ORR		179,427	
01-04 Child health	RR		56,882	
	ORR		315,069	
Total for 2017			**561,511**	

[1] Planned and Funded budget for ORR *(and ORE, if applicable)* excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

[2] Other Resources shortfall represents ORR funding required for the achievements of results in 2017.

6. EXPRESSION OF THANKS

On behalf of the Timorese children and their families, UNICEF would like to extend its appreciation for the generous funding support for Health Programme in Timor-Leste through thematic funding. The flexibility of thematic funding allowed UNICEF to fill the key gaps with the resources provided, primarily the cost of technical staff without which it is not possible to achieve or leverage results for children. UNICEF would also like to acknowledge and thank the Ministry of Health Timor-Leste for the close collaborative work in improving the health of Timorese children and their families.

7. ANNEXES:

HUMAN STORY

ANNEX-1: HUMAN INTEREST STORY AND PICTURES OF BENEFICIARIES

Helping hands fighting to curb child mortality rate in Timor-Leste

In Timor-Leste, skilled midwives are reaching out to the mothers for ensuring safe delivery. @UNICEF Timor-Leste/2018/ahelin

Timor-Leste has one of Asia's highest child mortality rates, but skilled birth attendants provide an answer. Find out how UNICEF is training birth attendants to prevent tragedies in some of Timor-Leste's most rural and under-resourced villages.

GLENO, TIMOR-LESTE: In the small maternity room at the back of the Gleno Community Health Center, rural Timor-Leste, 23-year-old Deolinda de Deus Maia sits with her newborn baby bundled on her lap. The baby sleeps peacefully, with closed eyes barely visible under a soft woolen beanie.

"How old is he?"

"Born last night," she replies, with a tired smile.

It's the first child for Deolinda and her husband, who stands proudly by his wife's side at her hospital bed. They're clearly thrilled with the healthy boy, and Deolinda is recovering well from the birth. Looking at the family, you wouldn't believe how close they could have come to something else.

"Two days ago, I got suddenly sick," Deolinda explains. "So, I called the midwife to help me."

On the midwife's advice, Deolinda went to the health clinic at Railaco, a semi-rural town approximately halfway between Gleno and the country's capital city, Dili, but the electricity at the clinic was out and they sent her to Gleno Community Health Center instead, where she safely delivered the baby boy.

23-year-old Deolinda de Deus Maia with her newborn baby bundled on her lap. @UNICEF Timor-Leste/2018/ahelin

"I wanted to deliver my baby here because sometimes it is difficult at home, and they can help me in the hospital," Deolinda says, referring to the common practice in Timor-Leste of delivering babies at home. It's estimated that 52 percent of Timorese women give birth at home, and each woman can expect to birth on average seven or eight children.

When you ask a mother in Timor-Leste how many children she has, she'll tell you the number, and then explain how many of them have passed away. Timor-Leste's infant mortality rate is among the worst in Asia – one in 46 children dies during the first 28 days of life. Many mothers in the largely rural country are disadvantaged by service concentration in municipality capitals.

A skilled solution

Access to skilled birth attendants is essential for eliminating preventable maternal and child death. UNICEF is supporting the Ministry of Health by providing training to the birth attendants in rural areas of Timor-Leste required to help mothers like Deolinda. The training includes training on newborn care, antenatal care, and family planning, so that birth attendants can skillfully and safely deliver babies in some of Timor-Leste's most remote and under-resourced areas.

"The training is good," says Paulina Fernandes da Costa (48), a cheery midwife who has been working in Gleno since she finished nursing school in 1994. She's one of eight midwives at the clinic, and estimates the staff assists with three births every day.

Paulina Fernandes da Costa (48), a skilled midwife, reaching out mothers with helping hands. @UNICEF Timor-Leste/2018/ahelin

"The training increases our capacity and knowledge, and make it more comfortable for the patients who come to the clinic," she says. "When they come in for a consultation, we do counseling, five times in the nine months, and give explanations of what's happening when. We tell them what can affect their pregnancy, and suggest they get help in clinics close to their homes."

Deolinda confirms she received counseling support from a midwife and had check-ups at four and seven months of pregnancy. She will return to the clinic next month for the baby's immunizations.

Challenges in accessing medical services

Jose de Carvalho, 65, is the director of Gleno clinic, and had worked in health care and education in the region since 1977. He says the distances expecting mothers must travel is a huge challenge for women in accessing the services of skilled birth attendants.

"Now, we have the women's contact numbers, and can call them," he says. "But in the past, they just had to walk to the Health Center."

He says the Health Center's catchment area stretches to include two villages very far from Gleno, but confirms that after receiving UNICEF-supported skilled birth attendant training, the two sites can receive patients for consultations, ensuring women from these areas don't have to make the long journey to Gleno.

But it's not just distances preventing women from accessing skilled birth services.

"We see in the communities that people just use their own consciences, their own thoughts, and they just guide themselves," says Jose, explaining how clinic staff uses counseling sessions to explain the importance of attending the clinic to women.

“And culture also sometimes has an impact. For example, if a woman lives far from the hospital, her mother may say, ‘don’t go to the clinic, it’s too far away.’ But there’s an enormous risk in the home.”

Young mothers taking the lead

25-year-old Elsa dos Santos is determined to not have this happen to her. She lives down the road from the Gleno Health Center, and says all three of her children, including her week-old baby, were born in the clinic.

Young mother like Elsa dos Santos (25) prefers to deliver at the hospital.
@UNICEF Timor-Leste/2018/ahelinon

Did anyone in her house suggest that she should give birth at home?

“I don’t want to!” she exclaims, immediately. ‘They’re not preoccupied with this. I don’t want them to stop me if I feel like I want to go.”

No one in the house challenged Elsa’s decision, and you’d now wonder if another baby will ever be born in this house down the hill from the health Center ever again thanks to her conviction.

Elsa’s neighbor, 37-year-old Jacinta da Costa Brites, agrees that the Health Center is safer, but says she’s chosen to birth three of her five children at home when she knows someone’s around and she has support. Two of her children were born in the Health Center up the hill.

“Don’t do it alone,” she cautions, quickly. “It’s not safe alone.”

With the support of UNICEF and the commitment of skilled attendants like Paulina and her colleagues, Timor-Leste is working towards a future where new mothers across the country will never be alone or unsupported in delivering healthy babies.