

Situation Analysis of Children (SitAN) in Timor- Leste

Timor-Leste has changed dramatically. Since its independence of merely a decade ago, it has moved from a post-conflict country to a lower middle income developing country. As the country experienced socio-economic and security-related progress in recent years, the situation of children in Timor-Leste has also gradually improved. Nonetheless, there are several challenges still affecting children in Timor-Leste. A comprehensive situation analysis on children is imperative to ensure evidence-based actions that address the remaining challenges within the changing context of the country.

This Situation Analysis of Children 2014 (SitAn) provides an overview of children's rights to health and nutrition, water, sanitation and hygiene, education, protection, and participation, with a special focus on disadvantaged children and their families.

The analysis identifies key progress and persisting child deprivations, and explores the immediate and underlying causes of issues relating to supply, demand and quality of services which affect the equitable achievement of children's rights in Timor-Leste. The basic enabling environment for the improvement of children's lives is also discussed.

The SitAn aims to increase awareness and understanding of child development issues in the country and supports the implementation of the Fifth Constitutional Government's Programme (2012-2017) and the National Strategic Development Plan (2011-2030).

Key achievements in child development in Timor-Leste

Timor-Leste has achieved a remarkable 70 per cent reduction in under-five mortality rate (U5MR). It is one of seven high mortality countries (Bangladesh, Ethiopia, Liberia, Malawi, Nepal, Timor-Leste and the United Republic of Tanzania) that have already achieved the Millennium Development Goal (MDG) on the reduction of under-five mortality rate (U5MR) by at least two-thirds since 1990¹. National household-based surveys found that the U5MR declined from 125 deaths per 1,000 live births in 2002² to 64 in 2009,³ surpassing the national MDG target of 96. Similarly, the infant mortality rate (IMR) - the probability of children dying before their first birthday, declined from 88 per 1,000 live births in 2002 to 45 in 2009, way below the target of 53.

Although Timor-Leste is still among the countries with higher levels of under nutrition among children under five years of age, **progress has been made to improve the nutritional status of the population.** Comparison between the 2009-2010 TLDHS data and the preliminary data from the 2013 Timor-Leste Food and Nutrition Survey shows that for children under five years of age, prevalence of stunting declined from 58.1 per cent to 51.9 per cent; wasting decreased from 18.6 per cent to 10.8 per cent; and underweight dropped from 44.7 per cent to 38.1 per cent.

¹ UNICEF (2013) *Committing to Child Survival, a Promise Renewed, Progress Report 2013*, New York: UNICEF.

² 2002 Multi-Indicators Cluster Survey (MICS)

³ 2009-2010 Demographic and Health Survey (TLDHS)

Timor-Leste is on track to achieve the MDG target on improved drinking water. According to the 2010 Census, 66 per cent of the households had access to clean drinking water in 2010. The global Joint Monitoring Programme (JMP) for water and sanitation estimated that by 2011, 69 per cent of population in Timor-Leste had accessed safe drinking water, a 15 per cent increase since 2000.

Significant progress has been made in access to basic education with the achievement of a primary (grade 1-6) net enrolment rate (NER) of 94 per cent with gender equality in 2010⁴ as compared to only 64 per cent in 2005.⁵ This is remarkable as the entire education system has been rebuilt from its foundations.

The establishment of a **National Commission for the Rights of the Child** with a clear mandate to promote and monitor children's rights is a remarkable step forward in advancing children's rights in Timor-Leste.

Major issues, challenges and disparities

Timor-Leste remains one of the countries with the highest prevalence of stunting among children who are under five years of age. Further, about 27.2 per cent of women in Timor-Leste have a body mass index (BMI) of less than 18.5, indicating under-nourishment, 15 per cent have short stature, and 21.3 per cent are anaemic, which perpetuate the cycle of under-nutrition.⁶

Child mortality is still high in Timor-Leste. Each year, around 1 in 16 children dies before his/her fifth birthday (64 deaths per 1,000 live births).⁷ Only two districts (Dili and Baucau) have an U5MR that is lower than the national average. **Neonatal Mortality** (child death within 28 days after birth) **is high at 22 deaths for every 1,000 live births and has remained unchanged since 2003.**⁸ Neonatal-related conditions, pneumonia, diarrhoea and malaria are major immediate causes of child deaths.

Moreover, with a maternal mortality ratio (MMR) of 557 deaths per 100,000 live births,⁹ **Timor-Leste is off track on the MDG target on maternal mortality¹⁰.** About 42 per cent of all deaths among women aged 15-49 years were due to risks associated with pregnancy and child birth.

Timor-Leste is off-track to meet the MDG target on sanitation. The 2010 Census shows that only 39 per cent of households had access to improved sanitation facilities, an increase of only 2 percentage points since 2000. **About 8 per cent of urban households and 37 per cent of rural households still practice open defecation.**

⁴ 2010 Education Statistical Yearbook

⁵ EMIS 2010

⁶ TLDHS 2009-2010

⁷ Ibid.

⁸ TLDHS 2003 and 2009-2010.

⁹ TLDHS 2009-2010

¹⁰ According to UN data (WHO, UNICEF, UNFPA and The World Bank, "Trends in maternal mortality: 1990 to 2010 estimates") MMR was 300 deaths per 100,000 live births in 2010.

Schools in Timor-Leste lack adequate WASH facilities. Nearly half (46 per cent) of the 1,259 primary schools in Timor-Leste do not have access to improved water sources and 35 per cent lack basic sanitation facilities.¹¹ Likewise, the minimum standard for Health Posts requires 24-hours access to clean running water, but more than 50 per cent of rural Health Posts in Timor-Leste lack access to this basic facility.

High repetition rate, over-age and poor learning achievements are key challenges in education. About 30 per cent of students in grade one had to repeat the first year of school.¹² Children repeating the same grades, along with children who are never enrolled and children dropping out of school, constitute key challenges for achieving universal completion of basic education. Further, only 32 per cent of students were at the official school age when entering the first grade. The Early Grades Reading Assessment (EGRA) in 2010 also found that more than 70 per cent of students at the end of grade one could not read a single word of a simple text passage.

The lack of school readiness contributes to the existing challenges of students repeating grades or dropping out of school at primary levels. School readiness can be increased through quality pre-school education. However, according to the preliminary data collected by the National Directorate of Pre-school Education, **the Gross Enrolment Rate of pre-school education (3-5 years old) is only about 14 per cent** as of February 2013.

Children with disabilities, adolescent mothers, working children and orphaned children face the greatest risk of not obtaining education. Specifically, the 2010 Census indicates that only 59 per cent of children aged 6-14 with disabilities were attending school, as compared to 77 per cent among all children in this age group. Also, very limited inclusive education practices are exercised to support their learning. Further, almost half (47.9 per cent) of teenage mothers (15-19) in Timor-Leste had left school as opposed to only 12.8 per cent of all young women. Only one-third (35 per cent) of working children (10-14) were still in school, as compared to 92 per cent of all children aged 10-14. Only 66 per cent of 10-14 year old orphans attended school while 87 per cent of children with parents did.

Domestic violence is widely recognized as a serious issue in Timor-Leste affecting women as well as children who are both witnesses and victims. Data from the 2009-2010 TLDSHS show that approximately 38 per cent of women aged 15-49 years and 30.8 per cent of women aged 15-19 years had experienced physical violence since the age of 15. About 3.4 per cent of women aged 15-49 years and 2 per cent of women aged 15-19 years reported that they had experienced sexual violence since the age of 15. Very limited information and reliable data is available on violence against children in Timor-Leste, However several studies have highlighted widespread practice of corporal punishment (or physical violence) as a way for disciplining children both at home and in school.

Children without parental care is another issue of concern. In 2009, nearly one in four (23 per cent) of households had orphans (1.6 per cent had no parents and 9.4 per cent had only 1

¹¹ Democratic Republic of Timor-Leste (2012) National Stocktake of School Facilities and Equipment in Basic Education Schools in Timor-Leste, Dili: Ministry of Education.

¹² EMIS 2010

living parent) or foster children (17.4 per cent) under the age of 18.¹³ Kinship care is a widespread traditional practice in Timor-Leste. While generally a positive practice, especially if children are cared for by immediate family members, the limited monitoring by protection services renders children at risk of abuse and exploitation. Institutionalisation of children is the exception rather than the rule in Timor-Leste. However, there are 59 residential care facilities in Timor-Leste and none of these are formally licensed to provide care or protection to children.

Causes of deprivation

The limited coverage of quality basic social services is the main cause of deprivations of children and a major obstacle to child development in Timor-Leste.

Appropriate care for children is a continuum of support services that starts from pre-pregnancy until the child is 5 years old. It is along this continuum that key opportunities exist for the delivery of lifesaving interventions. It is shown that the coverage of relevant interventions is still relatively low. For instance, according to the 2009-2010 TLDHS, only 22.3 per cent of women of reproductive age (15-49) use contraceptives before pregnancy. Slightly over half (55.1 per cent) of pregnant women received professional antenatal care more than four times during pregnancy, and less than one-third (29.9 per cent) had skilled attendance during delivery. Further, only one-third of mothers received professional postnatal care (31 per cent). Only a little over half (52 per cent) of infants less than 6 months of age are exclusively breastfed. Immunisation to protect infants from communicable diseases is a challenge with only around 60 per cent receiving a routine dose of measles vaccine; and about two-thirds (64 per cent) of children 12-23 months old receiving their third dose of DTP3 vaccination.

While primary school enrolment increased significantly, access to pre-school and secondary school education is still challenging. Out of 142 pre-schools available for the 2007/2008 school year, 53 are private or community-supported schools.¹⁴ Most of the existing pre-schools are concentrated in urban areas. There are only 85 secondary school facilities available in the country, also concentrated in urban areas.

Provision of direct services for children at risk or child victims of abuse, neglect, violence and exploitation is still limited. The overwhelming majority of service provision is based in Dili and is directed towards victims of domestic and gender-based violence. These programmes almost exclusively target women and girls. It appears that violence against boys is more widely tolerated and there are very limited specific services available to support them.

There are no targeted strategies or specialised services for children in conflict with the law in Timor-Leste. While a handful of NGOs provide minimum support for boys in prison, the case management role of the Child Protection Officers (POs) remains limited. Access to justice including courts and lawyers is not available in all districts.

Insufficient supplies and commodities, and inadequate supply management are key bottlenecks for quality service delivery.

¹³ TLDHS 2009-2010.

¹⁴ National Education Strategic Plan 2011-2030.

A joint review supported by the UNICEF Regional Office in 2012¹⁵ found that, as compared to existing needs, the stock available for essential commodities is only 20 per cent for assisted delivery and neonatal care, 10 per cent for Prevention of Mother-to-Child Transmission of HIV (PMTCT) and 5.6 per cent for oral rehydration salt with zinc. The Effective Vaccine Management (EVM) assessment conducted in 2011 identified weaknesses in procurement planning and supply chain maintenance. Shortage of essential drugs and ambulance fuel for transporting pregnant women to health facilities are reported frequently.

A shortage of classrooms is one of the most frequently voiced problems by school directors and teachers. Many schools with classroom shortages often schedule shifts to accommodate the students. Only 65 per cent of primary schools have toilet facilities and water is available in 54 per cent schools.¹⁶ School furniture such as desks and chairs is insufficient. Availability of textbooks, particularly in Tetun, is still very limited. Shortage of effective teaching aids and learning materials compound difficulties in effective teaching-learning.

Insufficient amount, skills and misdistribution of human resources and facilities result in poor quality basic social services.

The availability of nurses and midwives is only 50 per cent of what is required at the national level and even worse (estimated to be 10 to 15 per cent) in the low performing districts.¹⁷ At the facility level, the misdistribution of doctors and nurses results in the concentration of medical staff in urban medical facilities and insufficient staff in rural and peri-urban areas.¹⁸

Nationally, only 40 per cent of teachers meet the national qualification standards,¹⁹ with a significant amount of volunteer teachers in the current education system without adequate training opportunities. Limited contact time between teachers and pupils and limited time on school tasks are some of the immediate causes of poor learning performance. Further, the lack of teachers' capacity in the official languages of instruction hampers the effectiveness of the teaching-learning process.

There are only 26 Child Protection Officers (CPO) at the district level and 64 Social Animators at the sub-district level. The CPOs are limited to dealing with only the most severe cases brought directly to them. They lack professional social work training to ensure the provision of adequate services to child victims of abuse, neglect, violence and exploitation. Although the Social Animators are stationed in the sub-districts, their capacity and scope for dealing with families at risk - and preventing escalation of problems - remains limited. The capacity of police to conduct investigations in cases of child abuse needs further attention and there are only limited child-sensitive judicial procedures in place.

¹⁵ Joint review on bottleneck analysis in 2012, supported by the UNICEF EAPRO (Internal report), Dili: UNICEF Timor-Leste.

¹⁶ Democratic Republic of Timor-Leste (2012) *National Stocktake of School Facilities and Equipment in Basic Education Schools in Timor-Leste*, Dili: Ministry of Education.

¹⁷ Joint review on bottleneck analysis in 2012, supported by the UNICEF EAPRO (Internal report), Dili: UNICEF Timor-Leste.

¹⁸ Ibid.

¹⁹ EMIS 2010

Gaps in knowledge, attitude and behaviours influenced by social norms, culture and local practices contribute to the lack of demand for accessing social services.

The Total Fertility Rate in Timor-Leste is among the highest in the world with a woman giving birth to 5.7 children on average during her lifetime.²⁰ The median number of months since the preceding birth is 29 months. Further, the 2009-2010 TLDHS indicates that 7.7 per cent of girls aged 15-19 had been married or in union, and about 7.2 per cent of them already had given birth or were pregnant with their first baby. Knowledge and skills of care providers and families are limited. The 2009-2010 TLDHS shows that only 52 per cent of infants aged 0-6 months are exclusively breastfed; and only 31 per cent of children 6-23 months receive timely and appropriate complementary feeding. Some adverse traditional health prevention, treatment, birth delivery and newborn care practices are still widespread.

Regarding sanitation, 80 per cent of the mothers dispose of babies' faeces unsafely,²¹ and open defecation (OD) is widely practiced with 29 per cent of the population not using any kind of latrines. Hand washing with soap was reported at 20.4 per cent before preparing food and only 1.6 per cent after touching faeces.

There are perceived low returns on family investment in education and its links to employment. The current curriculum is not fully relevant and age-appropriate, and does not provide sufficient practical life- and livelihood-skills to meet the fast-changing demands of the modern world. Limited contact hours (four hours per day) and time on tasks, compounded by limited parents' support at home also hamper effective learning.

Cultural beliefs and practices, such as bride price and traditional systems of law and conflict resolution, are impediments to protecting children against violence, exploitation and abuse. Family involvement in marriages and family pressure not to take issues of abuse and violence outside the family compound is an issue. Traditional ways of resolving conflicts or crimes perpetrated against children are still very much the norm in Timor-Leste.

Basic enabling environment

Timor-Leste is a small and a newly independent country with nearly half of its population (half a million) being children under 18 years. About 70 per cent of people live in rural areas. **The population growth rate decreased from 3.2 per cent in 2004 to 2.4 per cent in 2010,²² but is still among the highest in Asia.** At the current rate of growth, the population is expected to reach 1.2 million in 2015, 1.4 million in 2020 and double by 2039.

Timor-Leste inherited institutions of the state and society, local businesses and economy, and physical infrastructure in ruins when independence was restored in 2002. Enormous progress has been made since then with the country experiencing social and political stability since 2008, after years of conflict. The **National Strategic Development Plan (SDP) for 2011-2030** provides a long-term vision for the country's further development and focuses on four key areas: social capital; economic development; infrastructure; and institutional framework. The

²⁰ 2009-2010 TLDHS

²¹ Knowledge Attitude and Practice (KAP) baseline survey (2011) for EU-UNICEF joint WASH Project.

²² Census 2010

SDP also serves as the basis of the **five-year government plan (2012-2017)**. The recently launched new **Development Policy Coordination Mechanism (DPCM)**, led by the Prime Minister, aims at operationalizing the SDP and five-year plan while ensuring maximum coordination among all stakeholders towards the achievement of the identified targets.

The Government has recently accelerated the **decentralization** agenda at the district level with the target of holding municipality elections by 2015. It is expected that the de-concentrated structure “will be better placed to deliver appropriate services to local citizens”.²³ Significant risks need to be carefully pondered and addressed, to be able to harvest the immense opportunities that decentralization brings about for the country.

Timor-Leste is currently a **lower-middle income country** with a GNI per capita of \$3,670 in 2012,²⁴ aspiring to become upper middle-income by 2030. **Rapid growth has been accompanied by high inflation, which has reached double-digit figures.** Inflation in the price of certain goods and in particular foods reduces people’s purchasing power. Impact of this disproportionately affects those in the poorest segments of the population whose access to social assistance has been relatively weak, forcing them to cut spending for basic services with resulting negative implications for children’s development and wellbeing.

Considerable oil revenues have allowed an expansionary fiscal policy since 2005. **The government’s investment strategy has strongly focused on major infrastructure** to develop the non-petroleum economy and establish the basic foundation for the country’s long term development. **In the past years, the absolute amount of investment in key social sector ministries has also considerably increased,** tripling from less than US\$100 million in 2008 to almost US\$300 million in 2012.²⁵ **However, social investment has declined as a share of the total government budget.** In 2013, the Ministries of Health and Education received only about 4 and 7 per cent of the total budget (including the Special Funds) respectively, among the lowest allocations in the East Asia and Pacific region.

The lack of employment still represents a critical issue in the country with only slightly more than half (54 per cent) of the labour force (15-64 years old) found to be economically active (i.e. either employed or seeking a job) in 2010.²⁶ Over 90 per cent of the economically active population was employed, with however a large share being considered “vulnerable”, i.e. 80 and 27 per cent in rural and urban areas respectively. **Young people’s unemployment rate is higher than the general labour force population** (24 per cent of 15-24 against 9.5 per cent in the general population).²⁷

Child deprivations are still severe in Timor-Leste. While children living in rural areas and poor families with lower educated mothers are generally more disadvantaged, the SitAn found that for many development indicators, significant development challenges are common nationwide. For instance, even the children under five years of age belonging to the highest quintile suffer from high levels of stunting, wasting and underweight.

²³ Government Five-Year Plan 2012-2017

²⁴ World Bank Development Indicators (2012).

²⁵ Timor-Leste Budget Transparency Portal.

²⁶ Democratic Republic of Timor-Leste and UNFPA (2012) 2010 Timor-Leste Population and Housing Census: Labour Force Monograph, Dili, Timor-Leste: National Statistics Directorate (NSD) [Ministry of Finance] and UNFPA.

²⁷ Census 2010.

Children continue to be particularly vulnerable to the effects of natural disasters and climate change, ranging from direct physical impacts, due to heavy rains, extreme temperatures etc., to impacts on their education, psychological stress and nutrition. While these environmental challenges have been largely localised, these events typically have negative effects on the people of Timor-Leste and on children in particular as families rely heavily on domestic food production and the existing poor infrastructure.

Timor-Leste is party to most human rights and humanitarian law treaties. Reflecting the Government's commitment to the rights of children and the implementation of the Convention on the Rights of the Child (CRC) in September 2009, the National Commission for the Rights of the Child (NCRC) was established as the government agency responsible for promoting and protecting children's rights under the Ministry of Justice. The combined 2nd and 3rd State Report on CRC was submitted in November 2013.

Sectorial policies and strategies have been put in place but still require specific action plans for implementation. Some of the policies developed or being developed include the National Maternal, Newborn and Health Development Strategy; the National Nutrition Strategy; the National Framework for Pre-school Education; the National Basic Sanitation Policy, and the Child and Family Welfare System Policy. However, these policies require translation into costed action plans. Overall, the linkage between development planning targets and budgeting needs to be improved, and budget allocations to districts appear not to be based on solid evidence and thorough planning. Management and coordination mechanisms in social sectors all still need to be strengthened.

Monitoring and evaluation remains a challenge. Timor-Leste has developed significant capacity in conducting surveys and is implementing a comprehensive household-based survey plan under the General Directorate of Statistics of the Finance Ministry, including the Timor-Leste Population and Housing Census, Demographic and Health Survey (TLDHS), Survey of Living Standards (SLS), Household Income and Expenditure Survey and others. These surveys have provided comprehensive and disaggregated data and analysis. The current challenge is how to make effective use of the information to support national planning, budgeting, monitoring and reporting.

The Government has showed increasing interest in collecting real-time data and information to support annual planning. Currently the Health Management Information System (HMIS), the Education Management Information System (EMIS) and other sectoral administrative data collection systems require significant improvement in terms of data quality and timely reporting. Significant capacity gaps in data analysis and use of data have been acknowledged and started to be addressed.

Opportunities for action

- ❖ **To put children at the core of policy development to ensure a supportive environment for child development.** The specific needs of children should be considered a top priority in legislation, policy making and budgeting, as they directly link to human capital creation and long-term socio-economic development.

- ❖ **To take advantage of the ample fiscal space generated by the country's vast natural resource endowment to increase and improve investments in children in Timor-Leste.** Specifically, it is recommended to increase financing for social sectors; earmark budget for child-related programmes and spending units at national and district levels; allocate budget based on the level of deprivation of children in different areas; and promote evidence-based and result-oriented planning and budgeting. Strengthening institutional capacity on executing financial resources in the social sectors is also paramount to improve the effectiveness and efficiency of public resources to produce enhancements in human and child development.
- ❖ **To implement high impact interventions for children.** Particular attention should be focused on improving nutrition, and maternal and child health. Pre-school education should also be a priority to help reduce repetition and drop-out, and improve learning outcomes and the quality of education. Improving water and sanitation access at home, in the community, at school and in health facilities is paramount. Equally important is to further develop a comprehensive, integrated child and family welfare system and a child sensitive justice system.
- ❖ **To enhance the quality of social services through improved governance, institutional and human capacity development, and improvement of supply provision and management.** Institutional capacity assessment should be the basis for supporting human resource development. Training needs to be institutionalised based on competency and nationally-approved guidelines and training materials. Institutional human resource management should be strengthened including performance assessment and incentive mechanisms. The distribution of human resources and supplies should consider existing disparities and explicit policy and incentive measures should be introduced to fill in human resource gaps in rural areas.
- ❖ **To improve management and coordination among social sectors and improve institutional capacity on evidence-based planning, budgeting, monitoring and reporting.** The national level coordination among ministries, and the district and community level planning and monitoring needs to be integrated, strengthened and linked with the decentralisation process. Regarding the latter, management capacity for local authorities and service providers needs to be built.
- ❖ **To ensure a robust monitoring and information system is in place.** This will provide accurate and timely data and information as evidence for policy discussion, decision making, planning, budgeting, monitoring and reporting. Mechanisms for real-time data collection and use of new technologies have great potential to support the improvement of national systems. Capacity building of both national and local staff on data analysis and use of data requires more investment and will improve the effectiveness and efficiency of the national development programmes.
- ❖ **To increase public demand of social services through the promotion of optimal behaviour and practices on health, nutrition, sanitation, education, and child**

protection at all levels. Further, the existing community-based approaches and mechanisms, such as Mother Support Groups in health, Community-Led Total Sanitation (CLTS) and hygiene promotion in WASH, and Parent-Teacher Associations and others need to be strengthened. Linkages among these community networks need to be established to maximise synergy and impact. There is also a need to enhance child care. Families and caregivers need to increase their knowledge, improve their attitudes and change their practices to ensure that best interests of children are met.

- ❖ **To encourage child and youth participation and develop proper mechanisms to allow their voice to be heard.** The Youth Parliament is a good practice and its value has been recognised regionally. Life-Skills-Based Education and civic education for adolescents and young people to mitigate risks of violence and develop responsive new generations for Timor-Leste should also be strengthened.