



**unicef**

**UNICEF HUMANITARIAN ACTION**

# **EAST TIMOR**

**DONOR UPDATE**

**29 MAY 2002**

## **EAST TIMOR: A COUNTRY IN TRANSITION**

- ◆ **World's newest nation in urgent need of international assistance to ensure stability in its transition**
- ◆ **Children's and women's lives continue to be at risk due to limited access to basic services**
- ◆ **Only 10% of appeal funded, threatening the provision of essential vaccines, and assistance in basic education and prevention of child abuse and exploitation**

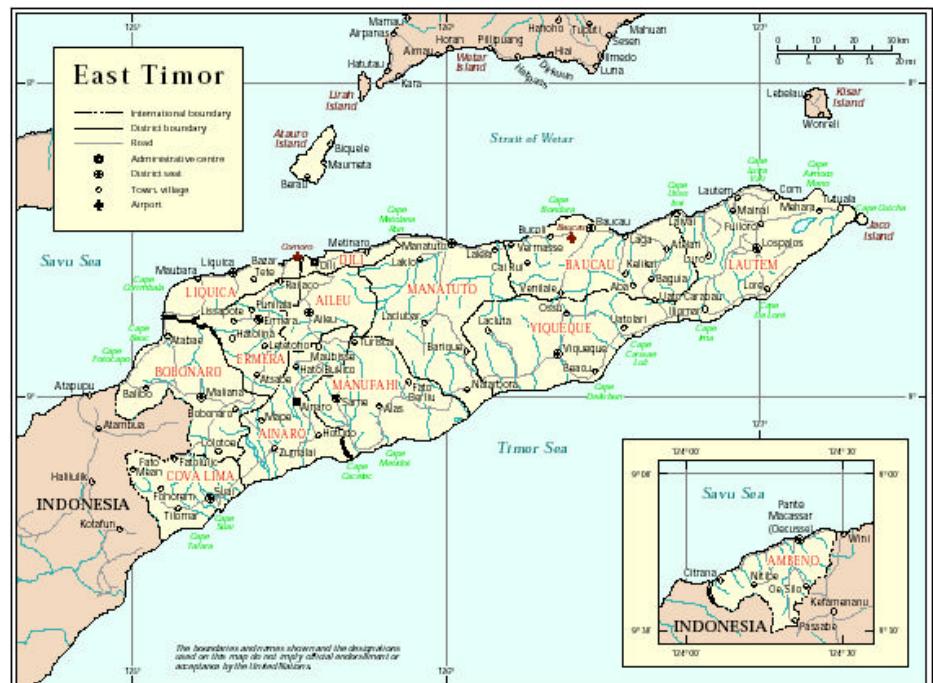
### **1. EMERGENCY OVERVIEW AND RECENT DEVELOPMENTS**

#### **Transition to Independence**

The election of Ray Xanana Gusmão by an overwhelming majority of the East Timorese voting population as East Timor's first President represents the removal of the final impediment to East Timor's transition to independence. The final draft of the East Timorese Constitution was adopted on 22 March 2002 and East Timor officially became an independent nation on 20 May 2002. Across the country there had been no reports of election-related violence and the security situation can now be considered stable. However, over the last 2-3 months, approximately 6,000 internally displaced people have returned from West Timor and there have been isolated incidents of assaults reported in the districts, although none of these occurrences could be considered as related to the recent presidential election.

#### **Extreme poverty persists**

East Timor is among the world's least developed countries, with more than two in five (41 per cent) of East Timorese people living below the poverty line. Data show that annual GDP per capita has dropped from an estimated US\$ 304 per capita in 1999 to approximately US\$ 210 in 2000. The economy continues to be dependent on foreign aid and the expenditures of international staff working for the UN and other aid and monitoring agencies. Although many expatriate East Timorese have returned in the past two years, they have not filled the gap created by the departure of the Indonesians who owned and ran most of the small and medium-sized businesses in East Timor. The economy can be expected to suffer as UNTAET scales back operations after independence, and invariably, this will result in an increase in the number of vulnerable people in East Timor.



#### **Lives of children and women are increasingly at risk**

Although health services were restored during 2000-2001, they are still limited. It is estimated that rural East Timorese have to walk, on average, more than one hour to reach the nearest health facility. The Infant Mortality Rate (IMR) is estimated to be 85 per 1,000 and the Maternal Mortality Rate (MMR) 830 per 100,000 live births. Child morbidity is high, due mainly to infectious diseases and persistent malnutrition. Forty-five per cent of children under 5 years of age are malnourished and suffer from deficiencies of vitamin A and parasitic diseases. As mothers are anaemic and have frequent pregnancies, the risk of haemorrhage is particularly high, with excessive post-partum bleeding being the leading cause of maternal death. The absence of trained birth attendants and the lack of access to emergency obstetric care only aggravate the situation. More than 80 per cent of births are domiciliary, with high rates of low birth weight.

### **Human capital, as well as physical infrastructure, needs rebuilding**

Following the destruction and violence after the 1999 Popular Consultation, East Timor's human, physical and social capital have been seriously eroded. Houses, schools and other buildings are under repair, but even facilities that were not destroyed in the violence, such as roads and other infrastructure, suffer from long-term neglect and cannot withstand the heavy burden placed by massive rebuilding efforts and the international presence. However, repairing the physical infrastructure of East Timor is proving to be easier than rebuilding its human capital. The exodus of experienced managers and administrators has left a huge gap in the national capacity to carry out rehabilitation programmes and regular social services. More than three-quarters of secondary school teachers were Indonesian nationals. Fewer than 30 doctors, including specialists, remained in East Timor when UNTAET arrived. Identifying human resource and training requirements for the management and development of social services in East Timor has become a major challenge.

The government institutions have been built from scratch, and local community-based organizations and NGOs are in dire need of support. The few NGOs, which existed before the 30 August 1999 vote, suffered in much the same way as the rest of the country; their offices, vehicles and files were destroyed, and in some cases, staff were killed or became victims of violence. Few of the managers of the multitude of NGOs, which have sprung up since the Popular Consultation, have had any substantial experience in managing organizations - though enthusiasm is not in short supply. Building the capacity of women's groups, youth groups, church-based organizations and other NGOs will require not only training, but also material inputs and continuing support systems for a considerable period.

### **Collaboration with partners**

Close collaboration with partners in government and other agencies is always crucial in delivering aid and developing policies to benefit children. Since 1999 and up until 20 May 2002, and in the absence of a formal government, UNTAET and the East Timorese Public Administration have supported UNICEF's programmes at the national and district levels, while WFP, the World Bank, UNHCR and IOM have all provided logistical support to school re-roofing efforts and in providing incentives to teachers. WHO has been a key partner in delivering health services since the first days of the crisis, as has UNDP in developing the capacity of local NGOs and the emerging civil service. International and local NGOs have also been important partners in implementing programmes, especially in places such as the Oecussi enclave, which is isolated from the other 12 districts of the country.

## **2. UNICEF'S RESPONSE: ACTIVITIES, ACHIEVEMENTS, AND CONSTRAINTS**

### **EDUCATION**

#### **Primary school system revived**

It was important that some order was re-introduced in East Timor's devastated communities, and by establishing volunteer committees in the districts, UNICEF helped organize the teachers and reopen the schools, even without furniture, textbooks or a curriculum. Despite the lack of schooling materials, almost 230,000 children and adolescents are currently enrolled in primary and secondary schools. The mathematics and science curricula will be strengthened through the provision of textbooks and a range of appropriate teaching materials is being developed. A school health and nutrition programme will aim to improve the health of all children at school, particularly those with special needs. In addition, teachers and school principals have received training in child-centred teaching methods and classroom management.



#### **Rebuilding schools**

UNICEF has played a major role to-date in rebuilding schools. The school re-roofing project has been so successful that the World Bank has asked UNICEF to assist with secondary schools. Currently a total of 1,694 classrooms in 335 schools have been re-roofed. Ceilings and partitions have been erected in 440 classrooms of 138 schools, and electricity has been connected to 114 classrooms in 13 schools. Up to the end of May, more than 1,300 classrooms would have been repaired, with all building work projected to be completed by July.

### **HEALTH AND NUTRITION**

#### **Routine immunization services revived and basic health services re-established**

Despite severe electricity shortages, the cold chain was rebuilt from scratch, and a national immunization campaign began in April 2000. UNICEF also established the central pharmacy of East Timor, refurbishing the building and, in Cupertino with JICA, stocking it with medical supplies. UNICEF also supplied the vaccines for the first national campaign against polio, as well as printed posters, T-shirts and newspaper advertisements. The management of the immunization programme has now been turned over to the East Timorese.

### **A focus on improving child and maternal health**

In collaboration with the East Timorese Public Administration Department of Health Services, clinics will continue to be supported in 2002 to monitor the nutrition status of pregnant women and children under 5 years of age. Growth charts and other supplies will be provided, while health centre staff will be further trained in nutritional surveillance techniques. The first training programme for midwives began in May 2001, and preliminary work has been done to disseminate health messages by translating *Facts for Life*, a series of health messages developed by UNICEF and partners over many years.

## **WATER SUPPLY AND SANITATION**

### **Physical rehabilitation complemented by technical support**

UNICEF's programme to repair or build latrines and water systems has concentrated on key rural and peri-urban areas, with plans to expand the programme across the country, where more than 1,000 wells have already been rehabilitated. This work has largely been carried out by the East Timor Sanitation Association, a group of mechanics and masons established through a UNICEF initiative. Members of the group have since been employed by the national infrastructure department. Through sanitation promotion workshops, local communities have been encouraged to improve their sanitation and water handling, while entrepreneurs have been given the skills and loaned the tools to build the facilities. Both initiatives are driven by community-based hygiene promotion, managed by sanitation engineers based in the districts. Since January 2001 and up until the end of March 2002, hygiene and sanitation promotion has been carried out in 93 villages. High rates of utilization have been reported from all rehabilitation/construction sites. As well as improving the ability of service providers, UNICEF will step-up efforts to raise public awareness of and increase the demand for these services.

## **CHILD PROTECTION**

### **Child-Friendly Spaces (CFS) established**

The establishment of Child-Friendly Spaces is the most visible element of the child rights and protection programme, but legal support and training are also vital in the new country of East Timor. As of May 2002, six CFS have so far been established in Dili, Oecussi, Manatuto, Baucau, Lospalos and Viqueque. It is planned that by the end of 2002 similar centres will be operating in two additional districts, covering a total of 7,500 children.

Close collaboration with UNTAET and other interested parties, including NGOs, has allowed UNICEF's child protection activities to have a wide reach. Other interventions in this area have included:

- The presentation of the preliminary findings of a study on child abuse and sexual exploitation, conducted by UNICEF and the East Timorese NGO, Pradet, to the UNTAET Office of the Special Representative of the Secretary General and several ministries in April this year.
- Advice on issues such as inter-country adoption and violence prevention, and on financial and other support has been given to groups assisting women and their families who have been affected by violence.
- An assessment of orphaned and separated children.
- A survey of children involved in armed groups.

### **Child Rights Training**

The Child Protection Programme is currently working with local and international agencies and with the East Timorese Public Administration to improve responses to child abuse and exploitation. UNICEF is building the capacity of the UN Police and the Timor Lorosa'e Police Service to deal with street children, who are both the victims and the perpetrators of crime. In particular, the Child Protection Programme is trying to raise awareness about issues relating to the reintegration of street children into their communities. A child rights module has been developed and is being tested with NGOs as a precursor to being introduced into training programmes for important actors.

## **HUMAN RESOURCES DEVELOPMENT**

### **Promoting healthy lifestyles and HIV/AIDS outreach**

UNICEF continues to operate campaigns on civic education and advocating healthy lifestyles for young people. The campaigns are designed to promote a peaceful election campaign to ensure that the needs and wishes of young people are taken into consideration by their elected representatives. Additionally the campaigns raise awareness about issues such as HIV/AIDS through Outreach Training Sessions.

### **Child Participation**

UNICEF, in collaboration with East Timorese Public Administration Department of Education, has established a Student Parliament, which held a special one-day session in the East Timorese Parliamentary Assembly on 11 May 2002, as the UN Special Session on Children came to a close in New York. The Chair and Vice Chair of the Student Parliament reported on its resolutions at the inauguration of the National Parliament on 20 May 2002, Independence Day for East Timor. In addition, UNICEF arranged for approximately 300 children from all 13 districts of the country to come to Dili to help celebrate their nation's independence.

### **Women's Literacy**

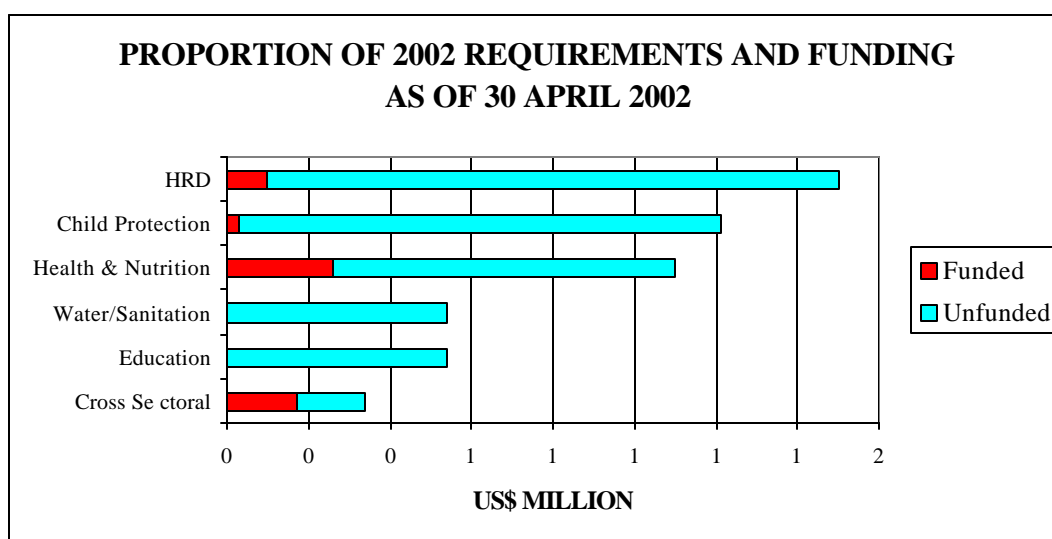
As of early 2002, the Human Resources Development programme has supported and assisted 158 women's literacy groups. The programme has recently focused on training in enterprise development and is generally eliciting extremely positive responses from the communities in which it has been implemented.

### 3. APPEAL REQUIREMENTS AND RECEIPTS

For 2002, UNICEF outlined a funding need of US\$ 5.2 million for its humanitarian programme activities for children and women in East Timor. Against the appealed amount, UNICEF has only received US\$ 540,785, funding a little over 10 per cent of the total requirement. While UNICEF greatly appreciates past and ongoing contributions made by the governments of Japan, Norway, the European Commission, Australia, the USA, Spain, France, Portugal, Sweden, Singapore, Italy and Belgium, funds are urgently required in the areas of education, water/sanitation, child protection, health/nutrition, and Human Resources Development (HRD). Activities in HRD have been supported by UNICEF's general resources.

The table and graph below show the contributions received in 2002 for the humanitarian programmes.

Sector	Target (US\$)	Funded (US\$)	% Funded	Unfunded (US\$)
Health & Nutrition	1,080,000	235,002	22	844,998
Education	540,000	0	0	540,000
Water/Sanitation	540,000	0	0	540,000
Child Protection	1,212,000	27,839	2	1,184,161
Cross Sectoral	341,880	173,944	51	167,936
HRD	1,512,000	104,000	7	1,408,000
<b>Total</b>	<b>5,225,880</b>	<b>540,785</b>	<b>11</b>	<b>4,685,095</b>

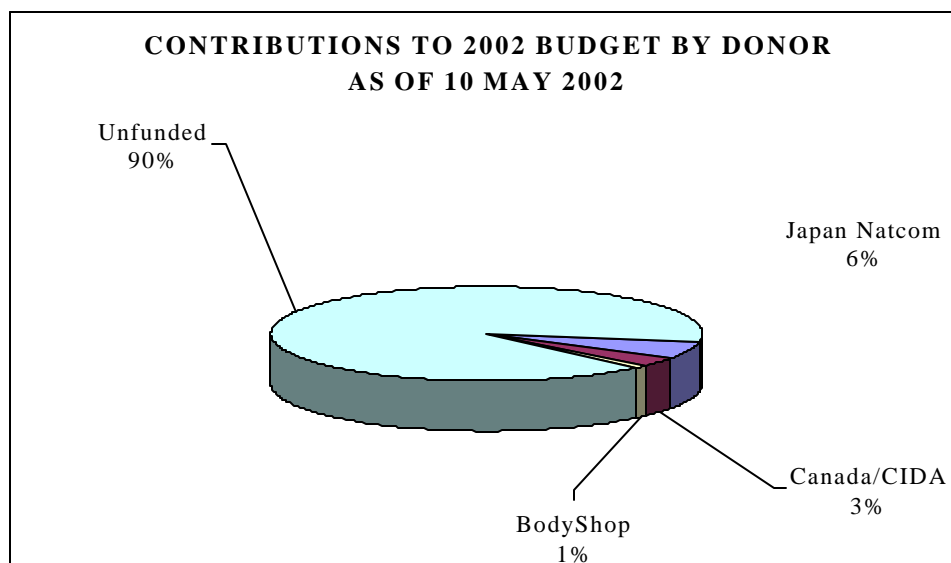


In addition to the above indicated contributions, UNICEF has been able to undertake humanitarian intervention through the carry-over funds of US\$ 3,552,282. Of this, US\$ 1,563,272 has already been spent, while the remaining balance of US\$ 1,989,010 has been allocated for activities over three months.

The following table gives funding received by donor.

Donors	Amount (US\$)	Programme
Japan Natcom	337,944	Health & Nutrition, HRD, Cross Sectoral
Canada/CIDA	175,002	Health & Nutrition
Body Shop	27,839	Child Protection
<b>Total</b>	<b>540,785</b>	

Natcom = National Committee for UNICEF



#### 4. IMPACT OF UNDER-FUNDING AND CURRENT PRIORITIES

There are certain key areas that are potentially under threat from impending funding shortfalls. Under-funding poses a threat to UNICEF's provision of essential vaccines, and to programmes related to integrated early childhood development, child nutrition, safe motherhood, and sanitation and hygiene. The Education and Child Protection programmes require substantial funding to realize their objectives.

Funding for UNICEF's Peer Education and Youth Development Project has been confirmed until the end of September. However, unless funding is secured beyond September, the future of this project will be jeopardized. Likewise, funding for the Women's Empowerment Project, which has as its focus literacy development and the institutional strengthening of women's organizations, is only secured until the end of June. The illiteracy rate amongst women in East Timor is approximately 60 per cent and is an issue that is not being addressed by the East Timorese Public Administration. Furthermore, both the Women's Empowerment Project and the Peer Education and Youth Development Project are vital in terms of community mobilization and advocacy.

The table below outlines the urgent priority requirements in 2002.

<b>Table 3: PRIORITY REQUIREMENTS FOR 2002-2003 AS OF MAY 2002</b>		
<b>Project</b>	<b>Beneficiaries/coverage</b>	<b>Amount Required (US\$)</b>
1. Provision of essential vaccines and integrated early childhood development: child nutrition, safe motherhood and hygiene	108,000 children 160,000 women	1,000,000
2. Basic and community education, including youth and women's empowerment, healthy lifestyles, and HIV/AIDS prevention among youth.	120,000 children	800,000
3. Child protection: prevention of child abuse and exploitation	80,000 children	500,000

Details of the East Timor humanitarian programme can be obtained from:

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