

UNICEF Timor-Leste

## Water, Sanitation and Hygiene Sectoral Thematic Report

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## 1. ABBREVIATIONS AND ACRONYMS

|         |  |
|---------|--|
| ARI     | Acute Respiratory Infection  |
| BeSI    | Bee, Saneamento no Ijiene (Water, Sanitation and Hygiene in Tetum Language)                      |
| CLTS    | Community-Led Total Sanitation   |
| DHS     | Demographic Health Survey  |
|         | District Health Services   |
| DNSA    | Direccao Nacional de Agua (National Directorate of Water Supply)                                 |
| DNSSB   | Direccao Nacional Servicos de Saneamento Basico (National Directorate of Basic Sanitation)       |
| EB      | Escola Basica (Basic Elementary School covering Grades 1 to 9)                                   |
| EBF     | Escola Basica Filial (Basic Elementary School covering only Grades 1-6)                          |
| EMIS    | Education Monitoring Information System  |
| ETADeP  | Fundacao Ema Mata Dalan Dezenvolvimento ho Progreso (People's Guide to Development and Progress) |
| EHD     | Environmental Health Department  |
| EU      | European Union   |
| HIM     | Haburas Ita Moris (Improve Our Lives)  |
| HWWS    | Hand washing with soap   |
| IEC     | Information, Education and Communication   |
| IMR     | Infant Mortality Rate  |
| INS     | National Institute of Health   |
| JMP     | Joint Monitoring Programme   |
| KAP     | Knowledge, Attitude and Practices  |
| LISIO   | Livrinho Saude Inan ho Oan   |
| MCH     | Maternal and Child Health  |
| MNCH    | Maternal Newborn and Child Health  |
| MDG     | Millennium Development Goals   |
| MoE     | Ministry of Education  |
| MoH     | Ministry of Health   |
| MoPW    | Ministry of Public Works   |
| NATILES | Naroman Timor-Leste (The Light of Timor-Leste)   |
| OD      | Open Defecation  |
| ODF     | Open Defecation Free   |
| PHC     | Primary Health Care  |
| PSHD    | Public School Health Department  |
| SAS     | Servisu Saneamento e Aqua (Water and Sanitation Service)   |
| SDF     | Sub-District Facilitator   |
| SDP     | Strategic Development Plan   |
| SIBS    | Systema Informasaun Bee No Sanementu (SIBS) – Water, Sanitation Information System               |
| SNIP    | Specific Nutrition Intervention Package  |
| TLFNS   | Timor-Leste Food and Nutrition Survey  |
| UN      | United Nations   |
| UNICEF  | United Nations Children's Fund   |
| WASH    | Water, Sanitation and Hygiene  |
| WHO     | World Health Organization  |
| WSMG    | Water Supply Management Group  |

## 2. EXECUTIVE SUMMARY

Timor-Leste is one of the youngest nations in the world, with nearly half (46 per cent) of its estimated 1.18 million population below 18 years of age (2015 Population and Housing Census). Upon its' restoration of independence in 2002, Timor-Leste faced many challenges, with ruined infrastructure and a ceased economy. However, the nation has made steady progress in development, peace and democracy, especially since 2008. Timor-Leste has also achieved good progress in some key development targets. Currently, its under-five mortality is 64 per 1000 live births vis a vis its Millennium Development Goal (MDG) target of 96; and the primary net enrolment rate (grade 1-6) is at 88 per cent.<sup>1</sup> The 2015 census also shows that 78.5 per cent of households have improved drinking water source while 57.1 per cent of households have improved sanitation facility. Stunting in children under five years old improved from 58% (Demographic and Health Survey (DHS) 2010) to 50% (Timor-Leste Food and Nutrition Survey (TLFNS) 2013), yet in spite of this improvement, malnutrition rates remain high and at unacceptable levels.

Stunting, the measure of chronic malnutrition, has a strong relationship with diarrhoea, which can be the result of poor sanitation and hygiene conditions. Unimproved sanitation is the second biggest risk factor for childhood stunting and diarrhoea is the third highest risk factor for stunting globally (poor fetal growth rate is the highest risk factor)<sup>2</sup>. Additionally, poor hygiene practices caused by poor sanitation exacerbate pneumonia among children under five years old.

The Timor-Leste Country Programme 2015-2019 planned outcome for Child Survival and Development, covering Water, Sanitation and Health (WASH) is: "By 2019, reduced child mortality and undernutrition through improved and equitable use of high impact health, nutrition and WASH interventions". This outcome is closely aligned with efforts to achieve SDG 6, which seeks to "ensure availability and sustainable management of water and sanitation for all". It is a comprehensive goal addresses the entire water cycle, from access to use and efficiency, and the integrated management of water resources and water-related ecosystems.

There are three subsequent outputs to the reduction in child mortality and undernutrition that are components to the pathway to these manifestations, including WASH. WASH is linked via several mechanisms, namely lack of access to sanitation, poor personal hygiene and unhygienic handling of food, each of which accelerates the spread of infectious diseases, notably diarrhoea, which can then exacerbate malnutrition among children.

The key activities supported with UNICEF WASH Thematic funding in 2016 were the following:

- CLTS triggering completed in 168 aldeias (villages) covering a population of 98,041.
- A total of 30 sucos, with a population of 57,047, achieved Open Defecation Free (ODF) status by implementing Community Led Total sanitation (CLTS).
- A total of 46 sucos, with population of 98,041, were reached with Personal and Environmental Hygiene Practices promotion campaigns.
- Seven water supply schemes with connections to three Health Posts and four Primary Schools were completed providing access to improved water supply to additional 1,098 students and 2,314 population.

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<sup>1</sup> Education Management Information System (EMIS) 2015, Ministry of Education

<sup>2</sup> Danaei G, Andrews KG, Sudfeld CR, Fink G, McCoy DC, Peet E, et al. (2016) Risk Factors for Childhood Stunting in 137 Developing Countries: A Comparative Risk Assessment Analysis at Global, Regional, and Country Levels. *PLoS Med* 13(11): e1002164. doi:10.1371/journal.pmed.1002164

- CLTS implementation approach was changed from a village-wide ODF initiative facilitated by NGO to municipality-wide initiative led by the Municipality<sup>3</sup> Administrator. This approach increased sanitation coverage from 47% to 92%, and established a new model for scaling-up CLTS.
- Ministry of Education (MOE) approved and launched the National Wash in Schools (WinS) Guidelines, developed with UNICEF support, helping ensure schoolchildren across the country have access to clean water and functioning toilets, and are taught proper sanitation and hygiene practices.
- In November 2016, UNICEF started the construction of five basic education and one pre-school buildings in remote parts of Timor-Leste. The new buildings, which will come with child-friendly, gender-appropriate and accessible WASH facilities, library and teachers' rooms will benefit nearly 2,000 children.

### 3. STRATEGIC CONTEXT OF 2016

#### Country Trends in the Situation

Timor-Leste is one of the youngest nations in the world, with nearly half (46 per cent) of its estimated 1.18 million population below 18 years of age (2015 Census). Upon its' restoration of independence in 2002, Timor-Leste faced many challenges, with a ruined infrastructure and a stalled economy. However, the nation has made steady progress in development, peace and democracy, especially since 2008. Timor-Leste has also achieved good progress in some key development targets. Currently, its under-five mortality is 64 per 1000 live births vis a vis its Millennium Development Goal (MDG) target of 96, however, the child and new born mortality levels remain high.



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The primary net enrolment rate (grades 1-6) is at 88 per cent<sup>4</sup>. The 2015 census also shows that 78.5 per cent of households have improved drinking water source while 57.1 per cent of households have improved sanitation facility. Open defecation is still widely practiced. Awareness and practice of safe hygiene behaviours such as hand washing with soap at critical times appeared very limited. Among rural women, only 1.6 per cent reported washing their hands with soap after defecation and 1.2 per cent after cleaning a child's bottom.<sup>5</sup>

Stunting in children under five years old improved from 58% in the Demographic Health Survey (DHS) 2010 to 50% in the Timor-Leste Food and Nutrition Survey (TLFNS) 2013, yet still remains high and at unacceptable levels. Economically, Timor-Leste is classified as a lower middle income country; however the social development indicators still demonstrate characteristics of a least developed country and Timorese children still suffer from multiple deprivations. The key manifestations of deprivation are:

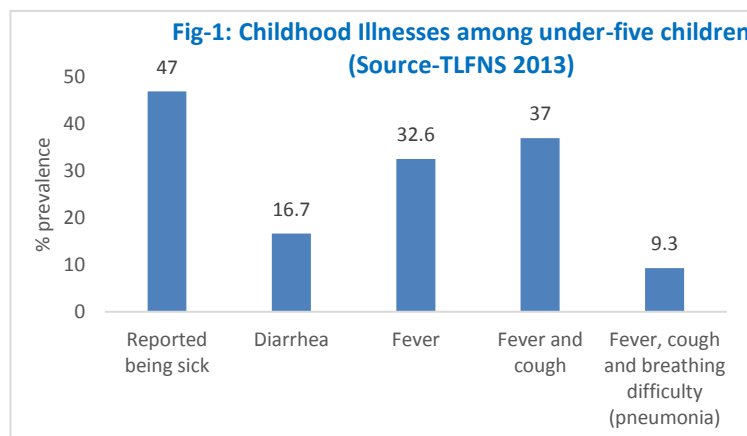
<sup>3</sup> The government of Timor-Leste has recently made changes to the terms applied to the different administrative divisions in the country. District is now being termed as municipality and sub-district as administrative post.

<sup>4</sup> EMIS 2015, Ministry of Education

<sup>5</sup> A behaviour study conducted by MoH on HWWS in Ainaro, Bobonaro and Viqueque municipalities in 2011

**High infant and child mortality:** The Timor-Leste Demographic Health Survey 2009-10 (DHS-2009-10)<sup>6</sup> reported under-5 mortality rate of 64 deaths per 1,000 live births, infant mortality rate of 45 deaths per 1,000 live births and neonatal deaths and post-neonatal deaths of 22 and 23 per 1,000 live births, respectively. This translates to 1 in 16 children born in Timor-Leste dying before the fifth birthday.<sup>7</sup>

**High burden of common childhood illnesses:** A retrospective study of Neonatal and Paediatric Inpatient Morbidity and Mortality data at the Hospital National Guido Valadares show that Lower Respiratory Tract Infections or LRTI (28%), gastroenteritis or diarrheal diseases (14%) and malnutrition (11%) together contribute to 53% of child mortality and 38% of neonatal admissions are due to some form of sepsis<sup>8</sup>, which has a link to poor hygiene and sanitation practices in communities. The Timor-Leste Food and Nutrition Survey 2013 (TLFNS 2013) reported that 16.7% of children aged 0–59 months (out of 9460 surveyed) had diarrhea and 47.7% had some illness (diarrhea, fever, fever with cough, or a combination of symptoms) during the two weeks prior to the survey (figure-1). 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 Burden of Under-Nutrition:** According to the findings of the Timor-Leste Food and Nutrition Survey 2013, over half of Timorese under-five children (50.2%) are stunted (too short for their age). An estimated 37.7% of the under-fives are underweight (have a combination of stunting and wasting) and 11% are either moderate or severely malnourished (are too thin for their height)<sup>9</sup>.

## Causes of Deprivation – WASH context

**Poor access to improved sanitation and hygiene practices:** Stunting is the result of chronic malnutrition, with a strong relationship with diarrhoea, a result of poor sanitation and hygiene conditions. Unimproved sanitation is the second biggest risk factor for childhood stunting and diarrhoea is the third highest risk factor for stunting globally<sup>10</sup>. Poor hygiene practices caused by poor sanitation exacerbate pneumonia among children under five years old.

Addressing malnutrition is a national priority but the efforts are often being compromised due to poor environmental conditions (e.g. limited access to sanitation and poor hygiene practices).

The TLFNS 2013 report showed that access to improved toilet and availability of hand washing facilities were both significantly associated with a lower prevalence of stunting.

<sup>6</sup> 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

<sup>7</sup> The report of the study of Economic Consequences of Under-nutrition in Timor-Leste showed that over one-third of all child mortality in Timor-Leste are linked to poor nutrition status of the mother or child. Ministry of Health 2015, Report: Economic Consequences of Under-nutrition in Timor-Leste

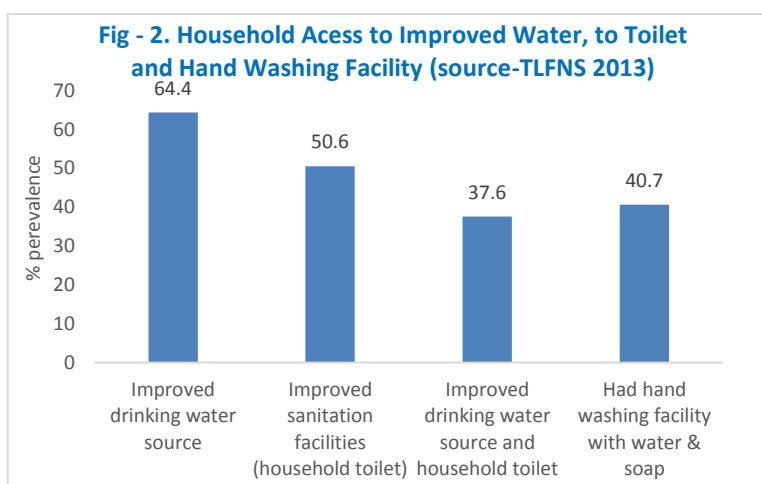
<sup>8</sup> Ingrid Bucens and Aniceto Barreto 2011, A three year retrospective review of Neonatal and Paediatric Inpatient Morbidity and Mortality data at the Hospital National Guido Valadares.

<sup>9</sup> Timor-Leste Food and Nutrition Survey, 2013

<sup>10</sup> Danaei G, Andrews KG, Sudfeld CR, Fink G, McCoy DC, Peet E, et al. (2016) Risk Factors for Childhood Stunting in 137 Developing Countries: A Comparative Risk Assessment Analysis at Global, Regional, and Country Levels. *PLoS Med* 13(11): e1002164. doi:10.1371/journal.pmed.1002164



The survey reported that 64.4% of household had access to improved water, 50.6% had improved sanitation and 40.7% had a hand washing facility with soap and water (figure-2). Global estimates (WHO and UNICEF, 2015)<sup>11</sup> however show that only 41% of total population and 27% of rural population have improved sanitation; 26% of total population and 36% of rural population still practice Open Defecation (OD); and access to improved drinking water is 72%, with



only 61% of rural population accessing improved water sources compared to 95% in urban areas. Disparities in access to water and sanitation facilities: The 2015 Census shows improvement for these indicators although the rural-urban gap still persists: 97.2 per cent of households in urban areas have improved drinking water source vs. 71.1 per cent in rural areas. For households with improved sanitation facility, those in urban areas have a 93.1 per cent coverage while those in rural areas only have 44.1 per cent.<sup>12</sup>

According to a post intervention knowledge, attitudes and practices (KAP) study in five rural municipalities, 83.9% of adult members of households reported having received training on hygiene, but self-reported handwashing after using latrines among adults after intervention was only 26%; and very small percentage of mothers indicated using latrine (and disposing of baby faeces in the toilet) and handwashing with soap (HWWS) at critical times can prevent diarrhea (Kay Mattson 2015)<sup>13</sup>.

Typically, Timorese houses have inadequate ventilation and indoor air quality could be a factor for higher occurrence of Acute Respiratory Infections (ARI) in children. Poor household environment puts children at risk of frequent childhood illnesses and to under-nutrition. TLFNS 2013 reported that 81.3% of household used solid fuel for cooking; and significantly higher prevalence of stunting was seen among children of household that used solid fuel for cooking as compared to those who used electricity. Malaria burden has been significantly reduced but seasonal Dengue prevalence remains a challenge. Interventions to manage waste-water and reduce mosquito breeding sites are under-taken periodically, but the interventions are not mainstreamed into other public health and infrastructure programmes.

In education, access to water and sanitation facilities in schools remains an issue, with only 59.9 per cent of basic education schools (Grades 1-9) having access to an improved water source, 70.2 per cent have toilets and a significant percentage of these facilities (29.9 per cent) are partially functioning or not functioning.<sup>14</sup>

**Non-favourable social norms and practices:** Not using a toilet for defecating (defecating in open – bushes and water bodies) is an accepted behaviour among many rural communities in Timor-Leste. Parents, caregivers and teachers don't promote handwashing with soap at critical times. According to

<sup>11</sup> Progress on Sanitation and Drinking Water, 2015 update and MDG assessment, UNICEF-WHO JMP Report. <http://www.wssinfo.org/data-estimates/>

<sup>12</sup> Timor-Leste 2015 National Population and Housing Census.

<sup>13</sup> Kay Mattson 2015. Endline Survey and Knowledge, Attitudes and Practices (KAP) Study for the Improving Access to Water, Sanitation and Hygiene (WASH) in Rural Schools and Communities through Capacity Development Project supported by European Union and UNICEF.

<sup>14</sup> Ministry of Education, EMIS 2015

a KAP end-line survey of 2014, in Viqueque administrative post, nearly 80 per cent of the families reportedly had cellular phone while only 42 per cent had any kind of sanitation facility.

## Key Challenges

Implementation of the National Basic Sanitation Policy, approved and launched in 2012, has been slow despite significant advocacy from WASH agencies, especially UNICEF, WaterAid and BESIK. There is a draft national basic sanitation strategic plan that sets the target for scaling up- sanitation, but there have been significant delays in reviewing and finalizing the strategy. National capacity and investment to address sanitation and hygiene gaps remains weak and apart from the salary of six MoH staff responsible for Environmental Health, there is no set aside budget for promoting sanitation under MoH. Funding for rural water supply schemes remains grossly inadequate, leaving communities that achieve ODF status without access to improved water supply. There is increasing decentralization with handing over of services for rural communities to municipalities, which do not have adequate capacity. In addition, environmental health issues such as protecting water sources, managing waste-water, putting in relevant measures to control diseases vectors such as mosquitos, and understanding ways to reduce indoor air pollution remain largely unaddressed.

CLTS scaling-up remains a challenge. So far, 566 Aldeias/hamlets (about 25.44% of the total 2,225 Aldeias) in Timor-Leste are verified open defecation free (ODF), mainly with support from UNICEF and other development partners. UNICEF and MoH have are in discussion to adjust CLTS implementation approach to enhance government ownership, resources inputs and feasibility of scaling-up by training and engaging the PHC network, to reach all 442 Suco of the country, to trigger and follow up CLTS implementation. UNICEF and MoH also plan to expand the CLTS process to engage communities to protect water sources, manage waste-water, put measures to control diseases vectors such as mosquitos, assist them in understanding ways to reduce indoor air pollution.

For WASH in Schools, part of the essential school infrastructure that requires attention is the availability of functioning WASH facilities. Evidence from other countries has shown that improvement of WASH facilities in school (and communities) can have a positive impact on enrolment levels, reduction in student absenteeism and therefore lowering the repetition rate and hence overall educational achievement. Having separate toilet for adolescent girls is also particularly important. Limited availability of water and soap also mean children and teachers don't always practice handwashing with soap before eating and after using toilets while in school. Another key challenge is the coordination at the community level, and the need for integrated plans with the Ministry of Public Works to ensure water is available in schools.

## How UNICEF is positioned to engage challenges

In Timor-Leste, UNICEF has the comparative advantage in its ability to influence policy and decision makers at the national level and at the same time maintain its presence at the community level. Moreover, UNICEF has a long-term, permanent presence in Timor-Leste that reaches even the most remote areas to provide results for children. The 2015-2019 Government of Timor-Leste/UNICEF Country Programme of Cooperation aims to support Timor-Leste to achieve the development goals defined in the National Strategic Development Plan (2011-2030) and the Sixth Constitutional Government Programme (2015-2017).



The continued strong relationship between UNICEF and the Ministry of Health has aided in the discussion to shift CLTS implementation from being NGO led to being within the MoH-PHC network, enhance ownership, sustainability and feasibility of leveraging national resources for scaling-up. After achieving



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ODF, the community will be supported to carry forward to: i) protect water sources and improve home water storage; ii) manage waste-water and clear water stagnation; iii) take measures to control diseases vectors such as mosquitos; and iv) take measure to reduce indoor air pollution by adopting improved cooking stoves or other suitable alternatives. For communities that achieve ODF, but do not have access to clean water, the NGO partner(s) will assist the community to conduct survey, and develop design and bill of quantity for establishing an appropriate water-supply scheme and assist the community to propose water supply scheme through the

local development budget. In addition, information technology platform will be used to design SMART monitoring tools and to improve monitoring and reporting.

In Education, UNICEF is well-positioned for advocacy and leveraging resources for a more coordinated sector management. It is seen as a key partner of the Ministry of Education (MOE) in expanding access to and improving the quality of WASH facilities in schools as well as in hygiene promotion. Under the WASH component of the education programme, UNICEF will support the MOE and municipal governments in the five UNICEF priority municipalities to model interventions to provide access to clean water, sanitation and hygiene facilities in basic education and pre-schools. UNICEF also supports the construction of a limited number of model classrooms in selected schools, which includes accessible toilets. The modelling approach also aims to strengthen the capacity of the MOE Infrastructure Unit to ensure school and WASH facilities are inclusive, safe and healthy and designed in accordance with the Child-Friendly Schools/Education (CFS/E standards). This will include the exploration of innovative solutions to improve school design, construction and maintenance. WASH support includes the installation of water supply, latrines and handwashing facilities that are child-friendly, inclusive and gender-sensitive.

Hygiene promotion is also an integral part of WASH in schools as well as strengthening school management, including the active participation of Parent-Teachers Associations (PTA) and the community. PTAs of schools that share the water supply network with communities will be represented in the community Water System Management Groups (GMF) and operation and maintenance training will be provided to selected teachers. UNICEF will advocate for a set aside fund for WASH operation and maintenance and consumables for each school. Mechanisms will be put in place to reinforce and sustain safe hygiene behaviours among children such as hand-washing with soap. Lessons learned and best practices will be captured and used for nationwide scale-up by the Government and other development partners.

#### 4. RESULTS IN WASH 2016

While there are many remaining challenges in the WASH sector, the initiatives supported by UNICEF have substantially helped Timor-Leste expand access to and improve the quality of WASH in rural communities and in schools. The flexibility provided by thematic funds allowed UNICEF Timor-Leste to initiate and continue interventions that otherwise were difficult to get funding.

Following the above strategies to address WASH related deprivation, the following activities were achieved throughout 2016. In partnership with NGO, Haburus Ita Moris, ETADeP and SERVBFUTILOS.

Partnerships, community mobilization and behavior change communication are the three key strategies that the WASH programme employed throughout 2016. The CLTS process has the following elements:

- Leadership mobilization through the Institutional triggering at municipality and administrative post level to garner the support of local leaders, sector managers and suco chiefs;
- Community triggering, action planning, implementation, mentoring and following up on community action in coordination with local health workers, community leaders and sanitation promotion groups in each aldeia;
- Hygiene promotion events in communities;
- Verification of access and use of sanitation and hygiene facilities; and
- Declaration of ODF in Suco that achieve ODF to recognize success to motivate other communities

A crucial step in the Community Led Total sanitation (CLTS) process is to help community members see for themselves that open defecation has repulsive consequences and leads to an unpleasant environment for everyone in the community. This initial step is referred to as “triggering”, where working with community and administrative leaders, a dialogue is brought about to elicit a common sense of disgust and shame among the community, as they collectively identify the facts about open defecation, with the idea, that the community, once they realize they are ingesting each other’s feces, will decide and take action themselves. UNICEF along with government and partners, completed this process of Triggering in 168 aldeias (villages) covering a population of 98,041 people. The subsequent result of this, is that community members no longer defecate in the open, using latrines, etc., and upon assessment by municipal administrators, supported by UNICEF and partners, achieve Open Defecation Free (ODF) status. ODF status was verified and declared in 30 sucos covering 57,047 population, which was also accompanied by a ceremony.

Following CLTS triggering and ODF status, Personal and Environmental Hygiene practices promotion campaigns were conducted in 46 sucos covering a population of 98,041 people, with a special focus on use of latrines and handwashing with soap at critical times (before eating, after toilet use, after cleaning baby feces, after working and before feeding child). In partnership with NGO Haburus Ita Moris, ETADeP and Ministry of Public Works and Communication (MoPWC) seven water supply schemes with connections to three Health Posts and four Primary Schools were completed reaching improved water supply to additional 1,098 students and 2,314 population.

UNICEF collaborated with BESIK project (funded by DFAT Australia) and World Vision to change the scope of CLTS Initiative from a Village-wide (Suco wide) initiative facilitated by NGO partners to Municipality wide ODF initiative led by the Municipality Administrator in Bobonaro Municipality. In the district-wide ODF initiative, aiming to make all 50 Sucos of Bobonaro District ODF, UNICEF and its NGO partners (Haburus Ita Moris and Servbfutlous) took responsibility to support 18 out of the total 50 Sucos. The remaining Sucos were supported by BESIK and World Vision. The initiative achieved an increase of sanitation coverage from 47% to 92% between June 2015-March 2016 and 70% of toilets built were classified as hygienic. The evaluation report of the initiative by Institute for Sustainable Future called the achievement of the initiative ‘an outstanding result’. This success has inspired other

municipalities and partners to explore municipality wide initiatives in other municipalities too, and has a potential to mobilize contribution from government, accelerate progress and sustain results.

For WinS, the key target under Outcome 2 (Education) of the Country Programme 2015-19 is: by 2019, 40,000 boys and girls from 200 schools<sup>15</sup> benefit from improved, child-friendly, gender appropriate and inclusive WASH facilities (including school buildings) in 5 municipalities (output 2.3). In 2016, progress towards this target was on track.

The MOE approved and launched the National WinS Guidelines developed with UNICEF support. The guidelines provide minimum standards for WinS. Its development will help ensure schoolchildren across the country, even in the remotest areas have access to clean water and functioning toilets, and are taught proper sanitation and hygiene practices. This also means there are now standards that can be used to map and monitor the situation of WinS. This is important for Timor-Leste where access to water and sanitation facilities in schools remains an issue. To ensure that the WinS Guidelines are implemented and funded, UNICEF supported the MOE develop a WinS Costed Action Plan expected to be finalized in mid-2017. A workshop involving central and local officials from the MOE, Department of Public Works, Ministry of Health, NGOs and Development Partners was held in November 2016. This helped raise awareness of various stakeholders on the WinS Guidelines and allowed various stakeholders to provide inputs to the Costed Action Plan.

In November 2016, UNICEF started the construction of five basic education and one pre-school buildings in remote parts of Timor-Leste. The new buildings, which will come with child-friendly, gender-appropriate and accessible WASH facilities, library and teachers' rooms will benefit nearly 2,000 children. This is on top of the 1,400 pre-school and basic-education age children who gained access to child-friendly school buildings after the completion of eight pre-school and six basic education school buildings in early 2016. Another 1,098 children in four basic education schools benefitted from having functioning WASH facilities through the connection to community water supply. UNICEF also supported the MOE model a group handwashing facility in two schools reaching 1,320 children. Another 8,471 children from 25 basic education schools have enhanced WASH facilities since 2015. This brings the total number of children reached to date to 14,559 (36.4% of the Country Programme Output 2.3 target for 2015-19).

All UNICEF-supported construction is being undertaken with the MOE. Through this process, capacities of the MOE Infrastructure Unit on planning, implementing and monitoring school construction are further enhanced. All of the schools directly supported by UNICEF have been given training on the operation and maintenance of WASH facilities. Together with the MOE, this training will be scaled up in schools across the country in 2017. Student Councils will also be provided trainings to serve as WASH Clubs. Documentation of the group handwashing facility modeled in two schools will be undertaken to assess whether it can be scaled up.

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

| Indicator  | Baseline                                   | 2016 Target                                | 2016 Status   |
|--|--|--|---|
| Number of additional people living in certified ODF communities in 5 target districts                                    | NA   | 50,000                                     | ODF verified in 30 sucos with population of 57,047  |
| Proportion of health posts having access to WASH facilities meeting minimum national standard (TBD) in 3 target district | Ainaro:37%;<br>Bobonaro:46%;<br>Ermera:29% | Ainaro:40%;<br>Bobonaro:50%;<br>Ermera:35% | 7 Water schemes completed with connections to 3 health posts, 4 primary schools, benefiting 1,098 students, 424 households with population of 2,314 |
| Proportion of households maintaining ODF behaviours  | NA   | 80%  | 79.7%   |

<sup>15</sup> 50 pre-schools and 150 primary and pre-secondary schools.

|  |  |          |   |
|--|--|----------|---|
| after 2 years of ODF declaration   |  |          |   |
| Proportion of mothers practicing two key hygiene behaviours in 3 target districts: 1. Hand-washing with soap at critical times and 2. Disposing baby faces into the toilet | HHWS after using toilet:4.4%; Disposal of baby faces into toilet:19.2% (source KAP 2011) | both 20% | Bobonaro district 92% of sucos have built and use latrine which is complete with station for handwashing, and hygiene |

***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 |
| 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 (WASH in Schools) indicators, baselines, targets and status at the end of 2016***

| Indicator  | Baseline                                  | Target  | 2016 Status  | Source of data     |
|--|---|---|--|--------------------|
| National standards for WASH in schools with a disability component available   | 2015 (No national standards)              | 2016 (yes)  | Yes (WASH in Schools Guidelines with a disability and gender component approved by the MOE)                      | Others (standards) |
| Existence of following Wins Plans and Strategies: 1. WinS Costed National Action Plan S (basic education cycle 1, 2, 3) (P3.c.3); 2. National strategy for menstrual hygiene (MH) in school developed and implemented (P3 e2); 3. WinS Coordination Mechanism (WCM) at national and sub-nation level (P3.c.3). | 2014 (draft WinS Guidelines)              | 2016 (WinS Costed Action Plan; MHM Strategy for Schools and Establishment of Wins Coordination Mechanism) | WinS Costed Action with MHM and hygiene strategy and WinS Coordination Mechanism developed, pending MoE approval | Others (standards) |
| Comprehensive and disaggregated WinS indicators incorporated in EMIS providing data on access, inclusiveness, functionality and utilization (P5.e.1)   | 2014 (Limited indicators in current EMIS) | 2016 (WASH Indicators included in the updated EMIS tool 2015)   | EMIS includes WASH indicators  | EMIS               |
| % of schools with PTA (and community water users group) trained on O&M of WASH facility and functional (P5 b4)   | 2014 (0)                                  | 2016 (30%)  | 100% of UNICEF directly supported schools given training on O&M of WASH facilities.                              | Field trip reports |

|   |   |  |  |                    |
|---|---|--|--|--------------------|
|   |   |  | Training to be scaled up in other schools in 2017  |                    |
| Following hygiene promotion activities implemented and sustained in CFS schools in target districts: 1. Proportion of schools with functioning children | 2014 (WASH club: 0%; Soap availability: 12% (nationally - stock take report 2012); Group HHWS - 0%) | 2016 (WASH Club: 5%; Soap availability: 15%; Group HHWS: 5%) | Soaps available in schools visited; Student Councils will serve as WASH Clubs from 2017; hand washing practiced in schools visited. Group hand washing facility piloted in 2 schools by UNICEF | Field trip reports |

## 5. FINANCIAL ANALYSIS

The UNICEF Timor-Leste WASH programme included under the Country Programme Outcome 1: Child Survival and Development, and Outcome 2: Education continued to rely on ORR in 2016 to support interventions aimed at expanding access to and improving the quality of WASH services in rural communities and in schools. Table 1 shows that 75 per cent of total funded budget in 2016 for activities linked to water supply, sanitation, hygiene and WASH in Schools were ORR. The flexibility of these funds also allowed UNICEF to support capacity development and systems strengthening, areas that not many donors support. This also allows UNICEF to pilot interventions in the five priority municipalities and generate evidence and buy-in from the government for scaling up

Table 1: Planned Budget and Available Resources for 2016

| Outcome Area 3: WASH<br>Timor-Leste<br>Planned Budget and Available Resources for 2016 |              |                             |                            |                        |
|--|--------------|-----------------------------|----------------------------|------------------------|
| Organisational Targets   | Funding Type | Planned Budget <sup>1</sup> | Funded Budget <sup>2</sup> | Shortfall <sup>3</sup> |
| 03-01 Water supply   | RR           | 50,000                      | 27,915                     | 22,085                 |
|  | ORR          | 150,000                     | 76,684                     | 73,316                 |
| 03-02 Sanitation   | RR           | 100,000                     | 83,328                     | 16,672                 |
|  | ORR          | 475,000                     | 240,906                    | 234,094                |
| 03-03 Hygiene  | RR           | 9,000                       | 1,495                      | 7,505                  |
|  | ORR          | 50,000                      | 28,651                     | 21,349                 |
| 03-04 WASH in Schools and ECD centres  | RR           | 51,000                      | 51,197                     | 0                      |
|  | ORR          | 400,000                     | 321,218                    | 78,782                 |
| <b>Total Budget</b>  |              | <b>1,285,000</b>            | <b>886,464</b>             | <b>453,803</b>         |

<sup>1</sup> RR: Regular Resources, ORR: Other Resources - Regular (*add ORE: Other Resources - Emergency, if applicable*)

<sup>2</sup> Planned budget for ORR (*and ORE, if applicable*) does not include estimated recovery cost.

<sup>3</sup> ORR (*and ORE, if applicable*) funded amount exclude cost recovery (only programmable amounts).

Table 2 - Planned Budget and Available Resources for 2016

| Outcome Area 3: WASH<br>Timor-Leste<br>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

| <b>Outcome Area 3: WASH<br/>Timor-Leste<br/>2016 Expenditure by Key-Results Areas (in US Dollars)</b> |                                     |                                   |                        |                             |
|---|-------------------------------------|-----------------------------------|------------------------|-----------------------------|
| Organisational targets  | Expenditure Amount                  |                                   |                        |                             |
|   | Other Re-<br>sources -<br>Emergency | Other Re-<br>sources -<br>Regular | Regular Re-<br>sources | All Programme Ac-<br>counts |
| 03-01 Water supply  |                                     | 76,684                            | 27,915                 | 104,599                     |
| 03-02 Sanitation  | 2,341                               | 240,906                           | 83,328                 | 326,575                     |
| 03-03 Hygiene   | 52,729                              | 28,651                            | 1,495                  | 82,875                      |
| 03-04 WASH in Schools and ECD centres   |                                     | 321,218                           | 51,197                 | 372,414                     |
| <b>Total</b>  | <b>55,070</b>                       | <b>667,459</b>                    | <b>163,935</b>         | <b>886,464</b>              |

Table 4 - 2016 Thematic Expenditure by Programme Areas

| <b>Outcome Area 3: WASH<br/>Timor-Leste<br/>2016 Thematic Expenditure by Programme Areas (in US Dollars)</b> |                           |
|--|---------------------------|
| Organisational targets   | Expenditure Amount        |
|  | Other Resources - Regular |
| 03-01 Water supply   | 75,851                    |
| 03-02 Sanitation   | 185,099                   |
| 03-03 Hygiene  | 21,966                    |
| 03-04 WASH in Schools and ECD centres  | 177,393                   |
| <b>Total</b>   | <b>460,309</b>            |



Table 5 - 2016 Expenditure by Specific Intervention Code

| Outcome Area 3: WASH<br>Timor-Leste<br>2016 Expenditure by Specific Intervention Code (in US Dollars)         |                    |
|---|--------------------|
| Specific Intervention codes   | Expenditure Amount |
| 03-01-01 Rural water supply   | 68,733             |
| 03-01-04 Water Supply Sustainability  | 27,387             |
| 03-02-01 Open defecation elimination and improved sanitation: rural   | 294,496            |
| 03-03-02 Other hygiene promotion  | 80,696             |
| 03-04-01 WASH in Schools (general)  | 89,211             |
| 03-04-02 WASH in Schools hygiene promotion  | 59,661             |
| 08-06-01 Building evaluation capacity in UNICEF and the UN system   | -99                |
| 08-09-06 Other # non-classifiable cross-sectoral activities   | 41,857             |
| 09-01-18 HQ technical support to Cross-sectoral areas   | 4,366              |
| 1122 Capacity building for Hygiene promotion (excluding schools)  | -                  |
| 2072 School sanitation, water supply and hygiene education  | 198,330            |
| 6901 Staff costs (includes specialists, managers, TAs and consultancies) for multiple Focus Areas of the MTSP | 4,082              |
| 6902 Operating costs to support multiple focus areas of the MTSP  | 1,470              |
| 7911 Representative and governance  | 44                 |
| 7921 Operations # financial and administration  | 15,206             |
| 7931 Human resources and learning   | 1,023              |
| <b>Total</b>  | <b>886,464</b>     |

## 6. FUTURE WORK PLAN

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

- *Enhancing access to sanitation and hygiene through the CLTS/PAKSI approach.* This includes supporting National Environmental Health Program and Municipalities Health Delegado to mobilize Municipalities, Admin Post and Suco to develop and implement Municipality-wide ODF; continuing NGO partnerships for CLTS implementation and establishing new partnerships for support to Covalima and Ermera, conducting Hygiene and Environmental Health practices improvement campaign in 82 Suco using PAKSI platform; supporting Sucos Xefe through CLTS partner NGO Partner to carry out technical surveys, designs & Bill of Quantities for water-supply schemes for ODF communities which do not have access to improved water supply; implementation of four water supply schemes in partnership with CLTS NGO partners, MoPWC, Municipality Water Supply teams; implementation of three additional water supply schemes (in Suco achieving ODF and having Child Friendly School); connection of water to Child Friendly School and health post with rehabilitation as needed (6 schemes)
- *Joint advocacy, communication and coordination support to improve coverage of WASH interventions.* This includes Promote of efforts to achieve SDG 6, Observe Global Days-world water day, world toilet day and hand-washing day, and events recognizing CLTS success in municipalities;

developing hygiene, sanitation and environmental health promotion materials, including dissemination of SMART Incentive Guideline; organizing WASH Reviews, Partnership coordination and consultative events including for finalization and dissemination of national sanitation strategy and WASH Standards for Health Posts and CHCs; and developing WASH facility standard for CHCs and Health Posts

To address remaining issues linked to Education and in line with the Country Programme 2015-19, UNICEF will continue to prioritize support around WASH in Schools from 2017-2019. In particular the following are planned:

- Follow-up the dissemination and application of the WinS Guidelines in schools throughout the country by supporting the MOE with the WinS dissemination and socialization.
- Support the MOE finalize the WinS Costed Action Plan and training MOE staff to use it as reference in preparing the 2018 MOE budget for WASH in Schools.
- To address the key challenge of coordination at the community level and the need for integrated plans with the Ministry of Public Works to ensure water is available in schools, UNICEF will support the MOE and schools develop integrated plans and a community-approach to water that looks at not only ensuring that schools have water connections and functioning WASH facilities but also the whole community.
- Promote community and local level engagement through advocacy and awareness raising on sanitation and hygiene in schools, engaging PTAs, SMCs, Student Councils and other community leaders. Working with the MOE, a training package around this will be developed and piloted in selected schools for scale up by the MOE.
- To help improve the functionality and maintenance of existing WASH facilities in schools, UNICEF will support the MOE empower school administrators, SMCs, PTAs and Student Councils around school management and promote their commitment in maintaining school infrastructure by conducting required repairs.

The planned budget for the Outcome Area 1, Child Survival and Development as well as for Output 2.3 on WASH in Schools is summarized in the table below:

Table 6 - Planned Budget and Available Resources for 2017

| Outcome Area 3: WASH<br>Timor Leste<br>Planned Budget and Available Resources for 2017 |              |                             |                            |                        |
|--|--------------|-----------------------------|----------------------------|------------------------|
| Intermediate Result  | Funding Type | Planned Budget <sup>1</sup> | Funded Budget <sup>1</sup> | Shortfall <sup>2</sup> |
| 03-01 Water supply   | RR           | 0                           | 0                          | 0                      |
|  | ORR          | 350000                      | 236778                     | 113222                 |
| 03-02 Sanitation   | RR           | 50000                       | 50000                      | 0                      |
|  | ORR          | 630000                      | 451996                     | 178004                 |
| 03-03 Hygiene  | RR           | 20000                       | 20000                      | 0                      |
|  | ORR          | 50000                       | 15000                      | 35000                  |
| 03-04 WASH in Schools and ECD centres  | RR           | 51,000                      | 15,000                     | 36,000                 |
|  | ORR          | 400,000                     | 1,566,936*                 | 0                      |
| Total for 2017   |              | <b>1,551,000</b>            | <b>2,355,710</b>           | <b>362,226**</b>       |

<sup>1</sup> 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

<sup>2</sup> Other Resources shortfall represents ORR funding required for the achievements of results in 2017.

\*Note: the higher amount of ORR funded budget for WASH in Schools and ECD Centres is due to school construction which accounts for 65% of the total US\$1.566 million funded ORR budget.

## 7. EXPRESSION OF THANKS

On behalf of the Timorese children and their families, UNICEF would like to extend its appreciation to the Portugal Committee for UNICEF and the Portuguese People for the generous funding support in 2015 for WASH 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.

## 8. ANNEX

### Human Interest Story

His big smile opens up – he is proud of what his village is achieving. “I am also chief of the water management group in the village. I maybe not that smart but the people here trust me on how to lead them and help everyone work together.”

Saramata village now has a year-round water supply, with safe water running through five taps as well as to the nearby school. Many similar villages in Timor-Leste still lack access to safe drinking water, as well as poor access to sanitation facilities.

“With UNICEF’s help, the water came after were declared open defecation free,” says Claudio, now sitting with the other members of the water management group. “We knew it was important to have water to keep clean. All the families contributed local materials and labour, depending on their situations. We all contributed in some way.”

The water management group consists of a chief, a treasurer who deals with the finances and two technicians who maintain the water system. The entire process, supported by UNICEF with local NGOs, empowers communities to set-up water system and ensure they are maintained for many years to come.



Teresa Pereira, treasurer of the Water Management Group.

Photo credit: UNICEF Timor-Leste/2015/Simon Nazer

The group sits down and Teresa Pereira, now sitting in the middle, introduces herself. “I’m the treasurer for this group,” she says, holding a notepad full of the names of the villagers. “I didn’t have the skills to do this before but I was given training. I was taught about the role of treasurer and how to work with families. After that, we all met with the community members and discussed how to look after the water supply.”

The water management group brings the community together, explains what is needed to build and maintain a water supply, and secures funding from everyone in the community. There’s a quiet determination within every member of the water management group, and they clearly feel their collective efforts are making a real difference.

“It’s important every family contributes, rich or poor,” says Teresa as she opens her book that list the 50 cent contributions from each family. “We have a log book that records this – we let everyone see this to build trust.”

“We have a system to collect a little each month,” she says as her finger runs down the list. “So if the pipe breaks we can quickly repair it. We have 34 families contributing 50 cents each month. Without this support, we wouldn’t be able to maintain the water system.”

Teresa also manages the lending of money to those who need cash urgently, with a small interest so that the fund grows. Some families also burrow money to upgrade their toilets.



“As a mother I feel very happy because in the past many children get sick, especially with diarrhoea,” says Teresa. “Now we have safe water to drink and wash with. It’s very close and easy to use.” Photo credit: UNICEF Timor-Leste/2015/Simon.

Training and community investment are important ways to ensure there is sustainable access to water in villages like this. Without that, the skills needed to maintain the systems do not exist within the community and before long the water systems will likely fall into disrepair.

“Before we had to bring the water down an open bamboo pipe,” says Teresa, now holding her young son. “It was difficult because during the rainy season it would be destroyed and it would be contaminated by dust and insects. We wouldn’t want to drink it then. Now the water is always clean.”

The new taps also mean there’s no longer a need to carry heavy loads several times a day. “The water pipes are close to home, which is much better than before,” says Teresa. “It takes less than five minutes to get water now.”

Thanks to support from UNICEF and the Government, water management groups like this show how communities are able work together to maintain and sustain their water supply for years to come. And the villagers of Saramata couldn’t be more proud. “I’m happy!” laughs Claudio. “We all work together. We all contribute. That’s what’s important.”

By Simon Nazer