UNICEF Timor-Leste

Health Sectoral Thematic Report

January - December 2016

@UNICEF/Timor-Leste/2017/dmonemnasi

Prepared by:
UNICEF Timor-Leste
24 March 2017

TABLE OF CONTENTS

1. 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
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
SDG	Sustainable Development Goals
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

2. EXECUTIVE SUMMARY

Timor-Leste has made remarkable progress in the reduction of under-five mortality rate (U5MR) and has achieved the Millennium Development Goal on the reduction of U5MR by two-thirds. However, towards the Sustainable Development Goal (SDG) 3 goal, there is much progress to be made, with the child mortality rate of 45 per 1,000 live births and maternal mortality ratio of 557 deaths per 100,000 live births. Additionally, the new born mortality rate (NMR) of 23 per 1,000 live births[1] and child malnutrition, particularly stunting of 50.2%[2] also remain the key challenges that need to be addressed. New born mortality accounts for 34% of under-five deaths in the Timor-Leste and has remained largely unchanged in the last decade. Many of the newborn deaths are from preventable and treatable causes.

The key reasons for the high rates of maternal, new born and child mortality and malnutrition include:

- **Only 68% of mothers and new born in the country have a skilled attendant at birth.** Among others, this is because there is inadequate capacity of the health system in qualified human resources and performance management.
- **Low utilization of child health services**. Overall, only 71% children 12-24 months are fully vaccinated. Only 6.7 % of children having diarrhea are given increased fluids and continued feeding. Knowledge of danger signs during pregnancy and child birth and new born care practices remain low.
- **Inadequate access to resources for health care**. Non-availability of drugs (87%) and non-availability of a health care provider (82%) are concerns reported as barriers to accessing care. About 36% per cent of Timorese still do not have access to improved water sources and 64% per cent of the rural population do not have access to improved sanitation.
- **Inadequate coverage of health services among the poor**. Access and coverage rates for the poor fall far below those with access to greater resources.
- **Low number and low level of skills of health care providers and lack of institutionalization of capacity development**.

The key contributions of UNICEF in 2016 include:

- The range of vaccines provided through routine immunization was expanded and access to and quality of vaccination was improved. Five additional vaccines - IPV, bOPV, MR, DPT, DT - were introduced into routine immunization schedule, in collaboration with MoH, WHO and GAVI.
- Vaccines were made available to 123,701 children nationwide (33,548 under one children, 32,039 12 to 23 months old children and 321,451 of school entry children- grade 1-9) through UNICEF's Procurement Service.
- A total of 9,400 community leader from 376 Suco **(out of 442 Suco)** were empowered with knowledge about immunization and engaged to mobilize and create awareness in respective communities.
- An Effective Vaccine Management (EVM) Assessment guided the development of an EVM Improvement Plan.
- WHO and UNICEF jointly supported the MoH to develop a comprehensive Multi-Year Plan of Action for Immunization for 2016 – 2020 ensuring stakeholders' understanding of key actions and financing needed for meeting national immunization targets.

[1] Timor-Leste, Demographic and Health Survey 2009-10, National Statistics Directorate, Ministry of Finance, Democratic Republic of Timor-Leste, ICF Macro Calverton, Maryland, U.S.A. 2010. A Demographic and Health Survey was carried out in 2016, however, results are not yet available.
[2] Timor-Leste Food and Nutrition Survey, 2013

- GAVI 'Transition Assessment' and transition planning was completed helping further strengthen the commitment of the government to address bottlenecks to sustain gains made and to enhance coverage and equity of immunization.
- The Mother and Child Health (MCH) home-based record booklet called Livrinho Saude Inan ho Oan (LISIO) was revised and launched in 2016. The revised LISIO has improved health records of mother and child (one record for mother and child pair) and has key messages for family and care-givers covering entire continuum of care for mothers and children including, new-born care, birth registration, preventive health and nutrition care, early childhood development and disability.
- Video documentation Primary Health Care success story recorded and shared in the high level meeting in Malaysia where Vice Ministers of Health and Education, high level delegations from MoH and UNICEF representative were attended. The success story captured health service delivery from the hospital to the service delivery points through PHC workers home visits and address the community health need and resolve other community demand related to heath service delivery. This filming/video will be officially launched in late May 2017 by the Prime Minister.

3. STRATEGIC CONTEXT OF 2016

Country Trends in the Situation

Timor-Leste is a young country with nearly half (48 per cent) of its estimated 1.1 million population below 18 years of age. Health and medical care is guaranteed by Timor-Leste's constitution as a fundamental right of all Timorese. The commitment of the Government towards this constitutional obligation is reflected in the 2011-2030 National Health Sector Strategic Plan, and the Comprehensive Primary Health Care Guidelines launched in 2016 define the approach towards the national goal.

The Health and Nutrition programme 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 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 programme 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 district 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.

Ministry of Health, its national programme and its network of health care delivery was the key partner. UNICEF worked closely with WHO and UNFPA in the area of maternal, newborn and child health and with WHO in the area of immunization, GAVI remains a key partners in immunization and GFATM in Tb, Malaria and HIV/AIDS.

While the health sector has made significant achievements, child and new born mortality levels remain high. While economically, Timor-Leste is classified as a lower middle income country; the social development indicators still demonstrate characteristics of a least developed country and Timorese children still suffer from deprivations. The deprivation in the area of health are outlined below.

- **High child and new born mortality:** The Timor-Leste Demographic Health Survey 2009-10 (DHS 2009-10)[3] reported under-5 mortality rate of 64 deaths per 1,000 live births, infant mortality rate 45 deaths per 1,000 live births and neonatal deaths and post-neonatal deaths are 22 and 23 per 1,000 live births, respectively. The most three common causes of under-five mortality are neonatal causes, pneumonia and diarrhoea. Only 30% of delivery took place at health facility (DHS 2009-10); therefore significant newborn die at home. Of the estimated 75% of deaths among under-five children, deaths occur during the first year of life and neonatal deaths make 34%.
- **High burden of maternal and child malnutrition:** The Timor-Leste Food and Nutrition Survey 2013 (TLFNS 2013)[4] reported that 50.2% of Timorese children under five years of age (U5) are stunted, 37.7% underweight, 11% wasted and 63.2% had Anaemia. The overall prevalence of the stunting and underweight among Timorese Children remain above the WHO defined threshold of 'severe public health problem'; and the rate of wasting (11%) is above threshold of 'serious public health problem"[5].
- **High burden of common Childhood illnesses**: The TLFNS 2013 reported that 47.7% of children aged 0–59 months had some illness (diarrhoea, fever, fever with cough, or a combination of symptoms) during the two weeks prior to the survey; and only 38% of caregivers sought care for their sick children within 1 or 2 days of illnesses. It also reported a higher rate of stunting among children who had illness in the period of two weeks preceding the survey, showing linkage between stunting and childhood illness.
- **High Maternal Mortality:** Timor-Leste DHS 2009-10 reported maternal mortality rate 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.

The key determinants of the high rate of maternal, new born and child mortality and malnutrition are:

- **Inadequate capacity of health institutions and health system***:* Less than half of Health Posts have midwives deployed, resulting in low access to maternal, neo-natal and child health services such as delivery care and new born care. Other issues are on the lack of essential equipment such as refrigerators for vaccine storage and inadequate focus on performance management. In addition, there is lack of clean water and functioning sanitation facilities in the Health Posts.
- **Inadequate infant and young child feeding practices**: The key issues around infant and young child feeding are early termination of exclusive breast-feeding, low prevalence of continued breast-feeding 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 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.

3 Timor-Leste, Demographic and Health Survey 2009-10, National Statistics Directorate, Ministry of Finance, Democratic Republic of Timor-Leste, ICF Macro Calverton, Maryland, U.S.A. 2010
4 Timor-Leste Food and Nutrition Survey 2013 (TLFNS 2013)
5 WHO, 2012.Classification of nutrition indicators .http://www.who.int

- **Maternal under-Nutrition:** The TLFNS 2013 showed that mother's height significantly associated with stunting among children.
- **Low utilisation of maternal, new born and child health services:** According to the DHS 2009/10, only 30% of mothers and new born in the country had a skilled attendant at birth. Overall, only 52.6% children 12-24 months are fully vaccinated. Appropriate care during diarrhoea and continuing feeding was reported only in 6.7% of children who reported sick (TLFNS 2013). Presence of Mother Support Group (MSG), in communities was associated with better complementary feeding practices for children, lower prevalence of anaemia and diarrhoea in children and lower prevalence of thinness and anaemia among mothers.
- **Inadequate access to resources for care*:*** An estimated 48.8% of women of the lowest quintile and 25.1% of those from the richest quintile cite "getting money for treatment" as a problem in accessing health care. The other major concerns for women accessing health care were non-availability of drugs (87%), non-availability of a health care provider (82%) and not having a female provider (63%).
- **Disparity between districts, rural-urban and rich-poor children:** The under-5 mortality rate (U5MR) shows disparity between rural and urban areas, between districts and between 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.

Key Challenges

Timor-Leste has reached middle-income status mainly due to petroleum revenue and that has been falling due to fall in global fuel price. Consequently, there have been cuts in government budget when the status of health indicators remain poor and capacity for service delivery remains low. A key lessons learnt is that UNICEF must continue supporting improvement of basic service delivery functions of Primary Health Care network.

The key constraints were:

- ***Inadequate Funding:*** Funding remained a key constraint that hampered progress. Timor-Leste became a middle income country and consequently, donor funding reduced, even though the country's social indicators remain poor. Funding proposals and concepts were developed and shared with potential donors, and contribution to global and regional proposals were sent to access resources. This makes it more important for UNICEF to invest its own resources in capacity to leverage resources and action within the government budget.

- ***Inadequate capacity:*** The capacity of MoH programmes is limited in both management and in technical areas. These capacity gaps required continuous management and technical engagement of UNICEF staff in all areas of work. Overall, impressive strategic directions, comprehensive guidelines and approaches for Maternal, Newborn and Child Health services delivery exist and Health facilities and human resources have expanded but the capacity to deliver quality services and the coverage of services remain less than optimal. A need to train all PHC workers on: a) Care of mothers around delivery and post-partum period; b) new-born care; c) IMCI; d) immunization; e) nutrition; f) sanitation promotion; and g) community mobilization and behaviour change communication have been identified. UNICEF, MoH and INS are working to fill these gaps through advocacy with donors and engagement and health partners, and WHO, UNFPA and UNICEF have committed to explore UN joint programming to fill these gaps.

4. RESULTS IN HEALTH 2016

The key contributions of UNICEF in 2016 include are described below:

- The range of vaccines provided through routine immunization was expanded and access to and quality of vaccination was improved. Five additional vaccines namely IPV, bOPV, MR, DPT, DT were introduced into routine immunization schedule collaboration with MoH, WHO and GAVI expanding the range of vaccine available to children.
- Vaccines were made available to 123,701 children nationwide (43,193 under one children, 42,221 12 to 23 months old children and 38,287 of school entry children) through UNICEF's Procurement Service.
- A total of 9,400 community leader from 376 Suco (out of 442) were empowered with knowledge about immunization and engaged to mobilize and create awareness in respective communities.
- An Effective Vaccine Management (EVM) Assessment guided EVM Improvement Plan was developed to provide a road-map for improving vaccine management.
- WHO and UNICEF jointly supported the MoH to develop a comprehensive Multi-Year Plan of Action for Immunization for 2016 – 2020 ensuring stakeholders' understanding of key actions and financing needed for meeting national immunization targets.
- GAVI 'Transition Assessment' and transition planning was completed helping further strengthen the commitment of the government to address bottlenecks to sustain gains made and to enhance coverage and equity of immunization.
- The Mother and Child Health (MCH) home-based record booklet called Livrinho Saude Inan ho Oan (LISIO) which has retention rate of 85.8% (TLFNS 2013) was revised and launched in 2016 . The revised LISIO has improved health records of mother and child (one record for mother and child pair) and has key messages for family and care-givers covering entire continuum of care for mothers and children including, new-born care, birth registration, preventive health and nutrition care, early childhood development and disability.
- Video documentation Primary Health Care success story recorded and shared in the high level meeting in Malaysia where Vice Ministers of Health and Education, high level delegations from MoH and UNICEF representative were attended. The success story captured health service delivery from the hospital to the service delivery points through PHC workers home visits and address the community health need and resolve other community demand related to heath service delivery. This filming/video will be officially launch in the late May 2017 by the Prime Minister. Other support provided to the PHC includes training of medical doctors on Essential Newborn Care, Caring for the newborn at home, safe and clean delivery and immunization with various source of funds, with knowledge being practiced by the doctors, nurses and midwives through the home visits within Saude na Familia.

The indicators selected to track change towards the outcome, their baselines, targets and status at the end of 2016 are presented below.

Planned outcome indicators, baselines, targets and status at the end of 2016

Indicator	**Baseline**	**Target**	**2016 Status**	**Source of data**
Children < 1 year receiving measles-containing vaccine at national level	2015 (69.9%)	2016 (74)	78%	Sector Management Information System
"Live births attended by a skilled health personnel (doctor, nurse, midwife, or auxiliary midwife)"	2009 (29.9%)	2016 (40%)	68%	Sector Management Information System

Children aged 0-59 months with diarrhea receiving ORS	2009 (71%)	2016 (74%)	Data to be available mid-year 2017	Studies and Surveys
Children aged 0-59 months with diarrhea receiving zinc	2009 (6.1%)	2016 (40%)	Data to be available mid-year 2017	Studies and Surveys
Children aged 6-59 months affected by SAM who are discharged as recovered (whether or not supported by UNICEF)	2014 (36%)	2019 (75%)	Indicator didn't capture in HMIS	

Planned output indicators, baselines, targets and status at the end of 2016

Indicator	Baseline	Target	2017 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 focus on reaching hard to reach populations				
Drop-out rate between DPT1 and DPT3 coverage	2015 (6)	5	7.3	HMIS- 2016
Percentage of cold chain equipment having electronic continuous temperature monitoring system	2016 (TBE)	59%	60	Physical Count
Mothers and caregivers with knowledge of at least 5 of the UNICEF essential family practices	2009 (Newborn: Poor suckling-35%, umbilical discharge-11%; Pneumonia: fast breathing 23%, chest in- drawing-9%);	Preparation of DHS survey to obtain data on Mothers and caregivers with knowledge of at least 5 of the UNICEF essential family practices	DHS is ongoing and report expected to be available by end of July 2017	Sector Review
"Policy for home visits of new born is developed and/or revised, adopted and in use"	2015 (First phase (data collection/family registration) of strategy is implemented)		Data collections is completed	Sector Review
Community Health Workers trained to implement integrated community case management (% of actually trained against the planned)	2015 (19.1)	35%	32%	Other
Health workers in UNICEF supported programmes trained in Rapid Diagnostic Testing for malaria in children	2016 (Message on the Rapid Diagnostic Testing for children with malaria included in the IEC materials development)	Message on the Rapid Diagnostic Testing for children with malaria included in the IEC materials development	Message on the Rapid Diagnostic Testing for children with malaria included in the IEC materials development	Other

5. FINANCIAL ANALYSIS

Table 1 - Planned Budget and Available Resources for 2016

Outcome Area 1: Health Timor Leste Planned Budget and Available Resources for 2016				
Organisational targets	**Funding Type**	**Planned Budget [1]**	**Funded Budget [2]**	**Shortfall [3]**
01-03 Maternal and Newborn health	RR	30,000	25,554	4,446
	ORR	266,000	76,885	189,115
01-04 Child health	RR	50,000	49,176	824
	ORR	350,000	244,029	105971
Total Budget		**696,000**	**395,644**	**300,356**

[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 2016

Outcome Area 1: Health Timor Leste Planned Budget and Available Resources for 2016			
Donors	**Grant number**	**Contribution Amount**	**Programmable Amount**
No country specific Thematic Funding received in 2016			
Total Budget			

Table 3 - 2016 Expenditure by Key-Results Areas (in US Dollars

Outcome Area 1: Health Timor Leste 2016 Expenditure by Key-Results Areas (in US Dollars)				
Organisational targets	Expenditure Amount			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
01-03 Maternal and Newborn health		76,885	25,554	102,439
01-04 Child health		244,029	49,176	293,205
Total		**320,914**	**74,730**	**395,644**

Table 4 - 2016 Thematic Expenditure by Programme Areas

Outcome Area 1: Health Timor Leste 2016 Thematic Expenditure by Programme Areas (in US Dollars)	
Organisational targets	**Expenditure Amount**
	Other Resources - Regular
01-03 Maternal and Newborn health	7,011
01-04 Child health	36,414
Total	43,425

Table 5 - 2016 Expenditure by Specific Intervention Code

Outcome Area 1: Health Timor Leste 2016 Expenditure by Specific Intervention Code (in US Dollars)	
Specific Intervention Codes	Expenditure Amount
01-03-07 Other maternal and newborn activities	94,300
01-04-13 Child health # General	275,213
08-06-01 Building evaluation capacity in UNICEF and the UN system	-45
08-09-06 Other # non-classifiable cross-sectoral activities	16,124
09-01-18 HQ technical support to Cross-sectoral areas	2,134
6901 Staff costs (includes specialists, managers, TAs and consultancies) for multiple Focus Areas of the MTSP	605
6902 Operating costs to support multiple focus areas of the MTSP	427
7911 Representative and governance	20
7921 Operations # financial and administration	6,865
Total	**395,643**

6. FUTURE WORK PLAN

The activities planned for UNICEF-Government of Timor-Leste Annual work plan for 2017 are broadly in four areas. These are:

- Improvement of systems and capacity for MNCH and immunization programme planning, implementation, management and coordination: This will include: a) Support MoH Policy and Partnership Directorate to revise Health Sector Strategic plan and to develop New-born and Child Health policy; b) Assist Ministry of Health Planning and Finance directorate to develop a guideline and tool for implementing performance-based-financing to Municipalities; c) Support Public Health Directorate to conduct six-monthly MNCH-EPI-Nutrition-WASH Programme review meetings; d) Assist Municipality Health Delgado to conduct new-born and child health needs and gaps appraisal of PHC Health Facilities in four municipalities
- Improvement of access and quality of MNCH and immunization services: This will include assist MoH Quality Control Cabinet to i) develop quality improvement road-map and national quality improvement guideline and process with Maternal and New-born Care focus; and ii)

support implementation of quality improvement process in one Hospital and CHCs of one municipality[6];

- Improvement of community access to MNCH (nutrition, immunization and WASH) information and behavioural change communication interventions. This will include a) Documentation of experience of the establishing MSGs through PHC network and NGO partnerships; b) Support Scale-up of Key Care Practices promotion for Nutrition, MNCH and WASH through PHC contacts and through MSG to seven additional municipalities; c) TA support to develop child and adolescent friendly communication materials on key care practices for MNCH, Nutrition , Hygiene and sanitation and disseminate them through network of youth parliamentarians
- Support MoH to implement GAVI health system improvement grant and GAVI transition plan actions for improving immunization services delivery and health systems. This will include a) Data quality assessment for Health Sector; b) Implementation of EVM plan; c) Procurement services for the SAMES; d) Training on cold chain and vaccine management; e) communication activities for Demand Creation; and e) Translation and printing of the EPI guideline, performance standard, and cold chain SOP and monitoring tools

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 2017

Outcome Area 1: Health Timor Leste Planned Budget and Available Resources for 2017				
Intermediate Result	**Funding Type**	**Planned Budget [1]**	**Funded Budget [1]**	**Shortfall [2]**
01-03 Maternal and Newborn health	RR	18,000	18,000	0
	ORR	675,000	357,866	317,134
01-04 Child health	RR	7,000	7,000	0
	ORR	700,000	689,980	10,020
Total for 2017		**1,400,000**	**1,072,846**	**327,154**

[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.

7. EXPRESSION OF THANKS

On behalf of the Timorese children and their families, UNICEF would like to extend its appreciation to the Korean Committee for UNICEF and the Korean People for the generous funding support for Health Programme in Timor-Leste through thematic funding in 2014. 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.

[6] The government of Timor-Leste has recently made changes to the terms applied to the different administrative divisions in the country. District is now being termed as municipality and sub-district as administrative post.

Human Interest Story – Training equipped Doctors to save Babies' lives.

Dr.Nazario Barreto dos Santos examining the health of a baby in the hospital.
©UNICEF Timor-Leste/2016/adocarmo

It was midday, when Simplicio Pereira and Nazaria de Jesus rushed to the hospital with their newborn baby as she was suffering from breathing complications. Both parents were nervous and worried. The way to the hospital from Maucatar sub-district seemed too long to the parents though it was only 10 minutes' drive by motorbike. The new born baby's lips had turned dark blue, and the baby was struggling to breathe on her mother's lap.

Dr. Nazario Barreto dos Santos (34), is a general practitioner, who was on duty, immediately ensured that the new born girl got emergency treatment as the parents reached the hospital. "The baby was suffering from hypothermia and asphyxia. Without wasting anytime, I performed standard operational procedures that I learnt from my recent Essential Newborn Care and Managing Newborn Problems training, and the baby's life was saved," said Dr. Nazario.

Counselling for parents and care givers

"We were very happy when the baby was born, and she looked so healthy. As per local custom, my mother gave her a bath and fed her with sugarwater to welcome her into the family about an hour after of her birth, yet almost immediately after that the baby turned blue," said Nazaria de Jesus (37), the mother of the girl who got named Fania.

"I ran to Filomena Pereira, the midwife, who had just assisted my wife during the delivery at home. She advised me to shift the baby urgently to the Suai Referral Hospital," said Simplicio Pereira, the father of Fania.

However not every child is as fortunate like baby Fania. As per the latest official figure available, the neonatal mortality rate is still high, 22 neonatal die in every 1000 life birth in Timor-Leste. For 2015, the national data indicate that 41 per cent of the mothers had obstructed labour in the country (covering only health facilities), while in Suai hospital 69 per cent obstructed labour cases (HMIS, 2015) were reported, among them 3 per cent of newborn were suffering from asphyxia (Suai Hospital Report, 2015).

“Before discharging baby Fania from the hospital, we organised a counselling session with the parents and the grandmother on the importance of exclusive breastfeeding and care for the newborn at home. This includes not giving sugarwater to the baby, and ensure to delay the bathing of the newborn,” said Dr. Nazario, while adding: “These days we routinely ensure counselling for parents on the importance of exclusive breastfeeding, newborn danger signs, when to seek care at the hospital, and on immunisation.”

Baby Fania comfortably sleeping on her mother’s lap after returning home.
©UNICEF Timor-Leste/2016/adocarmo

Building capacity of doctors

Suai Referral Hospital is the only one hospital in Suai Vila sub-district of Covalima district (called municipality in Timor-Leste) and one of the busiest hospitals in the entire district. The hospital is equipped with 24 beds without any children’s ward or a neonatal specialist. Dr. Nazario has been working in this hospital since 2013. He is one of the 13 medical doctors in the country who have received this training and is now working as a master trainer on the Essential Newborn Care, Managing Newborn Problems and Caring for the Newborn at Home at the Dili National Hospital. Dr. Nazario is currently supporting the National Institute of Health to roll out the training on newborn care as a “master trainer” in Ainaro and Ermera districts including other parts of the country.

“Fania is one of the many cases that I have successfully managed. In places where there are no neonatologists yet, this important training on Essential Newborn Care, Managing Newborn Problem and Caring for the Newborn gives doctors more confidence to deal technically with cases like this one of baby Fania, and it helps to save many lives,” said Dr. Nazario.

By Dr.Carla Quintao, Health Officer and Aderito do Carmo, Immunization Officer