



Democratic Republic of Timor-Leste

National Development Plan

**Section 11: Social and Human
Development**

Dili, 2002

Timor-Leste's National Development Plan

11. SOCIAL AND HUMAN DEVELOPMENT:

EDUCATION AND HEALTH

“Meeting East Timor’s basic needs in health and education is vital for the nation’s development, in reducing poverty, promoting economic growth, and in improving the livelihoods of its population.”

VISION

11.1 Our vision is that by 2020, the East Timorese people will be well educated, healthy, highly productive, democratic, self-reliant, espousing the values of nationalism, non-discrimination and equity within a global context.

BACKGROUND AND STATUS

11.2 Meeting East Timor’s basic needs in health and education is vital for the nation’s development, in reducing poverty, promoting economic growth, and in improving the livelihoods of its population. Education and Health are the largest sectors, in terms of expenditure, both in 2001-2 and for the foreseeable future. This expenditure reflects the wishes of the population, as expressed in the recent Countrywide Consultation, in which 70% of the population prioritized education as one of the three most important sectors to be developed for the country’s future, followed by health, prioritized by 49%. The PPA completed in January, 2002, produced similar results. These views are captured in the vision presented in this document. In meeting its people’s needs in health and education, however, both government and civil society organizations face formidable challenges.

Education

11.3 East Timor has an illiteracy rate of 50-60%. 46% of the current population have never attended school. Almost two-thirds of the female population is illiterate. The primary enrolment rate is low, as are school retention rates. Approximately 20% of children enrolled in primary schools rarely attend classes. There is a substantial shortage of trained teachers, and teaching quality is low. In the 2000-01 school year, for example, of the 2,091 secondary school teachers, only 106 had formal secondary school training. The curriculum introduced during the Indonesian occupation is viewed by East Timorese students and teachers as outmoded and irrelevant.

11.4 During the UNTAET period, some increases have occurred in primary school enrolment, particularly for girls, but there have been declines in secondary school attendance. Tertiary provision and skills training remain grossly inadequate. The current teacher-student ration in the primary sector is 1:62.

11.5 During the period before oil revenues begin to have an impact, key challenges to be addressed are:

- a) A rapid expansion in primary school enrolment, particularly for children from poor households.
- b) A reduction in the high drop-out rate at primary level.
- c) An improvement in teaching quality through the provision of appropriate training.
- d) The design and introduction of literacy manuals, and the implementation of campaigns to address the low literacy level within the population.
- e) A specification of the respective roles to be played by the government, church, NGOs and local communities in the management of education.
- f) The development of strategies for the furtherance of the Portuguese language at all education levels, and amongst the adult population.

Health

- 11.6 The heavy burden of disease in East Timor is due largely to the prevalence of communicable diseases such as malaria, tuberculosis, respiratory tract and childhood infections. The current TB rate is 900 per 100,000. Life expectancy ranges from 50-58, and is combined with high infant mortality rates of 78-149 per 1,000 live births, and under 5 mortality rates of 124-201 per 1,000 live births. Women bear an unacceptable burden of maternal mortality and morbidity, with maternal mortality rates at 350-800 per 100,000 live births. Only 30% of births have any skilled birth attendance. Approximately 3-4% of children aged 6 months to 5 years are acutely malnourished, whilst one in five is chronically malnourished. 45% of children under 5 are underweight.
- 11.7 During the Indonesian occupation, the health system delivered poor quality services, and was widely mistrusted by the population. During the paramilitary rampage, most health facilities were destroyed, and there was a total collapse of the health system.
- 11.8 During the UNTAET period, access to basic services has been restored, a TB program has been implemented, immunization services have been developed for women and children, and basic health packages have been designed. Health centers have been rehabilitated and reequipped. A plan has been devised for human resource development, capacity-building, and health training.
- 11.9 The main challenges to be addressed by the health sector are to design and implement policies, programs and projects addressing:
- g) high rates of maternal and infant mortality
 - h) a high proportion of illness and death due to preventable communicable diseases
 - i) the prevalence of malnutrition, iodine and vitamin A deficiency
 - j) the lack of access to safe drinking water and sanitary facilities for a majority of the population
 - k) poor reproductive health
 - l) the prevalence throughout the country of post-conflict mental health problems and trauma
 - m) poor and inequitable access to health services
 - n) inadequate management support systems
 - o) an inadequate referral system
 - p) poor knowledge of HIV/AIDS among the population.
- 11.10 In both the health and education sectors, a major challenge is to set clearly-defined, specific priorities in line with available expenditure. A medium term framework has been developed, selecting priority areas that can ensure most successfully the delivery of services to a population with continuing high levels of poverty.

Gender

- 11.11 Women play a vital role in East Timorese society. They manage community resources, households, and constitute a crucial part of the labor force, particularly in agriculture. Yet they are not adequately represented in positions of power throughout the country. Gender inequalities are addressed in many of the objectives, strategies and policies in the national plan. There are particular gender concerns in human development – notably in relation to women’s levels of literacy, training, and health needs. These issues are covered in the particular projects and programs outlined for the health and education sectors.

GOALS

- 11.12 The goals for the education and health sectors are to:
- a) improve the education and health status of the people of East Timor;
 - b) contribute to the improvement of the economic, social and cultural well being of individuals, families and communities in East Timor; and
 - c) promote gender equality and empower women in East Timor.

GUIDING PRINCIPLES

- 11.13 Several principles serve to guide development in education and health, with the following of particular

importance.

- a) **Human Rights:** Human development programs will respect all internationally recognized human rights and fundamental freedoms consistent with the East Timor Constitution, including the right to development.
- b) **Cultural, Religious and Gender Sensitivity:** Human development in East Timor will respect its people's cultural and religious diversity and enhance equality among men and women, by promoting the values of tolerance, dialogue and peaceful resolution of differences.
- c) **Quality and Relevance:** The implementation of human development programs in East Timor shall promote high standards and ensure that the choices are oriented to the country's needs.
- d) **Sustainability:** To achieve long-lasting human development, human and natural resources shall be managed taking into account financial capacity, appropriate and existing technology.
- e) **Equity and Accessibility:** The provision of education, health and other basic needs shall be fair, affordable and within everyone's reach.
- f) **Social Solidarity:** Human development programs will promote the values of community participation, self-help and shared responsibility between government and all actors in civil society.
- g) **Ethics and Efficiency in Public Service:** Public service will be guided by the values of courtesy, efficiency, productivity, honesty and high ethical standards in order to achieve full transparency, accountability and public satisfaction.
- h) **Legality:** Given the special circumstances of East Timor as a new nation, human development will take place within a responsive legal framework and with respect for the rule of law.
- i) **Creativity and Innovation:** Human development will aim to harness people's natural creativity and reward innovation.
- j) **Protection of the Environment:** Human development programs will take into account the impact on the environment and promote environmental protection for future generations.

KEY DEVELOPMENT INDICATORS

11.14 The key development indicators for the sectors and for particular components of each area are as follows.

Education

- a) Literacy rate
- b) Net enrolment ratio in primary and secondary schools
- c) Primary education completion rate
- d) School attendance
- e) School participation by age
- f) School participation rates of richest and poorest quintiles of the population
- g) Household expenditure on education at primary and secondary levels
- h) Levels of educational attainment

Health

- a) Life expectancy at birth
- b) Infant mortality rate
- c) Under 5 mortality rate
- d) Maternal mortality rate

Labour

- a) Labour force participation rate
- b) Unemployment rate

Economic, Social and Culture

- a) GDPper capita
- b) % of households below the poverty line
- c) Income distribution index
- d) % of displaced families with access to education and health services
- e) % of orphans and widows with access to education and health services
- f) % of disabled with access to education and health services
- g) % of families with access to radio/television/telephone
- h) Number of cultural and civic society associations
- i) Voter participation rate
- j) Number of street children
- k) Number of orphanages
- l) Crime rate
- m) Suicide rate
- n) Number of libraries/Number of people visiting libraries
- o) Number of people in receipt of social security
- p) Rate of youth participation in social/cultural organizations

Gender Equality

- a) Ratio of boys/girls at all education levels
- b) Ratio of literate females, urban/rural
- c) Percentage of women employed on completion of studies
- d) Incidence of domestic violence
- e) Female access to health services
- f) Proportion of females holding decision-making positions, in both public and private sectors.

PROBLEMS AND CONSTRAINTS COMMON TO BOTH SECTORS

11.15 Both the education and health sectors face a number of difficulties, some of which are common to both sectors, and some of which apply to each sector separately. The common problems and constraints are as follows:

Literacy

- a) High levels of illiteracy, particularly amongst women
- b) Female education plays an important role in health since women make many of the decisions about the health of the family. Better-educated people know more about healthy behavior and make better choices about childbearing, food distribution and nutrition, personal hygiene and seeking health care. The literacy rate among the adult population is generally low with women lagging behind (54% for men and 40% for women).

Culture

- a) Lack of awareness of education and health problems, particularly for women. There is also a general lack of understanding of education and health benefits.
- b) Cultural inhibitions - many people do not seek appropriate health care until it is very late (due to a preference for traditional practitioners).
- c) Girls experience discrimination in access to education due to traditional practices, such as early pregnancy and marriage, demanding household work and the failure of educational materials to address gender issues.

Poverty

- a) Income levels are related to people's standard of living, access to food, education and health care – the essential elements of health. About 41% of the East Timorese population lives below the poverty line. Poor people are more likely to become ill, remain ill, and discontinue their education.

Poor nutrition

There is a high prevalence of malnutrition, iodine and vitamin A deficiency. Malnutrition is prevalent among infants and pre-school children, as well as pregnant and lactating women. Available information indicates that 3-4% of children aged six months to five years are acutely malnourished, while one in five is chronically malnourished. Vitamin A deficiency, iodine deficiency disorder and anemia are significant problems in children and mothers.

Unequal distribution of food and health care in the family favors boys. This is similarly the case in the areas of education opportunity and health care.

Lack of adequate food, directly affecting health, and indirectly, the ability to learn.

Limited knowledge of nutritional practices.

Infrastructure

- a) Inadequate infrastructure, lack of available transport, and poor physical facilities result in geographical and social isolation of villages and households.

Quality of services

- a) General lack of availability of inputs and materials
b) Low public confidence in both the health and education systems

Resource constraints

- a) Inadequate financial resources
b) Inadequate human resources in number and skills

Legal Framework

- a) Lack of comprehensive legal framework
b) Inadequate management and support systems

Gender related issues

- a) Low level of awareness of gender issues at all levels and sectors

SECTOR SPECIFIC PROBLEMS AND CONSTRAINTS

11.16 A number of problems and constraints are experienced in both the education and health sectors separately, including the following.

Education

- a) Community
- Lack of involvement in school management
 - Household and farming needs limiting school attendance – particularly for girls.
 - High number of illiterate people
- b) Pre-School
- Insufficient number of pre-schools (currently, there are 43 pre-schools)
 - Lack of budgetary support from the Government
 - Lack of support from both the community and NGOs
- c) All School Levels (Primary School to University)
- Most six year old children do not enter the 1st grade of primary school

- Students do not complete the six grades in six years
- Lack of support for special school provision
- d) Insufficient Number of Schools
- e) Low Quality
 - Lack of specialized teachers
 - Lack of appropriate study material
 - Lack of qualified lab our force
 - Lack of adequate study material
 - Very limited access by students to libraries
- f) Low Effectiveness and Efficiency of Educational Management
 - Lack of strategic planning for documenting and replicating existing good practice (as, for example, in existing pre-school provision and women's literacy circles organized outside the formal sector by NGOs)
- g) Sport
 - Lack of sports activities in schools and within society in general
 - Government has not yet defined its policy regarding Youth and Sports
 - No sports managers or relevant technical and human resource capacity
 - Insufficient and inadequate sports equipment
- h) Curriculum
 - The current curriculum is too abstract and arduous
 - The curriculum context does not reflect the values and reality of East Timor
- i) Youth
 - The qualifications held by unemployed youth are not relevant to the current lab our market
 - There are insufficient youth activities
- j) Culture
 - Lack of experience in articulating cultural values, and in assessing how these values can be expressed most effectively and appropriately
 - Very few readily accessible museums, libraries and organized historical documentation centers
- k) Language Provision
 - Difficulties in standardizing Tetun and reintroducing Portuguese as a language of Instruction in a relatively short period of time

Health

- a) Major Public Health Problems
 - High maternal and infant mortality.
 - o East Timor has one of the highest rates of maternal mortality in the region With estimates ranging to over 800 deaths per 100,000 live births. This is unacceptably high. The infant mortality rate is estimated by the Ministry of Health to be 70 - 95 per 1,000 live births, the most common causes being Infections, prematurity and birth trauma.
 - A high proportion of illness and death due to preventable communicable diseases such as malaria, tuberculosis, childhood respiratory infections, measles, typhoid, and diarrhea diseases.
 - A high prevalence of malnutrition, iodine deficiency and vitamin A deficiency.
 - o As noted above, this is a problem for both education and health sectors. Specifically, for the health sector, malnourished people are more likely to get sick and to die from their illnesses.
 - Low access to safe water and sanitation.
 - o Unhygienic conditions increase people's chances of getting sick and making their illnesses worse. A majority of the population do not have access to safe water and sanitary facilities. They depend on contaminated or unprotected sources of water. Existing systems for solid and liquid waste disposal are inadequate.
 - Poor reproductive health is a major cause of maternal mortality.

O A complex interplay of social, economic, environmental and cultural factors, and limited availability of health care services contribute to poor reproductive health within the population. There is an increasing incidence of teenage pregnancies with short periods of time between each pregnancy.

- High prevalence of communicable diseases and a rising incidence of non-communicable diseases.
 - Poor knowledge of HIV/AIDS among the population.
 - o HIV/AIDS is a global problem that has potential to have devastating effects on the people of East Timor as they become exposed to the rest of the world.
 - Current knowledge and awareness about HIV/AIDS is low.
 - Lack of education on oral health.
 - Prevalence of post-conflict mental health problems and trauma.
 - o Currently, mental health services are inadequate. Major mental problems observed in post-conflict East Timor include psychosis, acute schizophrenia, suicidal depression and severe trauma-related reactions.
 - An increase in environmental degradation, occupational and environmental health problems in recent years.
- b) Problems Related to the Performance of the Health System
- Poor and inequitable access to health services.
 - o Much of the population living in the rural areas, does not have easy access to the health system – due both to geographical inaccessibility and to inadequate provision of infrastructure and transport facilities. Average walking time to the nearest health facility is 70 minutes.
 - Inadequate management support systems.
 - o The absence of a regulatory framework – health regulations do not deal with public health issues, such as environmental and occupational hazards.
 - Inadequate referral system.
 - o This results in delayed treatment and inappropriate utilization of health services.

OBJECTIVES

11.17 The following objectives address the various problems identified in health and education.

Education

- a) Increase the population's awareness and understanding of basic educational needs, and particularly:
 - Reduce the number of illiterate people within the adult population, with an emphasis particularly on women;
 - Encourage community and NGO participation, particularly in relation to the implementation of pre-school education;
 - Strengthen the community ownership of education through inclusion of parent, community, student and teacher groups, involving them in the development of appropriate quality educational provision in local areas.
- b) Increase access to education and develop means for ensuring the retention of children within the school system, at all levels; improve the drop-out rate.
- c) Rationalize educational provision in relation to the varying needs of different areas.
- d) Improve educational provision, particularly through the provision of professional training, notably for girls and women, adults, and groups with special needs.
- e) Increase the efficiency of school organization and management.
- f) Encourage sports education in schools.
- g) Develop a curriculum appropriate to East Timor's contemporary needs, encouraging the development of cultural identity, and stressing the importance of the values of democracy, self-sufficiency, national unity and non-discrimination. Develop programs for unemployed youth, and for school drop-outs, providing qualifications enabling them to re-enter the labour market.
- h) Develop extra-curricular occupational programs.
- i) Develop forms of culture and art, emphasizing the national identity of East Timor.

- j) Re-introduce and develop Portuguese and Tetun as the official languages of East Timor.

Health

- a) Reduce levels of maternal and infant mortality.
- b) Reduce the incidence of illness and death due to preventable communicable and non-communicable diseases, including HIV/AIDS.
- c) Improve the nutritional status of mothers and children.
- d) Improve reproductive health in East Timor.
- e) Ensure that all people have access to health services.
- f) Ensure the delivery of a minimum health care package at all levels of service.
- g) Collaborate with all stakeholders in the health sector to achieve national goals for health.
- h) Ensure that sufficient and adequate health professional training is undertaken to meet national requirements.
- i) Regulate the employment of all health professionals to ensure minimum standards of professional practice.
- j) Provide sufficient referral and tertiary health care services, including laboratory support services, to ensure that referral cases are treated effectively.
- k) Improve the organization and management systems in the health sector.
- l) Increase women's access both to health information, and to quality health services.
- m) Increase the availability of mental and dental health services.
- n) Contribute to the improvement of occupational and environmental health in East Timor.

POLICIES

11.18 Based on these objectives the following basic policies will be formulated.

Education

- a) Promote mandatory education for all children of school age.
- b) Develop primary education for all as the main goal and priority in allocation of government resources.
- c) Create incentive partnerships with the private sector, NGOs, parents' associations and the community, to support education at all levels, in pre-school, secondary school, vocational training and non-formal education, as well as in university education.
- d) Establish a minimum qualification for teachers, such as a university degree. Develop additional relevant specialisations for secondary school, vocational training, as well as for university teachers and assistants;
- e) Mainstream gender concerns in all educational programs and monitor the impact of these programs on women's education, through the development and use of gender sensitive indicators.
- f) Work with relevant sectors/organizations to advocate an improved status for women, promoting equal rights for men and women in access to education.
- g) Have as a key policy objective to increase women's access to information on educational provision.

Health

- a) Emphasized preventive and promotive health care, provided closest to the community, with the additional aim of limiting expenditure on hospital care.
- b) Adopt primary health care policies enabling increased accessibility and coverage of health care.
- c) Adopt a policy of integrating the health care system with other sectors.
- d) Target groups to achieve the greatest health impact (e.g. emphasizing mother and child health care).
- e) Develop health staffing policies appropriate to the needs of the country.
- f) Promote access and utilization of basic health services by vulnerable groups.
- g) Adopt Integrated Management of Childhood Illness (IMCI).

- h) Mainstream gender health concerns in all programs and monitor their impact on women's health, through gender-sensitive indicators.
- i) Work with relevant sectors/organizations to advocate an improved status for women, promoting equal rights for men and women in access to health.
- j) Have as a key objective to increase women's access to health information and quality health services.

STRATEGIES

11.19 These policies will be realized through the following strategies.

OVERALL STRATEGIES

Education

- 11.20 In the short term – over a 2-3 year period – strategies will aim to consolidate the efforts and achievements of reconstruction. This will be done through rationalizing educational provision in relation to the needs of different areas of the country, and by developing human resources within the educational sector as a whole. Institutional capacity will be strengthened within the ministry, to promote reforms and to plan and develop educational programs.
- 11.21 In the longer term – over a 5-10 year period – strategies will aim to promote reforms in key areas of the sector, as well as developing measures for institutional strengthening to achieve the provision of universal primary school education. Curricula will be designed and implemented, promoting high quality teaching relevant to the needs of East Timor. Institutional capacity will be strengthened, with the aim of an efficient management of the overall educational system.

Health

- 11.22 To meet our goal, strategies will emphasize the importance of primary health care, focusing on prevention and the targeting of underserved areas. Primary health care is a system of essential health care, based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at each stage of its development, in a spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first contact point with the national health system for individuals, the family and community, bringing health care as close as possible to where people live and work. It forms the first step in a continuing health care process.

Gender

- 11.23 Women in East Timor have been suffering from both a national culture of violence, and from the results of mass displacement. Both of these increase the feminization of poverty.
- There are no laws either ensuring the protection of women's fundamental rights or addressing the social and cultural obstacles favoring men's access to opportunities. The goal of promoting gender equality and empowering women must entail changes in attitudes, government social institutions and private sector practices. Our overall strategy is focused on mainstreaming gender and gender equality in all areas, and at all levels of education and health, assessing the implications for women and men of any planned action in order to ensure that institutions, policies and programs respond to the needs and interests of women as well as men and distribute benefits equitably between women and men.
- The root cause of gender inequality in human development lies in the social structures, institutions, values and beliefs which create and perpetuate women's subordination. Solutions should not aim merely to integrate women in the development process but must also reshape the human development agenda, reflecting gender concerns. Consequently, gender objectives in education and health must emphasize the need for gender awareness campaigns at all levels, in order to deal with the stereotypes that are obstacles to a full participation of girls in the educational process, particularly after secondary school, as well as for

the need for formal and vocational training as an instrument of empowerment. In relation to health status, the objectives of our strategy centre on information and educational campaigns on women's right to health, involving all key stakeholders, to ensure that women, due to their specific vulnerability – particularly in reproductive health - are not exposed to continued health hazards and risks.

SPECIFIC STRATEGIES

Education

11.25 The strategies that are specific to education are the following.

- a) Educational campaigns, focusing on three areas:
 - Promotion of the importance of basic education (defined not simply in relation to reading, writing and numeracy, but encompassing a broad range of thinking, conceptualizing, analyzing, participating and learning skills);
 - Literacy programs: addressing the range of relevant skills required to enable poor and vulnerable groups to develop basic learning skills and knowledge of issues relevant to their daily lives and to their plans for the future.
 - Nation-wide campaigns on pre-schooling and primary education, raising the importance of girls' access to education.
- b) Improving enrolment and attendance
 - Educating teachers, community leaders and parents on the importance of their responsibilities in securing enrolment and attendance in school of children of school age.
 - Improving health at schools by providing school snacks as a way of reducing absenteeism and drop out rates.
- c) Rationalizing educational provision, by building new schools, increasing school size, and closing redundant schools.
- d) Improving teaching capacity, through:
 - The training of teachers, in Portuguese/Tetun language.
 - Increasing the availability of textbooks and other teaching materials; school facilities must be adequate and sufficient for all levels, including special schools.
 - Establishing performance management programs and national examinations.
- e) Setting up career plans for teachers and school deans.
 - Developing programs for institutional strengthening.
 - Setting up scholarship programs for school managers and administrators.
 - Developing training programs in basic education planning and management for the different levels of school managers at central, districts and schools offices.
- f) Providing equipment for sporting facilities and organizing sport competitions.
- g) Developing relevant curriculum and education programs.
 - Developing an appropriate curriculum at all levels, which promotes practical activities, interaction between teachers and students, relevancy of content to contemporary East Timorese reality, and takes into account questions of human rights and gender.
 - Developing contemporary programs for education, introducing new learning techniques.
 - Developing and/or improving the quality of text books, other materials, and learning processes, stressing the importance of eliminating stereotypes associated with gender, and adopting a relevant curriculum.
- h) Developing appropriate vocational training and distance learning programs.
- i) Developing East Timorese concepts of literacy and basic education through conferences, training programs, and professional development.
- j) Developing extra-curricular activities, social and cultural events for East Timorese youth.
- k) Designing workshops, conferences, and seminars promoting East Timorese cultural values.
- l) Developing Tetun and reintroducing Portuguese as the official languages of instruction.

- m) Assisting policy development through inputs into government by international experts, and via conferences, materials, and other documented international experience.

Health

- a) Targeting mother and child health by:
- Increasing immunization coverage of all children under five
 - Growth monitoring
 - Adopting Integrated Management of Childhood Illness (IMCI) and providing training at Community Health Center level
 - Providing antenatal services close to the community
 - Upgrading midwifery skills
 - Training Traditional Birth Attendants (TBAs)
- b) Emphasizing health promotion through health education focusing on major health problems and targeting community schools, youth groups, and risk groups through health promotion campaigns, training, curriculum integration, media, environmental health education
- c) Prevention and control of communicable diseases through:
- Disease surveillance
 - Capacity building, including training
 - Developing a system of timely detection and control of epidemics/disease outbreaks
- d) Improving nutritional status of mothers and children through:
- Micronutrient supplementation
 - Promotion of exclusive breast feeding
 - Growth monitoring
 - Health education on good nutrition
- e) Improving management of human resources by:
- Developing a comprehensive human resources development plan
 - Training an adequate number of health personnel based on national needs
 - Establishing regulatory mechanisms for medical practice and professional ethics
 - Developing incentive systems for motivating health personnel
 - Optimizing the use of available human resources through appropriate skill mix and productivity improvement
- f) HIV/AIDS prevention through:
- Providing Information, Education and Communication (IEC) targeting vulnerable groups and individuals
 - Establishing voluntary counseling and testing
 - Encouraging community participation and working with social, religious and women's organizations
 - Developing the capacity of health workers and community groups
 - Developing the legal and policy framework
 - Developing support services
 - Advocacy work with key stakeholders, such as churches and women's organisations
- g) Promoting reproductive health through:
- The creation of awareness on STI and other reproductive health problems
 - Sex education in schools, media and health facilities, and youth centres
 - Promoting the benefits of family planning
 - Early detection, diagnosis and treatment of breast cancer, cervical cancer, STI/HIV
- h) Improving access to, and utilization of health services particularly by vulnerable groups through:
- The construction of new facilities
 - Rehabilitation of existing facilities
 - Provision of additional services in facilities to ensure all priority interventions are available

- Involvement of NGO health providers in the overall plan to increase coverage of primary health care
 - Fostering active participation of the community
 - Reducing the cost of seeking health care by the poor, children under 5, pregnant women, the elderly and the disabled.
 - Health promotion and education to influence health-seeking behaviour, alleviating social-cultural barriers
- i) Developing and implementing a rational secondary and tertiary hospital development plan
- j) Improving management systems of health services by:
- Strengthening the planning and policy development capacity of the Ministry of Health
 - Improving financial resource allocation to increase efficiency
- k) Adopting a multi-sector approach in dealing with health problems, in order to ensure contributions by other sectors concerned with health status improvement
- l) Improving access to information and provision of health services through:
- Expanding coverage of women's health care services
 - Working with other partners to promote women's health and education
 - Monitoring the impact of health programs on women's health
- m) Developing national mental and oral health programs that address prevention, promotion and appropriate treatment at district level
- n) Improving occupational and environmental health through:
- Collaboration with the Departments of Labor, Environment and Infrastructure to develop regulations, strategies and plans to combat occupational and environmental health hazards
 - Environmental and occupational health education programs, designed by the Ministry of Health

PROGRAMS AND PROJECTS

Education

11.26 Based on the objectives, policies and strategies, and addressing the problems and constraints outlined above, the following programs and projects will be implemented by the Ministry of Education over the five-year NDP period.

Program 1: Expand Access and Improve Internal Efficiency

11.27 While one of the major accomplishments of the Transitional Administration has been the tremendous increase in enrolment at all educational levels, it is estimated that almost 25% of all children of school age are still out of school. Moreover, there is a significant misalignment of age by grade due to the late start for most first graders, and a high drop-out and repetition rate which renders the system very inefficient. The key program thrust for the next five years is therefore to expand access particularly in basic education, and to improve the internal efficiency of schools. Some of the projects to be implemented are as follows.

- a) Information Campaign on the Importance of Schooling
- b) School Drop-out Prevention
- c) School Location Planning
- d) Multi-grade Schools
- e) School Health and Nutrition
- f) Community-Based Pre-School Development

Program 2: Improve the Quality of Education

11.28 One of the main issues in East Timor is the poor quality of education, largely brought about by the low qualifications of teachers and headmasters. A key program thrust in the next five years is therefore an improvement in quality, particularly in primary and secondary education. This thrust will also respond to the requirements for effectively bridging the transition in the language of instruction (from Indonesian to

Portuguese/Tetun), as well as developing the curriculum and teaching materials, responding to the goal of creating an East Timorese national identity, in addition to the emphasis on mathematics and the sciences. The key projects for implementation under this program are the following.

- a) Curriculum Review and Development
- b) Textbooks and Teaching Materials Development
- c) Language of Instruction Development (Tetun and Portuguese)
- d) Teacher and Headmaster Training
- e) Rehabilitation and Capacity Building of the Institute for Continuing Education
- f) School Supervision and Improvement
- g) Fundamental School Quality (TFET2)
- h) Project to Redefine Technical-Vocational Education.
- i) National Examinations and Supervision Improvement
- j) Teachers' Career Development and Welfare
- k) International Cooperation and Linkages
- l) 100 Schools Project (UNICEF-assisted)

Program 3: Build Internal Management Capacity and Improve Services Delivery

11.29 The educational system faces tremendous challenges and opportunities which require a capable and effective service delivery system. Due to a general lack of experienced educational managers, sector management capacity can pose a major constraint. There is also a need to develop physical facilities (such as for logistics) in order to ensure that critical inputs for the schools system are adequate. Building the internal capacity to formulate policies and plans, and to identify, prepare and implement responsive projects, as well as facilities development, will therefore be an important program thrust. Some of the projects identified to respond to this need are as follows.

- a) Training for Educational Managers
- b) Project to Build Capacity for Policy Formulation, Planning and Project Development
- c) Warehousing Expansion and Logistics Development.

Program 4: Non-Formal Education and Adult Literacy

11.30 A number of surveys have confirmed that adult illiteracy is a major problem that will pose severe constraints to productivity, growth and family health and welfare. The non-formal education and adult literacy program is designed to directly address this problem. Some of the specific interventions are as follows.

- a) Literacy Campaign
- b) Literacy Project for Young Illiterate Women
- c) Community Reading Centers Project
- d) Distance Learning Project.

Program 5: Develop Tertiary Education

11.31 The University's five-year plan envisages the improvement of tertiary education as an indispensable and solid nation-building effort in East Timor. It sets out to pursue key parameters of small size, high quality and gradual financial and government autonomy and has the following projects.

- a) Institutional Strengthening
- b) Staff Development
- c) Curriculum Development

Program 6: Promote East Timorese Culture and the Arts

11.32 To meet the needs of a newly emerging nation, the promotion of East Timor's culture will be a priority program in the next five years. The thrust of this program will be initially to structure the state's response to this need by identifying and establishing cultural institutions and developing their institutional capacity to perform their mandate. The initial projects identified for this purpose are as follows.

- a) Institutional Capacity Building for Culture Project
- b) Cultural Renewal and Promotion Project
- c) Survey and Documentation of Traditional Culture/Arts Project

Program 7: Promote Youth Welfare

11.33 As a consequence of the demographic structure of the population, East Timor's population has a large proportion of young people (45% under 15 years old). When combined with the reality of early drop-out from school of young people, the country has a large proportion of youth who are relatively under-employed, unskilled and often barely literate. An important program thrust of the education plan is therefore to provide youth welfare services and programs to respond to their needs. Some of the initial projects identified for implementation in the next five years are as follows.

- a) Structuring and Institutional Support to Youth Sector Development
- b) Project to Train Unskilled Youth

Program 8: Promote Physical Education and School Sports

11.34 Physical education and sports is an important ingredient for the development of the whole individual, and therefore a necessary component of the education plan. In view of the relatively underdeveloped state of this component of the curriculum, the program thrust in the next five years is to create awareness of its importance, structure the ministry to provide an adequate response to its requirements, and undertake basic refurbishment of sports facilities and train teachers and coaches. Some of the projects identified to implement the program are as follows.

- a) Structuring and Capacity-Building of Sports Institutions Project
- b) Information Campaign Project on the Importance of Physical Education and Sports
- c) Teachers/Coaches Training Project
- d) Rehabilitation of Sports Facilities Project.

Program Priorities

11.35 In its expenditure for the financial year, 2002/03, the Ministry of Education has prioritised funding on programs 1 and 2, on improving the quality of education, expanding access, and improving internal efficiency. The focus within these funding areas will be on primary education, followed by junior and senior secondary education, respectively. Following these, the next priority areas for funding are from program area 4, for continuing and non-formal education, with the emphasis on improving levels of adult literacy. Details are provided in the Summary of Expenditures for the Education Ministry, contained in the 2002/03 Budget Submission, accompanying the Plan.

Health

11.36 The Ministry of Health will implement the following programs and projects.

Program 1: Child Health

- a) Child Health
- b) Expanded Program of Immunisation
- c) Nutrition
- d) Growth Monitoring
- e) Micronutrients distribution
- f) Food Supplementation
- g) Breast Feeding
- h) Health Education on Good Nutrition

Program 2: Maternal Health

- a) Ante-Natal Care
- b) Safe Motherhood

Program 3: Reproductive Health

Program 4: Health Promotion

- a) School Health Program
- b) Media and Public Health Campaigns

Program 5: Communicable Diseases Control, including:

- a) TB
- b) STD/HIV/AIDS
- c) Malaria Control
- d) Disease Surveillance and Response
- e) Diarrhoeal diseases
- f) Leprosy

Program 6: Environmental and Occupational Health

- a) Environmental Health Promotion
- b) Occupational Health and Safety

Program 7: Specialised Services Programs

- a) Integrated Mental Health
- b) National Oral Health
- c) Hospital Services
- d) Ambulance Service
- e) Disaster Preparedness

Program 8: Medical Supplies Program

- a) Essential Drugs Program

Program 9: Laboratory Services

- a) Central Laboratory Services
- b) National Blood Transfusion Service

Program 10: Health Facilities Rehabilitation and Development***Program 11: District Health Services******Program 12: Health Sector and Management Programs******Program 13: Health Policy and Planning Development***

- a) Health Policy and Regulation
 - Establishment of Regulatory Mechanisms
 - Health Policy Framework
 - Strategic Planning
 - Inter-Sectoral Co-ordination.
- b) Human Resources Development
 - Training and Scholarship Program
 - Strengthening of Training Institutions
 - Establishment of National Institute of Health Sciences
- c) Health Information System
 - Establishment of National Health Information System

Program 14: Support to Administration and Finance functions

- a) Administration
- b) Finance

c) Logistics

The Second Health Sector Rehabilitation and Development Project

11.37 Within the program areas listed above, the Ministry of Health currently is focusing on the Second Health Sector Rehabilitation and Development Project, that is, on the project as set up in the second phase of TFET. The objectives of this project are to assist the Ministry of Health in rehabilitating and developing a cost-effective and financially sustainable health system in East Timor, responsive to the immediate basic health needs of the population and, within a well integrated and sustainable health policy framework, to prepare the health system to meet future needs.

11.38 The project has three main components and sixteen sub-projects, for which the Ministry is requesting funding. These components are as follows.

Component 1: Support to ongoing Health Service Delivery

11.39 This component will support the delivery of health services, including selected high priority activities (immunization, tuberculosis treatment, nutrition, and health promotion) and basic services (including maternal and child health), in accordance with district health plans, medical supply systems, logistical systems, and essential hospital care, through the provision of technical assistance to the Ministry of Health. The project will also support the provision of pharmaceuticals to health facilities, including hospitals.

Component 2: Improvement of the Range and Quality of Health Services, and the Development and implementation of Health Support Systems

11.40 This component will support the improvement of the quality of basic health services provided at the district level, including the enhancement of health promotion activities, environmental health, communicable diseases surveillance and reproductive health, through the provision of technical assistance to the Ministry of Health and the provision of training to health services staff. It will also include the rehabilitation, construction and equipping of hospitals, and the improvement of communication systems and transport between health facilities and hospitals. The project will further support the establishment of an autonomous medical supply entity, and the provision of technical assistance for management.

Component 3: Development and implementation of Health Sector Policy and Management Systems

11.41 This component will support the development of health sector policy, health management systems and capacity building through technical assistance for health studies, the development of a strategic plan for human resources, the provision of fellowships, and the development of administrative and financial systems.

11.42 Details of the funding required for financing the development of these projects in 2002-3 are provided in the summary of expenditures for the Ministry of Health, contained in the Budget Submission accompanying the Plan.

PERFORMANCE INDICATORS

11.43 The performance indicators for the education and health sectors are summarised in the following tables.

Table 11.1: Performance Indicators for Education

Objectives Performance indicator

1. To raise the population's interest and knowledge of basic educational needs
 - Number of population participating in educational campaigns.
 - a) Reduce the number of illiterate people within the adult population, with an emphasis on women;
 - Number of illiterate people (including women) reduced
 - b) Enforce community and NGO participation, particularly regarding implementation of pre-school education;

- Number of children enrolling in pre-schools increased
- Number of pre-school facilities increased
- 2. a) Increase the access to education as well as school retention of children of both sexes within school ages;
- b) Improve drop-out rates at all educational levels and in all social and sex groups
 - Number of student drop-outs, including girls, reduced
 - Number of children repeating school years reduced
- 3. Rationalize the school network Teacher/students ratio
- 4. Improve the educational process at all levels, from pre-school to university, focusing also on professional training for all, including girls and women, adults, and groups with special needs.
 - Number of teachers using Portuguese language increased
 - Course results improved
 - Ratio of success
- 5. Increase the efficiency of schools and the educational system.
 - Punctuality of teachers increased
 - Educational managers in districts and central offices trained
 - Reduction in the number of international assistants.
 - Relationship between school and first employment
- 6. Compulsory sports education in schools. Intensive sports programs established in schools
- 7. Develop a curriculum appropriate to contemporary needs, reflecting indigenous culture and the values of democracy, self sufficiency, nationalism and nondiscrimination.
 - Quality assurance for delivery of curriculum
- 8. Improve youth qualifications, particularly for those who have left school early, and for the unemployed, through professional training
 - Number of unemployed youth finding employment
 - Duration in occupation
- 9. Develop extra-curricular occupational programs;
 - Level of youth participation in social and cultural activities increased
- 10. Develop culture and the arts, based on the national identity of East Timor
 - Number of documents and cultural data available increased
- 11. Developing Tetun and Portuguese as the national & official languages
 - Number of students speaking Tetun and Portuguese increased.

Table 11.2: Performance Indicators for Health

Objectives Performance indicator

1. To reduce maternal and infant mortality
 - MMR (reduced Maternal Mortality Rate)
 - IMR (reduced Infant Mortality Rate)
 - % of births attended by trained health worker
 - % of children under 12 months with DPT3 vaccination
 - % of pregnant women receiving tetanus vaccination
2. To reduce the incidence of illness and death due to preventable communicable diseases
 - % population with preventable communicable diseases
 - Number of people infected with HIV
 - % of TB cases treated successfully
3. To improve the nutritional status of mothers and children
 - % of children with low birth weight
 - % of pregnant women with anemia
 - % of children below weight for age measurement
 - % of target population receiving micronutrients supplements
4. To improve reproductive health in East Timor
 - Total fertility rate

- Contraceptive prevalence
 - Incidence of STIs
 - Incidence of teenage pregnancies
 - % of women receiving screening tests
5. To ensure that all people have access to health services
 - % of population in patient admission
 - Number of outpatient visits per capita
 - % of population within a 2 hours walk to health facility
 - % of population utilizing outpatient and inpatient services
 6. To ensure the delivery of a minimum health care package at all levels of service
 - % of health facilities that adequately deliver a minimum package of health services
 7. To collaborate with all stakeholders in the health sector to achieve the national goals for health.
 - Number of inter-sectoral activities/programs
 - Mechanisms and forums established
 - Number of joint plans with other stakeholders
 8. To ensure that sufficient health professional training is undertaken to meet national requirements and regulate the employment of all health professionals to ensure minimum standards of professional practice.
 - Number of health workers trained in specific areas
 - Regulatory bodies established
 - % of health facilities with adequate staff
 9. To provide sufficient referral and tertiary health care services, including laboratory support services, to ensure that referral cases are treated effectively
 - Referral system developed
 - Number of referral facilities with adequately providing referral services
 10. To improve the organization and % of policies, regulations, guidelines and management system in the health sector protocols developed
 11. To increase women's access to information and to quality health services
 - % of women with access to information and quality health services
 - Number of women utilising services
 12. To increase the availability of mental and dental health services
 - Number of mental and dental health workers trained
 - Number of districts providing mental and dental services
 13. Environmental and occupational health % of the population with access to safe water
 - % of the population with access to sanitation
 - Incidence of occupational health hazards
 - Number of strategies, plans and regulations developed with other sectors

Gender Mainstreaming

The indicators presented in the table below will be used to monitor gender mainstreaming on education and health policies, programs and projects as well as assist in the measuring of gender needs assessment. These indicators are complementary to those presented by the Health and Education sectors.

Table 11.3: Gender Mainstreaming Performance Indicators in Education

Objectives Performance indicator

1. To raise the population's interest in, and knowledge of basic educational needs
 - Targeted community information promoting the benefits of female education
 - % of women participants in educational campaigns
 - a) Reduce the number of illiterate people within the adult population, with the emphasis on women;
 - Ratio of literate females to males

- b) Enforce community and NGO's participation, particularly in the implementation of pre-school education;
 - Frequency of use of local role models and women's groups advocating female education
- 2. a) Increase educational access for all school-age children.
 - b) Improve retention rates at all educational levels, for girls and boys, and in all social groups
 - Ratio of girls to boys in primary and secondary education
 - Sex disaggregated data on participation and retention rates
- 3. Rationalise the school network % of female teachers
 - Distance from facilities
- 4. Improve the educational process at all levels from pre-school to university, focusing also on professional training for all, including girls and women, adults, and groups with special needs.
 - Level of enrolment at all grades by gender
 - Sex disaggregated data on levels of educational attainment in subject areas
 - Frequency of school attendance and retention at all grades by sex
- 5. Increase the efficiency of schools and the educational system.
 - Type and number of education schedules
 - Relationship between school and first employment disaggregated data by sex
- 6. Compulsory sports education in schools. Separate and adequate dressing rooms and toilet facilities for girls and boys
 - Types of sports
- 7. Develop a curriculum appropriate to contemporary needs, reflecting indigenous culture, democracy, self-sufficiency, nationalism and non-discrimination.
 - Extent of gender stereotyping (in curricula and education material)
 - Number of workshops for teachers on nondiscrimination
- 8. Improve youth qualifications, particularly for those who have left school early, and for the unemployed, through professional training
 - Sex disaggregated employment profile
 - Number and type of enrolment profile on non-formal education courses

Table 11.4: Gender Mainstreaming Performance Indicators in Health

Objectives Performance indicator

- 1. To reduce maternal and infant mortality HIV prevalence rate in 15-35 year old pregnant women
 - % of reported cases of domestic violence against pregnant women
- 4. To improve reproductive health in East Timor Inclusion of men in health education activities, in particular reproductive health
 - % of male beneficiaries of reproductive health care
- 8. To ensure that sufficient health professional training is undertaken to meet national requirements, and regulate the employment of all health professionals to ensure minimum standards of professional practice.
 - Sex disaggregated data on the numbers and training levels of male and female health workers
- 11. To increase women's access to information, and to quality health services
 - % of women with access to information and quality health services (IEC Programs)
 - % of female health workers available for consultation with women.
 - Number of women utilising services
- 12. To increase the availability of mental and dental health services
 - Number of female health workers specifically trained in mental health, particularly on gender based violence